

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 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 CITY STATE ZIP CODE C C00068528 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

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 Year-End 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 (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 08 / 01 / 2012 through 08 / 31 / 2012

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 Patricia Douglass

Signature of Treasurer Patricia Douglass [Electronically Filed] Date 09 / 18 / 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="95326.53"/>	<input type="text" value="95326.53"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="79524.32"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="18016.47"/>	<input type="text" value="172714.26"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="97540.79"/>	<input type="text" value="268040.79"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="36000.00"/>	<input type="text" value="206500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="61540.79"/>	<input type="text" value="61540.79"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: / / To: / /

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		
(i) Itemized (use Schedule A).....	15811.64	118360.12
(ii) Unitemized	2204.83	48354.14
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18016.47	166714.26
(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)	18016.47	166714.26
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	6000.00
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 Transfers (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))..... ▶	18016.47	172714.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18016.47	172714.26

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	36000.00	206500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	36000.00	206500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36000.00	206500.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	18016.47	166714.26
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18016.47	166714.26
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 OF 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. MS. JUNE G ARCE
Full Name (Last, First, Middle Initial)

Mailing Address 20050 EMERALD MEADOW DR

City WALNUT	State CA	Zip Code 91789
----------------	-------------	-------------------

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

Name of Employer Pacific Life	Occupation DIR MKTG COMPL
----------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : PR10362105949

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

B. MS. JULIE E TRASK
Full Name (Last, First, Middle Initial)

Mailing Address 181 S CRAIG DR

City ORANGE	State CA	Zip Code 92869
----------------	-------------	-------------------

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

Name of Employer Pacific Life	Occupation DIR CUSTOMER SERVICE
----------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : PR10362125949

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 29132 ALFIERI ST

City LAGUNA NIGUEL	State CA	Zip Code 92677
-----------------------	-------------	-------------------

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

Name of Employer Pacific Life	Occupation EXEC VP RSD
----------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1376.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : PR10362305949

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

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: PAGE 7 OF 74
(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. MR. EDWARD R BYRD
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Pacific Life SR VP & CHF ACTG OFCR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR10362325949
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Monthly)

B. MR. JOSEPH E CELENTANO
 Full Name (Last, First, Middle Initial)
 Mailing Address 26661 CAMPESINO
 City State Zip Code
 MISSION VIEJO CA 92691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life SR VP & CHIEF RISK OFCR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR10362385949
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Monthly)

C. MS. LAURIE A CHURCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 21851 NEWLAND ST SPC 246
 City State Zip Code
 HUNTINGTON BEACH CA 92646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life STRCT STTLMNTS CONS (G)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR10362425949
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 165.00
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 8 OF 74
(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

Full Name (Last, First, Middle Initial)
A. MR. DENNIS M CORBETT

Mailing Address 15136 TOURAINÉ WAY

City State Zip Code
 IRVINE CA 92604

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

Name of Employer Occupation
 Pacific Life VP TAX COMPLIANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 08 / 31 / 2012
Transaction ID : PR10362515949

Amount of Each Receipt this Period
 100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)
B. MR. PAUL J CROXTON

Mailing Address 16 GRAND MIRAMAR DR

City State Zip Code
 HENDERSON NV 89011

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

Name of Employer Occupation
 Pacific Life FVP FIELD WHOLESALING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 08 / 31 / 2012
Transaction ID : PR10362555949

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
C. MS. DEBRA CUNNINGHAM HONERKAMP

Mailing Address 2712 LIGHTHOUSE LN

City State Zip Code
 CORONA DEL MAR CA 92625

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

Name of Employer Occupation
 Pacific Life AVP RE ASSET MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1050.00

Date of Receipt
 08 / 31 / 2012
Transaction ID : PR10362565949

Amount of Each Receipt this Period
 150.00

P/R Deduction (\$150.00 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 9 OF 74
(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. MR. MICHAEL R CURRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 12162 WICKLOW LN
 City State Zip Code
 NAPLES FL 34120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life FVP FIELD WHOLESALING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR10362575949
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Monthly)

B. MS. STEPHANIE J CURRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 417 GARFIELD PARK AVE
 City State Zip Code
 SANTA ROSA CA 95409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life FVP RET & RESOURCES GRP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR10362595949
 Amount of Each Receipt this Period
 90.00
 P/R Deduction (\$90.00 Monthly)

C. MS. DIANE W DALES
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 CLERMONT
 City State Zip Code
 NEWPORT COAST CA 92657
 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 ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR10362605949
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 240.00
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 OF 74
<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. MS. LINDA D LARSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8315 ROAD R NW
 City QUINCY State WA Zip Code 98848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP LEGAL & REG COMPL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 985.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10362625949
 Amount of Each Receipt this Period 125.00
 P/R Deduction (\$125.00 Monthly)

B. MR. MARK R FALK
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 SUMMERSTONE
 City IRVINE State CA Zip Code 92614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP STRATEGIC PROGRAMS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10362715949
 Amount of Each Receipt this Period 125.00
 P/R Deduction (\$125.00 Monthly)

C. MR. DAVID R FINEAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 718 K THANGA DR
 City CORONA DEL MAR State CA Zip Code 92625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP RE INVESTMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10362785949
 Amount of Each Receipt this Period 35.00
 P/R Deduction (\$35.00 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 11 OF 74
(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. MS. MARTHA A GATES
 Full Name (Last, First, Middle Initial)
 Mailing Address 31411 MONTEREY ST
 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 OPERATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3333.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR10362865949
 Amount of Each Receipt this Period
 416.66
 P/R Deduction (\$416.66 Monthly)

B. MR. FRANK J GOETZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 SOVENTE
 City State Zip Code
 IRVINE CA 92606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP RISK SELECTION
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR10362905949
 Amount of Each Receipt this Period
 70.00
 P/R Deduction (\$70.00 Monthly)

C. MS. MILDA C GOODMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 ALISO AVE
 City State Zip Code
 NEWPORT BEACH CA 92663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP ADV & PUB RLNS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR10362925949
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 536.66
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 12 OF 74
	<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. MS. C MARLA GRAHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 23672 BRASILIA ST
 City MISSION VIEJO State CA Zip Code 92691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation APPLIC DEV MGR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10362945949
 Amount of Each Receipt this Period 0.00
 P/R Deduction (\$0.00 Monthly)

B. MR. ADRIAN S GRIGGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8766 CANARY AVE
 City FOUNTAIN VALLEY State CA Zip Code 92708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation EVP & CHIEF FIN OFCR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10362965949
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

C. MS. IRENE L JACOBSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6052 SAN YSIDRO CIR
 City BUENA PARK State CA Zip Code 90620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation ACCOUNT MGMT SPEC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10362995949
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	130.00
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 13 OF 74
	<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. MS. BRENDA K HARDWIG
 Full Name (Last, First, Middle Initial)
 Mailing Address 13112 EARLHAM ST
 City SANTA ANA State CA Zip Code 92705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation COMMUNITY RELTNS COORD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10363035949
 Amount of Each Receipt this Period 0.00
 P/R Deduction (\$0.00 Monthly)

