REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAY 24 1 10 PM '99

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) PACIFIC LIFE INSURANCE COMPANY PAC	
ADDRESS (number and street) ☐ Check if different than previously reported. 700 NEWPORT CENTER DR.	2. FEC IDENTIFICATION NUMBER C00068528
CITY, STATE and ZIP CODE NEWPORT BEACH, CA 92660	3. ☑ This committee has qualified as a multicandidate committee (see FEC FORM 1M) Prior to 1/1/94

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

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

☐ Termination Report

Monthly Report Due on:

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

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

☐ Thirtieth day report following the General Election on _____ in the State of _____

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

SUMMARY

5. Covering Period 04/01/99 through 04/30/99

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1999		27,016.91
(b) Cash on Hand at Beginning of Reporting Period	36,872.55	
(c) Total Receipts (from Line 19)	10,523.38	40,170.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	49,395.93	67,186.93
7. Total Disbursements (from Line 30)	13,000.00	30,791.00
8. Cash on Hand at Close of Reporting Period (subtract Line7 from Line 6(d))	36,395.93	36,395.93
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

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

Type or Print Name of Treasurer: ROBERT G. HASKELL

Signature of Treasurer: [signature]

Date: 5/20/99

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

FEC FORM 3X
(revised 9/93)

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

NAME OF COMMITTEE
PACIFIC LIFE INSURANCE COMPANY PAC

REPORT COVERING PERIOD
FROM: 04/01/99 TO: 04/30/99

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
I. Itemized (use Schedule A)	5,216.66	15,813.64	11(a)(I)
II. Unitemized	5,142.04	24,119.42	11(a)(II)
III. Total	10,358.70	39,933.06	11(a)(III)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions	10,358.70	39,933.06	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	164.68	236.96	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	10,523.38	40,170.02	19
20. Total Federal Receipts (subtract line 18 from line 19)	10,523.38	40,170.02	20
II. Disbursements			
21. Operating Expenditures			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
I. Federal Share	0.00	0.00	21(a)(I)
II. Non-Federal Share	0.00	0.00	21(a)(II)
b. Other Federal Operating Expenditures	0.00	291.00	21(b)
c. Total Operating Expenditures (add a I, a II, and b)	0.00	291.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Party Committees	13,000.00	30,500.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees(2 U.S.C.441a(d))(use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			28
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c)	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	13,000.00	30,791.00	30
31. Total Federal Disbursements (subtract line 21 a II from line 30)	13,000.00	30,791.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	10,358.70	39,933.06	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	10,358.70	39,933.06	34
35. Total Federal Operating Expenditures (add 21 a I and 21 b)	0.00	291.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35)	0.00	291.00	37

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (04/01/98 - 043098)

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. DANIEL F. BASS 35 CLERMONT NEWPORT COAST, CA 92657 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: ASSISTANT VICE PRESIDENT Aggregate Year-to-Date > $ 210.00	payroll deduction	60.00 ($60 Monthly)
B. BETH L. BAUMANN 31 LAKESHORE IRVINE, CA 92604 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00	04/28/99	300.00
C. ROBERT H. BEARDSLEE 27612 ESCUNA MISSION VIEJO, CA 92692 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	60.00 ($60 Monthly)
D. PAMELA M BERGER 1633 BOULDER CREEK RD. OCEANSIDE, CA 92056 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	60.00 ($60 Monthly)
E. JUDITH L. BRONN 26001 BLASCOS MISSION VIEJO, CA 92691 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	60.00 ($60 Monthly)
F. LARRY CARD 31735 SEACLIFF DR. LAGUNA BEACH, CA 92677 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 1,025.00	payroll deduction	275.00 ($275 Monthly)
G. DAVID R. CARMICHAEL 1525 SERENADE TERRACE CORONA DEL MAR, CA 92625 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 600.00	payroll deduction	100.00 ($100 Monthly)

