



**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="97763.44"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="30801.47"/>	<input type="text" value="95738.38"/>
(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="128564.91"/>	<input type="text" value="191064.91"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="62500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="128564.91"/>	<input type="text" value="128564.91"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Pacific Life Insurance Company Political Action Committee**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23972.64	52606.56
(ii) Unitemized .....	6828.83	37131.82
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	30801.47	89738.38
(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) .....	30801.47	89738.38
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))..... ▶	30801.47	95738.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30801.47	95738.38

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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.....	0.00	62500.00
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)) ..	0.00	62500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	62500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	30801.47	89738.38
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30801.47	89738.38
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: (check only one)	PAGE 6 OF 37
	<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	

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) <b>A. MS. JANE B FORBES</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 16 / 2012
Mailing Address 3640 ESTACADO LN		<b>Transaction ID : 10792076</b>
City PLANO	State TX	Zip Code 75025-4474
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Pacific Life	Occupation Analyst	Check
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. MR. JEFFREY R DEY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2012
Mailing Address 5 MAGNOLIA DR		<b>Transaction ID : 10795617</b>
City LADERA RANCH	State CA	Zip Code 92694-0710
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Pacific Life	Occupation Asst. Vice President	Check
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. MR. R. STEPHEN HANNAHS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 17 / 2012
Mailing Address 740 VIA LIDO NORD		<b>Transaction ID : 10795658</b>
City NEWPORT BEACH	State CA	Zip Code 92663-5523
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Pacific Life	Occupation Director	Check
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> 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 7 OF 37
	<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	<input type="checkbox"/> 17

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

**A. MR. DENIS P KALSCHEUR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 BELMONT  
 City NEWPORT BEACH State CA Zip Code 92660-6732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP/Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2012  
**Transaction ID : 10795659**  
 Amount of Each Receipt this Period  
 1200.00  
 Check

**B. MS. RAE A MCKEATING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25842 DANA BLF W  
 City CAPISTRANO BEACH State CA Zip Code 92624-1219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2012  
**Transaction ID : 10795661**  
 Amount of Each Receipt this Period  
 50.00  
 Check

**C. MS. JULIA C MCKINNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3615 PASEO DEL CAMPO  
 City PALOS VERDES ESTATES State CA Zip Code 90274-1161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation AVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2012  
**Transaction ID : 10795663**  
 Amount of Each Receipt this Period  
 100.00  
 Check

**SUBTOTAL** of Receipts This Page (optional).....▶ 1350.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 37
	<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	<input type="checkbox"/> 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 92657-2132

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

Name of Employer Pacific Life Occupation EXEC VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2012  
**Transaction ID : 10795664**

Amount of Each Receipt this Period  
 1000.00

Check

**B. MS. KATHLEEN D SIMMONS**  
Full Name (Last, First, Middle Initial)

Mailing Address 27403 HYATT CT

City LAGUNA NIGUEL State CA Zip Code 92677-3700

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

Name of Employer Pacific Life Occupation Asst. Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2012  
**Transaction ID : 10795665**

Amount of Each Receipt this Period  
 500.00

Check

**C. MR. THOMAS C SUTTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 SHORECLIFF RD

City CORONA DEL MAR State CA Zip Code 92625-2646

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

Name of Employer Pacific Life Occupation Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2012  
**Transaction ID : 10795666**

Amount of Each Receipt this Period  
 5000.00

Check

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 37
	<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	<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. JILL M WALSH**

Mailing Address 120 S CALLE DIAZ

City ANAHEIM State CA Zip Code 92807-3907

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

Name of Employer Pacific Life Occupation Budget Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**04 / 17 / 2012**

**Transaction ID : 10795667**

Amount of Each Receipt this Period  
**300.00**

Check

Full Name (Last, First, Middle Initial)  
**B. MS. JUNE G ARCE**

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 ▼ **240.00**

Date of Receipt  
**04 / 30 / 2012**

**Transaction ID : PR10362105652**

Amount of Each Receipt this Period  
**60.00**

P/R Deduction (\$60.00 Monthly)

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

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 ▼ **676.00**

Date of Receipt  
**04 / 30 / 2012**

**Transaction ID : PR10362305652**

Amount of Each Receipt this Period  
**175.00**

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **535.00**

**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 37
<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. 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 ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : PR10362325652**  
 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 ERM  
 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  
 04 / 30 / 2012  
**Transaction ID : PR10362385652**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$100.00 Monthly)