B. MR. ROBERT G HASKELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1880 N EL CAMINO REAL
 City SAN CLEMENTE State CA Zip Code 92672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SVP BRAND MGMT & PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3333.28

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10363065949
 Amount of Each Receipt this Period 416.66
 P/R Deduction (\$416.66 Monthly)

C. MR. DALE E HAWLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2702 SAN JOAQUIN HILLS RD
 City CORONA DEL MAR State CA Zip Code 92625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 592.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10363075949
 Amount of Each Receipt this Period 74.00
 P/R Deduction (\$74.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 490.66
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 14 OF 74
<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. MR. ROBERT J HEMSTEAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5613 DAISY ST
 City SIMI VALLEY State CA Zip Code 93063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP & VALUATION ACTUARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10363105949
 Amount of Each Receipt this Period 0.00
 P/R Deduction (\$0.00 Monthly)

B. MR. KEVIN A HENDRA
 Full Name (Last, First, Middle Initial)
 Mailing Address 58 VIAGGIO LN
 City Foothill Ranch State CA Zip Code 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP TAX
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10363115949
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$75.00 Monthly)

C. MR. HOWARD T HIRAKAWA
 Full Name (Last, First, Middle Initial)
 Mailing Address 23972 GOLDENEYE DR
 City LAGUNA NIGUEL State CA Zip Code 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 ▼ 925.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10363165949
 Amount of Each Receipt this Period 125.00
 P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 15 OF 74
<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. MS. CAROL A JENSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8554 202ND STREET SW
 City EDMONDS State WA Zip Code 98026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation NATL SLS MGR M CHANNEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10363245949
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

B. MR. JEFF R JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 SAND OAKS RD.
 City LAGUNA NIGUEL State CA Zip Code 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP CORP FIN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10363255949
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$60.00 Monthly)

C. MR. MARK J JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1812 LEADBURN RD
 City TOWSON State MD Zip Code 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 ▼ 1325.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10363275949
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 485.00
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 16 OF 74
	<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. MS. LORI A JOHNSTONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 GRAY STONE WAY
 City LAGUNA NIGUEL State CA Zip Code 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP SPECIALTY INVESTMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10363295949
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. MS. SUZANNE T KAMPA
 Full Name (Last, First, Middle Initial)
 Mailing Address 5531 STANFORD AVE
 City GARDEN GROVE State CA Zip Code 92845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation IT AUDIT CONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10363325949
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$60.00 Monthly)

C. MR. BRIAN D KLEMENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 24611 BENJAMIN CIR
 City DANA POINT State CA Zip Code 92629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP & CORPORATE CONTROLLER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10363375949
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 130.00
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 17 OF 74
(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. MR. JOHN P KONTOS
 Full Name (Last, First, Middle Initial)
 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 INSTITUTIONAL MARKETS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR10363425949
 Amount of Each Receipt this Period
 150.00
 P/R Deduction (\$150.00 Monthly)

B. MR. FLETCHER C LARSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 709 AVENIDA MIROLA
 City State Zip Code
 PALOS VERDES EST CA 90274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life REGIONAL VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR10363475949
 Amount of Each Receipt this Period
 400.00
 P/R Deduction (\$400.00 Monthly)

C. MS. TERESA M LORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16432 CAMINO CANADA LN
 City State Zip Code
 HUNTINGTON BEACH CA 92649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life SR SYSTEMS ANALYST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR10363545949
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 590.00
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 18 OF 74
	<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. MS. LAURENE E MAC ELWEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1033 SECRETARIAT CIR
 City COSTA MESA State CA Zip Code 92626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP FUND COMPLIANCE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt **08 / 31 / 2012**
Transaction ID : PR10363565949
 Amount of Each Receipt this Period **50.00**
 P/R Deduction (\$50.00 Monthly)

B. MR. DESMOND G MARSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 74 SETON RD
 City IRVINE State CA Zip Code 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 **1200.00**

Date of Receipt **08 / 31 / 2012**
Transaction ID : PR10363595949
 Amount of Each Receipt this Period **150.00**
 P/R Deduction (\$150.00 Monthly)

C. MR. THOMAS J MAYS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7406 PALOMA DR
 City HUNTINGTON BEACH State CA Zip Code 92648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP GOVT RELNS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 31 / 2012**
Transaction ID : PR10363605949
 Amount of Each Receipt this Period **50.00**
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **250.00**
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 19 OF 74
<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

Full Name (Last, First, Middle Initial) A. MS. GAIL H MC INTOSH		Date of Receipt MM / DD / YYYY 08 / 31 / 2012 Transaction ID : PR10363615949
Mailing Address 622 18TH ST		Amount of Each Receipt this Period 40.00
City HUNTINGTON BEACH	State CA	Zip Code 92648
FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Monthly)
Name of Employer Pacific Life	Occupation AVP COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. MS. JULIA C MC KINNEY		Date of Receipt MM / DD / YYYY 08 / 31 / 2012 Transaction ID : PR10363635949
Mailing Address 3615 PASEO DEL CAMPO		Amount of Each Receipt this Period 0.00
City PALOS VERDES EST	State CA	Zip Code 90274
FEC ID number of contributing federal political committee. C		P/R Deduction (\$0.00 Monthly)
Name of Employer Pacific Life	Occupation AVP COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. MR. MORGAN C MC KNIGHT		Date of Receipt MM / DD / YYYY 08 / 31 / 2012 Transaction ID : PR10363645949
Mailing Address 1217 HIGHCREST DR		Amount of Each Receipt this Period 50.00
City BURLESON	State TX	Zip Code 76028
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Monthly)
Name of Employer Pacific Life	Occupation APPLIC DEV CONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 OF 74
(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. MR. HENRY M MC MILLAN
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Pacific Life SR VP & CHIEF RISK OFCR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR10363665949
 Amount of Each Receipt this Period
 0.00
 P/R Deduction (\$0.00 Monthly)

B. MS. CAROLYN J MIDDLEBROOKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2024 E OCEAN BLVD
 City State Zip Code
 NEWPORT BEACH CA 92661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life VP & CHIEF LIFE UNDERWRITER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR10363695949
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$40.00 Monthly)

C. MR. JOSE T MISCOLTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 BRYCE CYN
 City State Zip Code
 ALISO VIEJO CA 92656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP INVESTMENT MKTG
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR10363755949
 Amount of Each Receipt this Period
 65.00
 P/R Deduction (\$65.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.00
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 21 OF 74
	<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. MS. ELIZABETH A MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 6412 N 159TH ST
 City OMAHA State NE Zip Code 68116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SYSTEMS ANALYSIS CONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10363765949
 Amount of Each Receipt this Period 45.00
 P/R Deduction (\$45.00 Monthly)

B. MR. JAMES T MORRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 32141 COOK LN
 City SN JUAN CAPISTRANO State CA Zip Code 92675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation CHAIRMAN & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3328.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10363795949
 Amount of Each Receipt this Period 416.00
 P/R Deduction (\$416.00 Monthly)