SUBTOTAL of Receipts This Page (optional)	915.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (04/01/09 - 04/30/09)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. BERNADINE E. CHWALEK 25755 MAPLE VIEW DRIVE LAGUNA HILLS, CA 92653 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	60.00 ($60 Monthly)
B. CYNTHIA S. DILLION 7 BODEGA BAY CORONA DEL MAR, CA 92625 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 405.00	payroll deduction	105.00 ($105 Monthly)
C. RICHARD S. EASTLYN 27556 VALLEY RIM CIRCLE SAN JUAN CAPISTRANO, CA 92675 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	60.00 ($60 Monthly)
D. MARK R. FALK 64 SUMMERSTONE IRVINE, CA 92614 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	75.00 ($75 Monthly)
E. WILLIAM L. FERRIS 1990 PORT EDWARDS CIRCLE NEWPORT BEACH, CA 92660 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 1,025.00	payroll deduction	275.00 ($275 Monthly)
F. BRIAN F. GOEBEL 818 SAN NICOLAS CIRCLE HUNTINGTON BEACH, CA 92648 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	60.00 ($60 Monthly)
G. STANLEY D HANSEN 8959 A. HARPERS PT. DRIVE CINCINNATI, OH 45249 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVES Aggregate Year-to-Date > $ 400.00	payroll deduction	100.00 ($100 Monthly)

SUBTOTAL of Receipts This Page (optional)	735.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (3400159 - 04/30/99)

PAGE 3 OF 6

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
ROBERT G. HASKELL 115 VIA WAZIERS NEWPORT BEACH, CA 92663	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	110.00 ($110 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: SENIOR VICE PRESIDENT		
	Aggregate Year-to-Date > $ 425.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
ALBERT E. HEILES 408 AVONLEA COURT GIBSONIA, PA 15044	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	63.00 ($63 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 252.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
JOHN A. JARBOE 4210 PARK NEWPORT, APR.#410 NEWPORT BEACH, CA 92660	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	150.00 ($150 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 600.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
DARYLE G. JOHNSON 5 ALTAIR IRVINE, CA 92612	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	150.00 ($150 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 525.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
FLETCHER C. LARSON 709 AVENIDA MIROLA PALOS VERDES ESTATE, CA 90274	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	75.00 ($75 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 300.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
DAVID LEVY 135 JASMINE CREEK DRIVE CORONA DEL MAR, CA 92625	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	70.00 ($70 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 265.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
STEPHEN LI 879 PROSPECT PLACE COSTA MESA, CA 92626	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	70.00 ($70 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 265.00		

SUBTOTAL of Receipts This Page (optional)	688.00
TOTAL This Period (last page this line number only)	

Use separate schedule(s) for each category of the Detailed Summary Page (04/01/99 - 04/30/99)	PAGE 4 OF 6
	FOR LINE NUMBER 11(a)(i)

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
HENRY M. MC MILLAN 4006 INLET ISLE CORONA DEL MAR, CA 92625	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	60.00 ($60 Monthly)
Receipt For: Primary General Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 210.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
JOHN E. MILBERG 33811 DONEGAL LANE S J CAPISTRANO, CA 92675	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	100.00 ($100 Monthly)
Receipt For: Primary General Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 400.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
AUDREY L. MILFS 26922 ROCKING HORSE LANE LAGUNA HILLS, CA 92653	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	80.00 ($80 Monthly)
Receipt For: Primary General Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 305.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
LYNN C. MILLER 8 DORCHESTER GREEN LAGUNA NIGUEL, CA 92677	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	84.00 ($84 Monthly)
Receipt For: Primary General Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 336.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
MARY E. MORGAN 1 BETTONI AISLE IRVINE, CA 92606	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	60.00 ($60 Monthly)
Receipt For: Primary General Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 210.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
JAMES T. MORRIS 29022 PINTAIL CIRCLE LAGUNA NIGUEL, CA 92677	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	100.00 ($100 Monthly)
Receipt For: Primary General Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 370.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
DARAGH M. O'SULLIVAN 177 22ND ST., APT. 4 COSTA MESA, CA 92627-1764	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	84.00 ($84 Monthly)
Receipt For: Primary General Other (specify):	Occupation: ASSISTANT VICE PRESIDENT Aggregate Year-to-Date > $ 336.00		

SUBTOTAL of Receipts This Page (optional) >	568.00
TOTAL This Period (last page this line number only) >	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (04/01/98 - 04/30/99)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. W.F. PODLICH 19111 NORWOOD TERRACE IRVINE, CA 92715 Receipt For: Primary / General / Other (specify):	PINCO CEO Aggregate Year-to-Date > $ 1,000.00	04/28/99	1,000.00
B. JAMES R. RICE 11 STILLWATER IRVINE, CA 92612 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 220.00	payroll deduction	55.00 ($55 Monthly)
C. GERALD W. ROBINSON 22 CANYON RIDGE IRVINE, CA 92612 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 245.00	payroll deduction	65.00 ($65 Monthly)
D. GLENN S. SCHAFER 1318 COLONY PLAZA, #139 NEWPORT BEACH, CA 92660 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 1,400.00	payroll deduction	350.00 ($350 Monthly)
E. WILLIAM R. SCHMIDT 24772 RITTENHOUSE CIRCLE LAGUNA HILLS, CA 92653 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 320.00	payroll deduction	95.00 ($95 Monthly)
F. S. GENE SCHOFIELD 16 LEHIGH AISLE IRVINE, CA 92612 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 260.00	payroll deduction	80.00 ($80 Monthly)
G. FRANK B. SIMON 21772 HERENCIA MISSION VIEJO, CA 92692 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 305.00	payroll deduction	80.00 ($80 Monthly)