**C. MR. DENNIS M CORBETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15136 TOURAINE 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 ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : PR10362515652**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> 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 11 OF 37
	<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. DEBRA CUNNINGHAM HONERKAMP**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : PR10362565652**  
 Amount of Each Receipt this Period  
 150.00  
 P/R Deduction (\$150.00 Monthly)

**B. 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 ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : PR10362575652**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$100.00 Monthly)

**C. 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 AVP ADVANCED SALES  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : PR10362595652**  
 Amount of Each Receipt this Period  
 90.00  
 P/R Deduction (\$90.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	340.00
<b>TOTAL</b> 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 12 OF 37
	(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. 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 IND COMPLIANCE
----------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **485.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

**Transaction ID : PR10362625652**

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 ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

**Transaction ID : PR10362715652**

Amount of Each Receipt this Period  

125.00
--------

P/R Deduction (\$125.00 Monthly)

**C. MS. MARTHA A GATES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 31411 MONTEREY ST

City LAGUNA BEACH	State CA	Zip Code 92651
----------------------	-------------	-------------------

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

Name of Employer Pacific Life	Occupation SR VP OPERATIONS
----------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1666.64**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

**Transaction ID : PR10362865652**

Amount of Each Receipt this Period  

416.66
--------

P/R Deduction (\$416.66 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>666.66</b>
<b>TOTAL</b> 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 37
<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) <b>A. MR. FRANK J GOETZ</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2012 <b>Transaction ID : PR10362905652</b>
Mailing Address 7 SOVENTE		Amount of Each Receipt this Period 70.00
City IRVINE	State CA	Zip Code 92606
FEC ID number of contributing federal political committee. C		P/R Deduction (\$70.00 Monthly)
Name of Employer Pacific Life	Occupation AVP RISK SELECTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>B. MR. ADRIAN S GRIGGS</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2012 <b>Transaction ID : PR10362965652</b>
Mailing Address 8766 CANARY AVE		Amount of Each Receipt this Period 100.00
City FOUNTAIN VALLEY	State CA	Zip Code 92708
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation EVP & CHIEF FIN OFCR	
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>C. MS. BRENDA K HARDWIG</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2012 <b>Transaction ID : PR10363035652</b>
Mailing Address 13112 EARLHAM ST		Amount of Each Receipt this Period 60.00
City SANTA ANA	State CA	Zip Code 92705
FEC ID number of contributing federal political committee. C		P/R Deduction (\$60.00 Monthly)
Name of Employer Pacific Life	Occupation COMMUNITY RELTNS COORD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.00
<b>TOTAL</b> 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 37
	<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. 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 ▼ 1666.64

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR1036306562**  
 Amount of Each Receipt this Period 416.66  
 P/R Deduction (\$416.66 Monthly)

**B. 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 ▼ 296.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR10363075652**  
 Amount of Each Receipt this Period 74.00  
 P/R Deduction (\$74.00 Monthly)

**C. 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 ▼ 400.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR10363105652**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 590.66  
**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 16 OF 37
	(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. 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 ▼ **225.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2012

**Transaction ID : PR10363255652**

Amount of Each Receipt this Period  

60.00
-------

P/R Deduction (\$60.00 Monthly)

**B. 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 ▼ **625.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2012

**Transaction ID : PR10363275652**

Amount of Each Receipt this Period  

175.00
--------

P/R Deduction (\$175.00 Monthly)

**C. 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 ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2012

**Transaction ID : PR10363325652**

Amount of Each Receipt this Period  

60.00
-------

P/R Deduction (\$60.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>295.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 37
	<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. BRIAN D KLEMENS**  
Full Name (Last, First, Middle Initial)

Mailing Address 24611 BENJAMIN CIR

City	State	Zip Code
DANA POINT	CA	92629

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

Name of Employer	Occupation
Pacific Life	VP & CORPORATE CONTROLLER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

**Transaction ID : PR10363375652**

Amount of Each Receipt this Period  

40.00
-------

P/R Deduction (\$40.00 Monthly)

**B. 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 ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

**Transaction ID : PR10363425652**

Amount of Each Receipt this Period  

150.00
--------

P/R Deduction (\$150.00 Monthly)