C. MR. JOHN C MULVIHILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 27382 VIA PRIORATO
 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 RE ASSET MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1450.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10363805949
 Amount of Each Receipt this Period 185.00
 P/R Deduction (\$185.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 646.00
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 OF 74
	<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. MR. RICHARD P OLSON
Full Name (Last, First, Middle Initial)

Mailing Address 24902 SUNSET PL E

City LAGUNA HILLS State CA Zip Code 92653

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

Name of Employer Pacific Life Occupation DIR SECURITY SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10363935949

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

B. MS. JOYCE J PEAD
Full Name (Last, First, Middle Initial)

Mailing Address 25 SUNRISE

City IRVINE State CA Zip Code 92603

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

Name of Employer Pacific Life Occupation AVP TALENT ACQ & DEV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10364005949

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

C. MS. ALYCE PETERSON
Full Name (Last, First, Middle Initial)

Mailing Address 2908 VIA HIDALGO

City SAN CLEMENTE State CA Zip Code 92673

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

Name of Employer Pacific Life Occupation VP MARKETING SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10364025949

Amount of Each Receipt this Period 80.00

P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 205.00

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 OF 74
(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. MR. YVES F PINKOWITZ
Full Name (Last, First, Middle Initial)
Mailing Address 20541 VIA EL TAJO
City YORBA LINDA State CA Zip Code 92887
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation VP CORP FIN & REG RPTG
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 362.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10364055949
Amount of Each Receipt this Period 46.00
P/R Deduction (\$46.00 Monthly)

B. MR. THEODORE A PREMIER
Full Name (Last, First, Middle Initial)
Mailing Address 20 MOLINO
City NEWPORT BEACH State CA Zip Code 92660
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation SR VP RE FINANCE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1925.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10364085949
Amount of Each Receipt this Period 250.00
P/R Deduction (\$250.00 Monthly)

C. MR. JOSEPH A PUM
Full Name (Last, First, Middle Initial)
Mailing Address 33 BOLERO
City MISSION VIEJO State CA Zip Code 92692
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation INTERNAL AUDIT DIR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10364095949
Amount of Each Receipt this Period 75.00
P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 371.00
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 OF 74
	<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. MR. JAMES R RICE
Full Name (Last, First, Middle Initial)
Mailing Address 11 STILLWATER

City IRVINE	State CA	Zip Code 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 ▼
1100.00

Date of Receipt
08 / 31 / 2012
Transaction ID : PR10364145949

Amount of Each Receipt this Period
150.00

P/R Deduction (\$150.00 Monthly)

B. MR. THOMAS M RONCE
Full Name (Last, First, Middle Initial)
Mailing Address 19 GLEN ELLEN

City IRVINE	State CA	Zip Code 92602
----------------	-------------	-------------------

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

Name of Employer Pacific Life	Occupation VP & TAX COUNSEL
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
08 / 31 / 2012
Transaction ID : PR10364205949

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

C. MR. RICHARD J SCHINDLER
Full Name (Last, First, Middle Initial)
Mailing Address 28472 AVENIDA PLACIDA

City SN JUAN CAPISTRANO	State CA	Zip Code 92675
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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 ▼
2975.00

Date of Receipt
08 / 31 / 2012
Transaction ID : PR10364265949

Amount of Each Receipt this Period
400.00

P/R Deduction (\$400.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	580.00
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 25 OF 74
<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

Full Name (Last, First, Middle Initial) A. MS. CATHY L SCHWARTZ		Date of Receipt MM / DD / YYYY 08 / 31 / 2012 Transaction ID : PR10364315949
Mailing Address 87 PELICAN CT		Amount of Each Receipt this Period 100.00
City NEWPORT BEACH	State CA	Zip Code 92660
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation AVP CREDIT ANALYSIS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. MS. SONJA V SCOTT		Date of Receipt MM / DD / YYYY 08 / 31 / 2012 Transaction ID : PR10364335949
Mailing Address 30 CANYONWOOD		Amount of Each Receipt this Period 45.00
City IRVINE	State CA	Zip Code 92620
FEC ID number of contributing federal political committee. C		P/R Deduction (\$45.00 Monthly)
Name of Employer Pacific Life	Occupation AVP COMPENSATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) C. MR. BRADLEY W SHERRELL		Date of Receipt MM / DD / YYYY 08 / 31 / 2012 Transaction ID : PR10364355949
Mailing Address 2315 VIA ZAFIRO		Amount of Each Receipt this Period 50.00
City SAN CLEMENTE	State CA	Zip Code 92673
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Monthly)
Name of Employer Pacific Life	Occupation AVP TECH OFFICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	195.00
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 26 OF 74
<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

Full Name (Last, First, Middle Initial) A. MS. CAROL R SUDBECK		Date of Receipt MM / DD / YYYY 08 / 31 / 2012 Transaction ID : PR10364505949
Mailing Address 11 SOMMET		Amount of Each Receipt this Period 416.00
City NEWPORT COAST	State CA	Zip Code 92657
FEC ID number of contributing federal political committee. C		P/R Deduction (\$416.00 Monthly)
Name of Employer Pacific Life	Occupation SR VP HR & FACILITIES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3328.00	

Full Name (Last, First, Middle Initial) B. MR. JOHN G TORELL		Date of Receipt MM / DD / YYYY 08 / 31 / 2012 Transaction ID : PR10364585949
Mailing Address 355 S LORETTA DR		Amount of Each Receipt this Period 90.00
City ORANGE	State CA	Zip Code 92869
FEC ID number of contributing federal political committee. C		P/R Deduction (\$90.00 Monthly)
Name of Employer Pacific Life	Occupation VP ACCTG & RPTG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) C. MR. STEPHEN J TORETTA		Date of Receipt MM / DD / YYYY 08 / 31 / 2012 Transaction ID : PR10364595949
Mailing Address 22862 ORENSE		Amount of Each Receipt this Period 75.00
City MISSION VIEJO	State CA	Zip Code 92691
FEC ID number of contributing federal political committee. C		P/R Deduction (\$75.00 Monthly)
Name of Employer Pacific Life	Occupation VP COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 555.00	

SUBTOTAL of Receipts This Page (optional).....▶	581.00
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 27 OF 74
(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

Full Name (Last, First, Middle Initial)
A. 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 Occupation
 Pacific Life PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3333.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012

Transaction ID : PR10364605949

Amount of Each Receipt this Period
 416.66

P/R Deduction (\$416.66 Monthly)

Full Name (Last, First, Middle Initial)
B. 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 Occupation
 Pacific Life AVP REGULATORY PROD ACCTG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012

Transaction ID : PR10364625949

Amount of Each Receipt this Period
 80.00

P/R Deduction (\$80.00 Monthly)

Full Name (Last, First, Middle Initial)
C. MS. CATHRYN L VAN WEY

Mailing Address 41974 CARSON CT

City State Zip Code
 MURRIETA CA 92562

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

Name of Employer Occupation
 Pacific Life AVP NATL ACCTS & BD SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012

Transaction ID : PR10364635949

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 546.66

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 28 OF 74
(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. MS. MELANIE G WAGNER
Full Name (Last, First, Middle Initial)
Mailing Address 1842 MOORPARK DR
City BREA State CA Zip Code 92821
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation DIR HR & PR SERVICES
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **225.00**