SUBTOTAL of Receipts This Page (optional)	1,725.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (04/01/98 - 04/30/98)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. THOMAS C. SUTTON 111 SHORECLIFF ROAD CORONA DEL MAR, CA 92625 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 1,666.64	payroll deduction	416.66 ($417 Monthly)
B. EDWARD E. OCKER, JR. 16190 BIMINI LANE HUNTINGTON BEACH, CA 92649 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 336.00	payroll deduction	84.00 ($84 Monthly)
C. LEE R. WIRTHLIN 16596 SUGARLOAF FOUNTAIN VALLEY, CA 92708 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 310.00	payroll deduction	85.00 ($85 Monthly)
D. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) >	585.66
TOTAL This Period (last page this line number only) >	5,216.66

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Contribution to Federal Candidates/Committees and Other Party Committees

Use separate schedule(s) for each category of the Detailed Summary Page (04/01/99 - 04/30/99)

PAGE 1 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
A. CHRISTOPHER COX CONGRESSIONAL COMMITTEE P.O. BOX 8088-C NEWPORT BEACH, CA 92658	CHRISTOPHER COX HOUSE CA - 47 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	04/02/99	1,000.00
B. CONDIT FOR CONGRESS 44 CANAL CENTER PLAZA, SUITE 400 ALEXANDRIA, VA 22314	GARY CONDIT HOUSE CA - 18 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	04/28/99	500.00
C. CRANE FOR CONGRESS COMMITTEE 4451 BROOKFIELD CORPORATE DR., #200 CHANTILLY, VA 20151-1652	PHIL CRANE HOUSE IL - 06 Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	04/28/99	1,000.00
D. DREIER FOR CONGRESS P.O. BOX 1110 COVINA, CA 91722	DAVID DREIER HOUSE CA - 29 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	04/29/99	2,000.00
E. FRIENDS OF CLAY SHAW 4451 BROOKFIELD CORPORATE DR., STE. 200 CHANTILLY, VA 20151	B. CLAY SHAW, JR. HOUSE FL - 22 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	04/28/99	1,000.00
F. FRIENDS OF SHERROD BROWN 111 EDGEFIELD DR. ELYRIA, OH 44035	SHERROD BROWN HOUSE OH - 13 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	04/28/99	500.00
G. HEALTH INSURANCE ASSOCIATION OF AMERICA (HIPAC) 555 13TH ST., N.W., STE. 600 EAST WASHINGTON, DC 20004-1109	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	04/07/99	2,500.00
H. HOYER FOR CONGRESS COMMITTEE 7905 MALCOLM RD., STE. 102 CLINTON, MD 20735	STENY HOYER HOUSE MD - 05 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	04/28/99	1,000.00
I. JIM RAMSTAD VOLUNTEER COMMITTEE 8200 PENN AVE., SOUTH, #104 BLOOMINGTON, MN 55431	JIM RAMSTAD HOUSE MN 03 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	04/29/99	500.00

SUBTOTAL of Disbursements This Page (optional) 10,000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page (04/01/99 - 04/30/99)

PAGE 2 OF 2

FOR LINE NUMBER 23

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
A. JIM ROGAN FOR CONGRESS P.O. BOX 2776 ARLINGTON, VA 22202	JAMES ROGAN HOUSE CA - 27 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	04/29/99	1,000.00
B. RE-ELECT NANCY JOHNSON TO CONGRESS P.O. BOX 1986 NEW BRITAIN, CT 06050	NANCY JOHNSON HOUSE CT - 06 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	04/28/99	1,000.00
C. SNOWE FOR SENATE P.O. BOX 2000 PORTLAND, ME 04104	OLYMPIA SNOWE SENATE - ME Disbursement For: [X] Primary [ ] General [ ] Other (specify):	04/28/99	1,000.00
D.	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
E.	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
F.	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
G.	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
H.	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
I.	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	3,000.00
TOTAL This Period (last page this line number only)	13,000.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
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☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER	5-24-99 DATE PREPARED

(4/98)