**C. 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 ▼ **1600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

**Transaction ID : PR10363475652**

Amount of Each Receipt this Period  

400.00
--------

P/R Deduction (\$400.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>590.00</b>
<b>TOTAL</b> 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 37
	<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) <b>A. MS. LAURENE E MAC ELWEE</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 <b>Transaction ID : PR10363565652</b>
Mailing Address 1033 SECRETARIAT CIR		Amount of Each Receipt this Period 350.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MR. DESMOND G MARSH</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 <b>Transaction ID : PR10363595652</b>
Mailing Address 74 SETON RD		Amount of Each Receipt this Period 600.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	P/R Deduction (\$150.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MR. HENRY M MC MILLAN</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 <b>Transaction ID : PR10363665652</b>
Mailing Address 4006 INLET ISLE DR		Amount of Each Receipt this Period 400.00
City CORONA DEL MAR	State CA	Zip Code 92625
FEC ID number of contributing federal political committee. C	Name of Employer Pacific Life	Occupation SR VP & CHIEF RISK OFCR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 37
	<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. JOSE T MISCOLTA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 20 BRYCE CYN  
City ALISO VIEJO State CA Zip Code 92656  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation AVP PROD & PORT MKTG  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR10363755652**  
Amount of Each Receipt this Period 65.00  
P/R Deduction (\$65.00 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, PRESIDENT & CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1664.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR10363795652**  
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 ▼ 710.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR10363805652**  
Amount of Each Receipt this Period 185.00  
P/R Deduction (\$185.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 37
	<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. 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : PR10364005652**

Amount of Each Receipt this Period  
 75.00

P/R Deduction (\$75.00 Monthly)

**B. 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 ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : PR10364025652**

Amount of Each Receipt this Period  
 80.00

P/R Deduction (\$80.00 Monthly)

**C. 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 ▼ 925.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : PR10364085652**

Amount of Each Receipt this Period  
 250.00

P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	405.00
<b>TOTAL</b> 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 37
<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. 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 ▼ 300.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR10364095652**  
Amount of Each Receipt this Period 75.00  
P/R Deduction (\$75.00 Monthly)

**B. 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 ▼ 500.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR10364145652**  
Amount of Each Receipt this Period 125.00  
P/R Deduction (\$125.00 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  
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 ▼ 1375.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR10364265652**  
Amount of Each Receipt this Period 400.00  
P/R Deduction (\$400.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 600.00  
**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 37
<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. CATHY L SCHWARTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 87 PELICAN CT  
 City NEWPORT BEACH State CA Zip Code 92660  
 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 04 / 30 / 2012  
**Transaction ID : PR10364315652**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Monthly)

**B. MS. CAROL R SUDBECK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 SOMMET  
 City NEWPORT COAST State CA Zip Code 92657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SR VP HR & FACILITIES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1664.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR10364505652**  
 Amount of Each Receipt this Period 416.00  
 P/R Deduction (\$416.00 Monthly)

**C. MR. JOHN G TORELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 355 S LORETTA DR  
 City ORANGE State CA Zip Code 92869  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP ACCTG & RPTG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR10364585652**  
 Amount of Each Receipt this Period 90.00  
 P/R Deduction (\$90.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	606.00
<b>TOTAL</b> 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 23 OF 37
	<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. STEPHEN J TORETTO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22862 ORENSE  
City MISSION VIEJO State CA Zip Code 92691  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation VP COUNSEL  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 255.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR10364595652**  
Amount of Each Receipt this Period 75.00  
P/R Deduction (\$75.00 Monthly)

**B. MR. KHANH T TRAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 47 VERNAL SPG  
City IRVINE State CA Zip Code 92603  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation PRESIDENT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1666.64

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR10364605652**  
Amount of Each Receipt this Period 416.66  
P/R Deduction (\$416.66 Monthly)

**C. MR. EDDIE D TUNG**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 10386  
City NEWPORT BEACH State CA Zip Code 92658  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation AVP REGULATORY PROD ACCTG  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 305.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR10364625652**  
Amount of Each Receipt this Period 80.00  
P/R Deduction (\$80.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **571.66**  
**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 24 OF 37
<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. 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 ▼ **775.00**