Date of Receipt **08 / 31 / 2012**
Transaction ID : PR10364645949
Amount of Each Receipt this Period **30.00**
P/R Deduction (\$30.00 Monthly)

B. MR. JOHN M WALDECK
Full Name (Last, First, Middle Initial)
Mailing Address 67 LAURELHURST DR
City LADERA RANCH State CA Zip Code 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 **1775.00**

Date of Receipt **08 / 31 / 2012**
Transaction ID : PR10364655949
Amount of Each Receipt this Period **250.00**
P/R Deduction (\$250.00 Monthly)

C. MR. JOHN WHITE
Full Name (Last, First, Middle Initial)
Mailing Address 28532 VIA PRIMAVERA
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 **960.00**

Date of Receipt **08 / 31 / 2012**
Transaction ID : PR10364745949
Amount of Each Receipt this Period **120.00**
P/R Deduction (\$120.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **400.00**
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 29 OF 74
	<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. MR. ALAN D WUEST
Full Name (Last, First, Middle Initial)

Mailing Address 4473 AUGUSTA DR

City OCEANSIDE	State CA	Zip Code 92057
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pacific Life	Occupation AVP OPERATIONS SUPPORT
----------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : PR10364805949

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

B. MS. ROBIN S YONIS
Full Name (Last, First, Middle Initial)

Mailing Address 8 CASTLEBAR

City IRVINE	State CA	Zip Code 92618
----------------	-------------	-------------------

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

Name of Employer Pacific Life	Occupation VP & FUND ADVISOR COUNSEL
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : PR10364825949

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

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

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 ▼ **2800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : PR10365145949

Amount of Each Receipt this Period

350.00

P/R Deduction (\$350.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	440.00
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 30 OF 74
<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. MR. PAUL V LIGEROS
Full Name (Last, First, Middle Initial)

Mailing Address 44 RABANO

City RCHO STA MARGARITA	State CA	Zip Code 92688
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pacific Life	Occupation PROD & COMPETITION CONS
----------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : PR10365205949

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

B. MR. REED J LLOYD
Full Name (Last, First, Middle Initial)

Mailing Address 6 SANDERLING LN

City ALISO VIEJO	State CA	Zip Code 92656
---------------------	-------------	-------------------

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

Name of Employer Pacific Life	Occupation FVP RETIREMENT STRATEGIES
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : PR10365215949

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

C. MR. REX A OLSON
Full Name (Last, First, Middle Initial)

Mailing Address 1963 PORT LAURENT PL

City NEWPORT BEACH	State CA	Zip Code 92660
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pacific Life	Occupation VP&SR MANAGING DIR
----------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : PR10365225949

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	155.00
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 31 OF 74
	<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

Full Name (Last, First, Middle Initial) A. MR. SAMUEL TANG		Date of Receipt 08 / 31 / 2012 Transaction ID : PR10365235949
Mailing Address PO BOX 4586		Amount of Each Receipt this Period 50.00
City MISSION VIEJO	State CA	Zip Code 92690
FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)	
Name of Employer Pacific Life	Occupation PRINCIPAL PAC TRIGUARD COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. MS. CAROLYN DEAN		Date of Receipt 08 / 31 / 2012 Transaction ID : PR10365345949
Mailing Address PO BOX 3051		Amount of Each Receipt this Period 40.00
City DANA POINT	State CA	Zip Code 92629
FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Monthly)	
Name of Employer Pacific Life	Occupation ACCOUNTING DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. MR. PHILIP A TEETER		Date of Receipt 08 / 31 / 2012 Transaction ID : PR10365475949
Mailing Address 31422 ALTA LOMA DR		Amount of Each Receipt this Period 180.00
City LAGUNA BEACH	State CA	Zip Code 92651
FEC ID number of contributing federal political committee. C	P/R Deduction (\$180.00 Monthly)	
Name of Employer Pacific Life	Occupation SR VP TECH & OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1425.00	

SUBTOTAL of Receipts This Page (optional).....▶	270.00
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 32 OF 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. MR. TENNYSON S OYLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 PEONY
 City IRVINE State CA Zip Code 92618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP BRAND MGMT & PUBLIC AFFAIRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10365615949
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$75.00 Monthly)

B. MS. VALERIE MORRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 48 W YALE LOOP
 City IRVINE State CA Zip Code 92604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP HR PRGMS & SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10365685949
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

C. MS. PATRICIA S DOUGLASS
 Full Name (Last, First, Middle Initial)
 Mailing Address 640 SAINT JAMES RD
 City NEWPORT BEACH State CA Zip Code 92663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP GOVT RELNS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10365735949
 Amount of Each Receipt this Period 285.00
 P/R Deduction (\$285.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 460.00
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 33 OF 74
<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. MR. WILLIAM D BURKE
 Full Name (Last, First, Middle Initial)
 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 ▼ 800.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10365785949
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

B. MR. SILAS K DUNN
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 ELDERWOOD
 City IRVINE State CA Zip Code 92614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP PSD COMPLIANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10365845949
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

C. MS. CHRISTINA Q HE
 Full Name (Last, First, Middle Initial)
 Mailing Address 16625 SONORA STREET
 City TUSTIN State CA Zip Code 92782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP INVESTMENT MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10365875949
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 180.00
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 34 OF 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. MR. JOHN F O'DONNELL
Full Name (Last, First, Middle Initial)

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 NATL SLS MGR KEY ACCT MKTG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2012

Transaction ID : PR10365965949

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

B. MS. JULIET A PINKERTON
Full Name (Last, First, Middle Initial)

Mailing Address 5874 GARRISON RD

City FRANKLIN State TN Zip Code 37064

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

Name of Employer Pacific Life Occupation DIVISIONAL VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2012

Transaction ID : PR10365995949

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

C. MR. RICHARD A TAUBE
Full Name (Last, First, Middle Initial)

Mailing Address 24081 NUTHATCH LN

City LAGUNA NIGUEL State CA Zip Code 92677

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

Name of Employer Pacific Life Occupation VP INSTITUTIONAL SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2012

Transaction ID : PR10366045949

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	435.00
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 35 OF 74
	<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. MR. TRAVIS R MC KAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 OXFORD AVE
 City CLARENDON HILLS State IL Zip Code 60514
 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 ▼ 800.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10366065949
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

B. MS. KATHARINE B YOUNG
 Full Name (Last, First, Middle Initial)
 Mailing Address 18647 SANTA ISADORA ST
 City FOUNTAIN VALLEY State CA Zip Code 92708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP VALUATION & RISK MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10366105949
 Amount of Each Receipt this Period 110.00
 P/R Deduction (\$110.00 Monthly)

C. MR. CHRISTOPHER VAN MIERLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 EL VUELO
 City SAN CLEMENTE State CA Zip Code 92672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SVP RSD SALES CHF MKTG OFCR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4100.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10366155949
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$75.00 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 36 OF 74
(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. MR. MICHAEL S ROBB
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 CLIFFHOUSE BLF
 City NEWPORT COAST State CA Zip Code 92657
 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 ▼ 1750.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10366195949
 Amount of Each Receipt this Period 0.00
 P/R Deduction (\$0.00 Monthly)

B. MR. RICHARD M WILKES
 Full Name (Last, First, Middle Initial)
 Mailing Address 7124 HAWKSBEARD DR
 City WESTERVILLE State OH Zip Code 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 ▼ 800.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10366275949
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

C. MR. RICHARD S BANNO
 Full Name (Last, First, Middle Initial)
 Mailing Address 26666 WHITE OAKS DR
 City LAGUNA HILLS State CA Zip Code 92653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP CAPITAL MKTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10366285949
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 175.00
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 37 OF 74
(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. MR. STEPHEN M BOLLINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 17345 FLAME TREE CIR
 City State Zip Code
 FOUNTAIN VALLEY CA 92708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP E-COMMERCE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR10366305949
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

B. MS. MARY ANN BROWN
 Full Name (Last, First, Middle Initial)
 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 EVP CORPORATE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3333.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR10366315949
 Amount of Each Receipt this Period
 416.66
 P/R Deduction (\$416.66 Monthly)

C. MS. LORI K CARRASCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2742 PORTOLA DR
 City State Zip Code
 COSTA MESA CA 92626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life ASST CORP SECRETARY CONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR10366325949
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 506.66
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 38 OF 74
(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

Full Name (Last, First, Middle Initial)
A. 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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012

Transaction ID : PR1036635949

Amount of Each Receipt this Period
 200.00

P/R Deduction (\$200.00 Monthly)

Full Name (Last, First, Middle Initial)
B. MR. THOMAS GIBBONS

Mailing Address 1970 PARK NEWPORT

City State Zip Code
 NEWPORT BEACH CA 92660

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

Name of Employer Occupation
 Pacific Life SVP TAX

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012

Transaction ID : PR10366365949

Amount of Each Receipt this Period
 330.00

P/R Deduction (\$330.00 Monthly)

Full Name (Last, First, Middle Initial)
C. MS. MARY M HAWKINS

Mailing Address 6182 S 177TH ST

City State Zip Code
 OMAHA NE 68135

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

Name of Employer Occupation
 Pacific Life AVP OPS BUS SOLUTNS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 435.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012

Transaction ID : PR10366395949

Amount of Each Receipt this Period
 60.00

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 590.00

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 39 OF 74
(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

Full Name (Last, First, Middle Initial)
A. MR. MARK A KARPE

Mailing Address 16 AUTUMNLEAF

City State Zip Code
 IRVINE CA 92614

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

Name of Employer Occupation
 Pacific Life DIR COMPLIANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 08 / 31 / 2012
Transaction ID : PR10366415949

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. MR. GREGORY L KEELING

Mailing Address 406 1/2 HELIOTROPE AVE

City State Zip Code
 CORONA DEL MAR CA 92625

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

Name of Employer Occupation
 Pacific Life VP FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 370.00

Date of Receipt
 08 / 31 / 2012
Transaction ID : PR10366425949

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
C. MR. STEPHAN P MITCHELL

Mailing Address 18111 THEODORA DR

City State Zip Code
 TUSTIN CA 92780

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

Name of Employer Occupation
 Pacific Life PRODUCT SPEC DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 08 / 31 / 2012
Transaction ID : PR10366465949

Amount of Each Receipt this Period
 40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

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 40 OF 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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

Full Name (Last, First, Middle Initial) A. MR. CHAD A ROSS		Date of Receipt MM / DD / YYYY 08 / 31 / 2012 Transaction ID : PR10366495949
Mailing Address 120 TERRACE LN		Amount of Each Receipt this Period 30.00
City SAN MARCOS	State CA	Zip Code 92069
FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Monthly)
Name of Employer Pacific Life	Occupation DIR BROKER DEALER SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. MR. DAVID K ROSUCK		Date of Receipt MM / DD / YYYY 08 / 31 / 2012 Transaction ID : PR10366505949
Mailing Address 20 SAINT JOHN DR		Amount of Each Receipt this Period 30.00
City HAWTHORN WOODS	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Monthly)
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 ▼ 240.00	

Full Name (Last, First, Middle Initial) C. MS. ELIZABETH H SKINNER		Date of Receipt MM / DD / YYYY 08 / 31 / 2012 Transaction ID : PR10366555949
Mailing Address 57 CORAL LK		Amount of Each Receipt this Period 30.00
City IRVINE	State CA	Zip Code 92614
FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Monthly)
Name of Employer Pacific Life	Occupation AVP TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 41 OF 74
(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. MR. DENNIS L BAHLMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6052 MEADOW VIEW CT
 City JOHNSTON State IA Zip Code 50131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP RISK SELECTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10366625949
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B. MR. JEFF J BRADSHAW
 Full Name (Last, First, Middle Initial)
 Mailing Address 22081 OAK GRV
 City MISSION VIEJO State CA Zip Code 92692
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP CORP DEV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10366675949
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MS. DEBORAH K JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3019 SAN ANSELIN AVE
 City LONG BEACH State CA Zip Code 90808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SYSTEMS ANALYSIS SUPR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10366685949
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
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 42 OF 74
(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. MS. KAREN M BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 FOREST HILLS CT
 City State Zip Code
 DANA POINT CA 92629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP MODEL OFC ANN TECH
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR1036695949
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

B. MR. KENNETH W COX
 Full Name (Last, First, Middle Initial)
 Mailing Address 12182 DEWAR DR
 City State Zip Code
 RIVERSIDE CA 92505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life IT DELIVERY MGR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR10366705949
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

C. MR. STEVEN R ELDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 385 25TH AVE
 City State Zip Code
 MILTON WA 98354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life SR WHOLESALER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR10366725949
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
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 43 OF 74
(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. MR. STEPHEN K ENG
 Full Name (Last, First, Middle Initial)
 Mailing Address 324 TURTLE CREST DR
 City IRVINE State CA Zip Code 92603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation DIR RISK MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10366735949
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

B. MS. CHARLENE A GRANT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3311 SEAVIEW AVE
 City CORONA DEL MAR State CA Zip Code 92625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10366755949
 Amount of Each Receipt this Period 35.00
 P/R Deduction (\$35.00 Monthly)

C. MR. DAVID C HONERKAMP
 Full Name (Last, First, Middle Initial)
 Mailing Address 2712 LIGHTHOUSE LN
 City CORONA DEL MAR State CA Zip Code 92625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP RE ACQUISITIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10366765949
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 125.00
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 44 OF 74
(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. MS. LINDA L KOTOWICZ
Full Name (Last, First, Middle Initial)
Mailing Address 795 TREPANNY LN
City WAYNE State PA Zip Code 19087
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation FVP M MKTG
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10366795949
Amount of Each Receipt this Period 60.00
P/R Deduction (\$60.00 Monthly)

B. MS. SHARON E PACHECO
Full Name (Last, First, Middle Initial)
Mailing Address 21611 BLUEJAY ST
City TRABUCO CANYON State CA Zip Code 92679
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation VP CHIEF COMPLIANCE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10366825949
Amount of Each Receipt this Period 40.00
P/R Deduction (\$40.00 Monthly)

C. MS. DAWN M TRAUTMAN
Full Name (Last, First, Middle Initial)
Mailing Address 308 REGATTA WAY
City SEAL BEACH State CA Zip Code 90740
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation SR VP IT & STRATEGIC PLNG
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10366865949
Amount of Each Receipt this Period 105.00
P/R Deduction (\$105.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 205.00
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 45 OF 74
(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. MR. JEFFREY R WILT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 BAILEY DR
 City State Zip Code
 GLENWOOD NJ 07418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life REGIONAL VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR10366885949
 Amount of Each Receipt this Period
 55.00
 P/R Deduction (\$55.00 Monthly)

B. MR. STUART A HOLLAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 4931 CAREFREE TRAIL
 City State Zip Code
 PARKER CO 80134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life SR FVP-NCM IP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR10366915949
 Amount of Each Receipt this Period
 75.00
 P/R Deduction (\$75.00 Monthly)

C. MR. BRANDON J CAGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 SKYWOOD ST
 City State Zip Code
 LADERA RANCH CA 92694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP COUNSEL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR10366955949
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 170.00
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 46 OF 74
	<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. MS. ADRIANNE M GEORGANTAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 28373 BOULDER DR
 City State Zip Code
 TRABUCO CANYON CA 92679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life SR FLD SVCS PROJ ANA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR10367005949
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$40.00 Monthly)

B. MR. DAVID L GOLDSTEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 12324 CANTURA ST
 City State Zip Code
 STUDIO CITY CA 91604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life FVP COLI UNIT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR10367015949
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

C. MR. CHIN H KIM
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 TAOS
 City State Zip Code
 RCHO STA MARGARITA CA 92688
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP ADVANCED MRKTG
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : PR10367025949
 Amount of Each Receipt this Period
 80.00
 P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
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 47 OF 74
	<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. MR. KEITH C WERSCHKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 25252 NORTHRUP DR
 City LAGUNA HILLS State CA Zip Code 92653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP AGGREGATE RISK MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10367125949
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B. MR. JIM Y CHU
 Full Name (Last, First, Middle Initial)
 Mailing Address 22931 GALAXY LN
 City LAKE FOREST State CA Zip Code 92630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP PRICING & DESIGN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10367145949
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

C. MR. ROBERT J HUNT
 Full Name (Last, First, Middle Initial)
 Mailing Address 20130 NE 28TH PL
 City SAMMAMISH State WA Zip Code 98074
 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 ▼ 320.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10367165949
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 190.00
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 48 OF 74
	<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. MR. STEVEN H GOLDBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 TWIN FLOWER ST
 City LADERA RANCH State CA Zip Code 92694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation PRODUCT MGMT DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10367185949
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$75.00 Monthly)

B. MR. JASON T TODD
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 LAURELHURST DR
 City LADERA RANCH State CA Zip Code 92694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP CREDIT ANALYSIS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10371995949
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MR. CARLETON J MUENCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 NORTHERN PINE LOOP
 City ALISO VIEJO State CA Zip Code 92656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP INVESTMENT OVERSIGHT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10614835949
 Amount of Each Receipt this Period 45.00
 P/R Deduction (\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 170.00
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 49 OF 74
(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. MR. PATRICK J O'BRIEN
Full Name (Last, First, Middle Initial)
Mailing Address 1112 LAS POSAS
City SAN CLEMENTE State CA Zip Code 92673
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP SPECIALIZED MRKTS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10614845949
Amount of Each Receipt this Period 35.00
P/R Deduction (\$35.00 Monthly)

B. MR. TIM N SHAHEEN
Full Name (Last, First, Middle Initial)
Mailing Address 27621 HOMESTEAD RD
City LAGUNA NIGUEL State CA Zip Code 92677
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP BUS INTEL & ILLUS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10614875949
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

C. MR. MATTHEW WELLS
Full Name (Last, First, Middle Initial)
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 ▼ 1000.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10614925949
Amount of Each Receipt this Period 150.00
P/R Deduction (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 235.00
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 50 OF 74
	<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. MR. JAMES P LEASURE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2427 PORT WHITBY PL
 City NEWPORT BEACH State CA Zip Code 92660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP&SR MANAGING DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR10668015949
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. MR. JAMES F SHERIDAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 9584 ROBIN AVE
 City FOUNTAIN VALLEY State CA Zip Code 92708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation DIR ACG/AIRCRAFT SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR11084695949
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

C. MR. DAVID J VAN DE WATER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6433 PALOMINO WAY
 City WEST LINN State OR Zip Code 97068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation MARKETING CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR11106895949
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 120.00
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 51 OF 74
(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. MS. ANN E FARLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4014 ALADDIN DR
 City HUNTINGTON BEACH State CA Zip Code 92649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP PRODUCT DEV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR11323355949
 Amount of Each Receipt this Period 45.00
 P/R Deduction (\$45.00 Monthly)

B. MS. ANN M DELANEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 GRENADA ST
 City LAGUNA NIGUEL State CA Zip Code 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation PROJECT MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR12361935949
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

C. MR. ROGER D BOND
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 SAN TROPEZ CT.
 City LAGUNA BEACH State CA Zip Code 92651
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation INTERNAL AUDIT CONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR15598895949
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 125.00
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 52 OF 74
(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. MR. ANDREW OLEKSIW
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 SKY RANCH RD
 City LADERA RANCH State CA Zip Code 92694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SVP CORP DEVELPMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR15598905949
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. MS. RAE A MCKEATING
 Full Name (Last, First, Middle Initial)
 Mailing Address 25842 DANA BLF W
 City CAPISTRANO BEACH State CA Zip Code 92624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP LEGAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR22130715949
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$70.00 Monthly)

C. MR. EDWIN J FERRELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 CASTLEROCK
 City IRVINE State CA Zip Code 92603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP INVSTMT MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR22130755949
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
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 53 OF 74
	<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. MR. DONAL P HANLEY
Full Name (Last, First, Middle Initial)

Mailing Address 591 S MARENGO AVE UNIT 7

City	State	Zip Code
PASADENA	CA	91106

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

Name of Employer	Occupation
Pacific Life	VP LEGAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : PR22130775949

Amount of Each Receipt this Period

26.00

P/R Deduction (\$26.00 Monthly)

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

Mailing Address 9 AMBERWICKE

City	State	Zip Code
DOVE CANYON	CA	92679

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

Name of Employer	Occupation
Pacific Life	AVP COMPLIANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : PR22130785949

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

C. MS. JENNIFER L KRUMM
Full Name (Last, First, Middle Initial)

Mailing Address 22 AMBROISE

City	State	Zip Code
NEWPORT COAST	CA	92657

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

Name of Employer	Occupation
Pacific Life	AVP FIN & DERIVATIVE RPTG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : PR22130805949

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	136.00
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 54 OF 74
	<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. MS. SUSAN M KEELING
 Full Name (Last, First, Middle Initial)
 Mailing Address 406 1/2 HELIOTROPE AVE
 City CORONA DEL MAR State CA Zip Code 92625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP INV MGT ACCTG & RPTG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR22130825949
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$70.00 Monthly)

B. MR. TIMOTHY C MYERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 23819 CLAYMORE WAY
 City VALENCIA State CA Zip Code 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 ▼ 770.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR22130865949
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

C. MR. JAY C HAMILTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 ARGOS
 City LAGUNA NIGUEL State CA Zip Code 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP CONTRACTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR22336355949
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	230.00
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 55 OF 74
	<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. MR. RICHARD J MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2628 RYCROFT CT
 City CHESTERFIELD State MO Zip Code 63017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP IND PROD CHANNEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR31736845949
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B. MR. DOUGLAS P JACKSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 AUGUSTA
 City COTO DE CAZA State CA Zip Code 92679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP PROD MGMT & SALES SPPT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR32777125949
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

C. MR. PATRICK M ALLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 58 RUE DU CHATEAU
 City ALISO VIEJO State CA Zip Code 92656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation ACCOUNTING DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR33677825949
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 200.00
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 56 OF 74
(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. MS. MARIAN C BLACKSHEAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 5528 BELLFLOWER BLVD
 City LAKEWOOD State CA Zip Code 90713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SYSTEMS ANALYST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR3367785949
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

B. MR. DANIEL E KOMOROSKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 OSPREY AVE
 City ALISO VIEJO State CA Zip Code 92656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP LIFE REINSURANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR33677885949
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MS. ADRIENNE MOUCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2524 W WATROUS AVE
 City TAMPA State FL Zip Code 33629
 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 ▼ 800.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR33677905949
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 190.00
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 57 OF 74
(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. MS. KAREN L MOYER
Full Name (Last, First, Middle Initial)
Mailing Address 4821 SUNNYBROOK AVE
City BUENA PARK State CA Zip Code 90621
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation SR SYSTEMS ANALYST
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR33677915949
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 Monthly)

B. MR. BRIAN D PEAD
Full Name (Last, First, Middle Initial)
Mailing Address 25 SUNRISE
City IRVINE State CA Zip Code 92603
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP APPL ARCH & INTEG.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR33677945949
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

C. MR. JEFFREY S PHILLIPS
Full Name (Last, First, Middle Initial)
Mailing Address 14932 PENFIELD CIR
City HUNTINGTON BEACH State CA Zip Code 92647
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation PROJECT MANAGER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR33677955949
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 130.00
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 58 OF 74
	<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. MR. CHRISTOPHER L RATCHFORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2807 FOUNDERS BRIDGE RD
 City MIDLOTHIAN State VA Zip Code 23113
 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 ▼ 400.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR33677965949
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B. MR. PARAG S SHAH
 Full Name (Last, First, Middle Initial)
 Mailing Address 24972 FOOTPATH LN
 City LAGUNA NIGUEL State CA Zip Code 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP PRODUCT DESIGN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR33677985949
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MS. KARI S TURIGLIATTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 253 NIETO AVE
 City LONG BEACH State CA Zip Code 90803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR33677995949
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 140.00
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 59 OF 74
(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. MR. JAMES P WITKOWSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 5620 FOXTAIL LOOP
 City CARLSBAD State CA Zip Code 92010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation CHANNEL MKTG DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR33678025949
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$70.00 Monthly)

B. MR. MICHAEL F MIRANNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 153 SHUTE CIR
 City OLD HICKORY State TN Zip Code 37138
 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 ▼ 400.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR34419155949
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MR. KEVIN RODDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 23221 VIA DORADO
 City COTO DE CAZA State CA Zip Code 92679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR VP FINANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR38370895949
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00
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 60 OF 74
(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. MR. DANIEL J KUBICA
Full Name (Last, First, Middle Initial)
Mailing Address 26362 YOLANDA ST
City LAGUNA HILLS State CA Zip Code 92656
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation DIR FLD FIN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 31 / 2012**
Transaction ID : PR43582265949
Amount of Each Receipt this Period **50.00**
P/R Deduction (\$50.00 Monthly)

B. MS. CARLA M MILLER
Full Name (Last, First, Middle Initial)
Mailing Address 890 SHORES BLVD
City ROCKWALL State TX Zip Code 75087
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation FIELD VICE PRES
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 31 / 2012**
Transaction ID : PR43582275949
Amount of Each Receipt this Period **50.00**
P/R Deduction (\$50.00 Monthly)

C. MR. JOSEPH J NICOLOSI
Full Name (Last, First, Middle Initial)
Mailing Address 5865 E ANDOVER DR
City HANOVER PARK State IL Zip Code 60133
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation FIELD VICE PRES
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 31 / 2012**
Transaction ID : PR43582295949
Amount of Each Receipt this Period **50.00**
P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **150.00**
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 61 OF 74
	<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. MR. VINCENT E SAMA
Full Name (Last, First, Middle Initial)

Mailing Address 39 SAMMIS ST

City HUNTINGTON State NY Zip Code 11743

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 ▼ 400.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR43582335949

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

B. MR. VINCENT A SPERA
Full Name (Last, First, Middle Initial)

Mailing Address 1616 LOOKOUT CIR

City WAXHAW State NC Zip Code 28173

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 ▼ 600.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR43582335949

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

C. MS. JOANNE T GAGNON
Full Name (Last, First, Middle Initial)

Mailing Address 359 PEARL ST

City READING State MA Zip Code 01867

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

Name of Employer Pacific Life Occupation FVP M MARKETING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR48232225949

Amount of Each Receipt this Period 42.00

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 167.00

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 62 OF 74
	<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

Full Name (Last, First, Middle Initial) A. MR. GARY D PENCE		Date of Receipt 08 / 31 / 2012 Transaction ID : PR48232265949
Mailing Address 27691 BLOSSOM HILL RD		Amount of Each Receipt this Period 50.00
City LAGUNA NIGUEL	State CA	Zip Code 92677
FEC ID number of contributing federal political committee.	C	
Name of Employer Pacific Life	Occupation ADV D DESIGN CONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
		P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) B. MR. CADE H CHERRY		Date of Receipt 08 / 31 / 2012 Transaction ID : PR61125885949
Mailing Address 20 ESTERO POINTE		Amount of Each Receipt this Period 75.00
City ALISO VIEJO	State CA	Zip Code 92656
FEC ID number of contributing federal political committee.	C	
Name of Employer Pacific Life	Occupation AVP STRATEGIC PLANNING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
		P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial) C. MR. GARY L FALDE		Date of Receipt 08 / 31 / 2012 Transaction ID : PR61125905949
Mailing Address 9212 SANTIAGO DR		Amount of Each Receipt this Period 75.00
City HUNTINGTON BEACH	State CA	Zip Code 92646
FEC ID number of contributing federal political committee.	C	
Name of Employer Pacific Life	Occupation VP & CHIEF ACTUARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
		P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 63 OF 74
(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. MR. BRIAN W REEVES
Full Name (Last, First, Middle Initial)
Mailing Address 217 AVENUE B
City REDONDO BEACH State CA Zip Code 90277
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP CORPORATE FINANCE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR61125955949
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 Monthly)

B. MR. RALPH D SCHOCH
Full Name (Last, First, Middle Initial)
Mailing Address 3443 CROOKED CREEK DR
City DIAMOND BAR State CA Zip Code 91765
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation SR DATABASE ADMINR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR61125965949
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 Monthly)

C. MS. REBECCA S WARWAR
Full Name (Last, First, Middle Initial)
Mailing Address 196 S SAGEWOOD ST
City ORANGE State CA Zip Code 92869
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation DIR OPEN SYSTEMS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR61125975949
Amount of Each Receipt this Period 40.00
P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
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 64 OF 74
(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

Full Name (Last, First, Middle Initial)
A. MR. WESLEY J FARNER

Mailing Address 7 ELMBROOK

City State Zip Code
 ALISO VIEJO CA 92656

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

Name of Employer Occupation
 Pacific Life SR ACTUARIAL STAFF ANA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 08 / 31 / 2012
Transaction ID : PR67885045949

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. MR. MATTHEW L HANSBERGER

Mailing Address 5516 RIVER AVE

City State Zip Code
 NEWPORT BEACH CA 92663

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

Name of Employer Occupation
 Pacific Life AVP IT OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 08 / 31 / 2012
Transaction ID : PR67885065949

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
C. MR. MATTHEW A LEVENE

Mailing Address 22131 CHERRYWOOD

City State Zip Code
 MISSION VIEJO CA 92692

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 ▼
 400.00

Date of Receipt
 08 / 31 / 2012
Transaction ID : PR67885075949

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 130.00

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 65 OF 74
<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. MS. JILL PECKINGHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 COLONIAL WAY
 City ALISO VIEJO State CA Zip Code 92656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation ANNUITY PROJECT SVCS DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR67885095949
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$75.00 Monthly)

B. MS. JESSICA L RICE
 Full Name (Last, First, Middle Initial)
 Mailing Address 511 S 51ST AVE
 City OMAHA State NE Zip Code 68106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP INTERNAL WHOLESALING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR67885105949
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MR. ALEXANDER F MUNRO
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 HILLSBOROUGH
 City NEWPORT BEACH State CA Zip Code 92660
 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 ▼ 480.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR68001205949
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	185.00
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 66 OF 74
	<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. MS. KIM R CUNNINGHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 24601 OVERLAKE
 City LAKE FOREST State CA Zip Code 92630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP HR BUS PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR71312915949
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B. MR. DAVID N FANGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 166 WHITE CAP LN
 City NEWPORT BEACH State CA Zip Code 92657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP CORP DEV FIN ACTUARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR71312925949
 Amount of Each Receipt this Period 90.00
 P/R Deduction (\$90.00 Monthly)

C. MR. JOSEPH KORDOVI
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 SUNRIVER
 City IRVINE State CA Zip Code 92614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP PRODUCT DESIGN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 31 / 2012
Transaction ID : PR71312975949
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	190.00
TOTAL This Period (last page this line number only).....▶	15811.64

**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

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

Full Name (Last, First, Middle Initial)

A. Becerra for Congress

Mailing Address 625 3rd Street NE #2

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Xavier Becerra

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

Transaction ID : 11079111

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Judy Biggert For Congress

Mailing Address P.O. Box 637

City Hinsdale State IL Zip Code 60522

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Judy Biggert

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

Transaction ID : 11079112

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Brian Bilbray for Congress

Mailing Address 3502 Halcyon Drive

City Alexandria State VA Zip Code 22305

Purpose of Disbursement
Contribution

011

Candidate Name

Brian Bilbray

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

Transaction ID : 11079113

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

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**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

Full Name (Last, First, Middle Initial)

A. Blumenauer For Congress

Mailing Address 830 NE Holladay Suite 105

City Portland State OR Zip Code 97232

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Earl Blumenauer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

Transaction ID : 11079115

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Scott Brown For US Senate Committee, Inc.

Mailing Address 337 Summer Street

City Boston State MA Zip Code 02210

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Scott Brown

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

Transaction ID : 11079116

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Next Century Fund

Mailing Address 116 South Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011

Candidate Name

Next Century Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

Transaction ID : 11079117

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

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

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**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

Full Name (Last, First, Middle Initial)

A. Capuano For Congress

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Michael Capuano

Category/
Type

Office Sought: House
 Senate
 President
State: MA District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2012

Transaction ID : 11079119

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Alamo PAC

Mailing Address 1020 N. Fairfax Street
Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011

Candidate Name

Alamo PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2012

Transaction ID : 11079121

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Garamendi For Congress

Mailing Address 3422 Porter Street, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement
Contribution

011

Candidate Name

John Garamendi

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2012

Transaction ID : 11079122

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

A. Scott Garrett For Congress

Mailing Address P.O. Box 905

City Newton State NJ Zip Code 07860

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Scott Garrett

Category/
Type

Office Sought: House
 Senate
 President
State: NJ District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2012

Transaction ID : 11079123

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kay Hagan for U.S. Senate

Mailing Address 220 I Street, NE
Suite 250

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Kay Hagan

Category/
Type

Office Sought: House
 Senate
 President
State: NC District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2012

Transaction ID : 11079124

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Ron Kind

Category/
Type

Office Sought: House
 Senate
 President
State: WI District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2012

Transaction ID : 11079125

Amount of Each Disbursement this Period

2500.00

Contribution

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

Full Name (Last, First, Middle Initial)

A. Menendez For Senate

Mailing Address 236 Massachusetts Avenue, NE
Suite 602

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Robert Menendez

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	2

Transaction ID : 11079126

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Congressman George Miller

Mailing Address 228 2nd Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

George Miller

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	2

Transaction ID : 11079127

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. Aaron Schock For Congress

Mailing Address 1301 K Street, NW
Suite 1050 East

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Aaron Schock

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	2

Transaction ID : 11079129

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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

Full Name (Last, First, Middle Initial)

A. Jackie Speier For Congress

Mailing Address PO Box 112

City State Zip Code
Burlingame CA 94011

Purpose of Disbursement
Contribution

Candidate Name

Jackie Speier

Office Sought: House
 Senate
 President
State: CA District: 14

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 11079130

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Stivers For Congress

Mailing Address 217 Third Street, SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steve Stivers

Office Sought: House
 Senate
 President
State: OH District: 15

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 11079131

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Lee Terry For Congress

Mailing Address PO Box 540098

City State Zip Code
Omaha NE 68154

Purpose of Disbursement
Contribution

Candidate Name

Rep. Lee Terry

Office Sought: House
 Senate
 President
State: NE District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 11079132

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

Full Name (Last, First, Middle Initial)

A. Montanans For Tester

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Jon Tester

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2012

Transaction ID : 11079133

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Heartland Values PAC

Mailing Address P.O. Box 505

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
Contribution

011

Candidate Name

Heartland Values PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2012

Transaction ID : 11079134

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Pioneer PAC

Mailing Address 217 3rd Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Pioneer PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2012

Transaction ID : 11079137

Amount of Each Disbursement this Period

3000.00

Contribution

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

Full Name (Last, First, Middle Initial)

A. Friends of Mark Warner

Mailing Address 10 G Street, NE, Suite 570

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Mr. Mark Warner

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2012

Transaction ID : 11079139

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2500.00

36000.00