Date of Receipt **04 / 30 / 2012**  
**Transaction ID : PR10364655652**  
Amount of Each Receipt this Period **250.00**  
P/R Deduction (\$250.00 Monthly)

**B. 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 ▼ **480.00**

Date of Receipt **04 / 30 / 2012**  
**Transaction ID : PR10364745652**  
Amount of Each Receipt this Period **120.00**  
P/R Deduction (\$120.00 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 ▼ **1400.00**

Date of Receipt **04 / 30 / 2012**  
**Transaction ID : PR10365145652**  
Amount of Each Receipt this Period **350.00**  
P/R Deduction (\$350.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **720.00**  
**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 37
	<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) <b>A. MR. REED J LLOYD</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2012 <b>Transaction ID : PR10365215652</b>
Mailing Address 6 SANDERLING LN		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	P/R Deduction (\$75.00 Monthly)	
Name of Employer Pacific Life	Occupation AVP ADVANCED MKTG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. MR. PHILIP A TEETER</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2012 <b>Transaction ID : PR10365475652</b>
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 ▼ 705.00	

Full Name (Last, First, Middle Initial) <b>C. MR. TENNYSON S OYLER</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2012 <b>Transaction ID : PR10365615652</b>
Mailing Address 52 PEONY		Amount of Each Receipt this Period 75.00
City IRVINE	State CA	Zip Code 92618
FEC ID number of contributing federal political committee. C	P/R Deduction (\$75.00 Monthly)	
Name of Employer Pacific Life	Occupation VP BRAND MGMT & PUBLIC AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	330.00
<b>TOTAL</b> 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 37
	<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. 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 ▼ 400.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR10365685652**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Monthly)

**B. 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 ▼ 1110.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR10365735652**  
 Amount of Each Receipt this Period 285.00  
 P/R Deduction (\$285.00 Monthly)

**C. 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 ▼ 400.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR10365785652**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 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 27 OF 37
	<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. 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 ▼ 400.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR1036596562**  
 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 ▼ 1000.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR10365995652**  
 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 PRODUCT MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR10366045652**  
 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 28 OF 37
	<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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : PR10366065652**  
 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 ▼ 410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : PR10366105652**  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : PR10366155652**  
 Amount of Each Receipt this Period  
 75.00  
 P/R Deduction (\$75.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	285.00
<b>TOTAL</b> 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 37
	<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 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 ▼ 400.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR10366275652**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Monthly)

**B. 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 ▼ 300.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR10366285652**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$75.00 Monthly)

**C. MS. MARY ANN BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 WEYMOUTH PL  
 City LAGUNA BEACH State CA Zip Code 92651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation EVP CORPORATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR10366315652**  
 Amount of Each Receipt this Period 416.66  
 P/R Deduction (\$416.66 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 591.66  
**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 30 OF 37
<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. SIMON S FENG**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 CANDELA

City IRVINE	State CA	Zip Code 92620
----------------	-------------	-------------------

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

Name of Employer Pacific Life	Occupation AVP BUS & TECH INTEG
----------------------------------	------------------------------------

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
04	/	30	/	2012

**Transaction ID : PR10366355652**

Amount of Each Receipt this Period  

200.00
--------

P/R Deduction (\$200.00 Monthly)

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

Mailing Address 1970 PARK NEWPORT

City NEWPORT BEACH	State CA	Zip Code 92660
-----------------------	-------------	-------------------

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

Name of Employer Pacific Life	Occupation SVP TAX
----------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1275.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

**Transaction ID : PR10366365652**

Amount of Each Receipt this Period  

330.00
--------

P/R Deduction (\$330.00 Monthly)

**C. 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 ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

**Transaction ID : PR10366795652**

Amount of Each Receipt this Period  

60.00
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P/R Deduction (\$60.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>590.00</b>
<b>TOTAL</b> 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 37
	<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. 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 ▼ 420.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR1036686562**  
 Amount of Each Receipt this Period 105.00  
 P/R Deduction (\$105.00 Monthly)

**B. MR. JEFFREY R WILT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 BAILEY DR  
 City GLENWOOD State NJ Zip Code 07418  
 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 ▼ 220.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR10366885652**  
 Amount of Each Receipt this Period 55.00  
 P/R Deduction (\$55.00 Monthly)

**C. MR. STUART A HOLLAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4931 CAREFREE TRAIL  
 City PARKER State CO Zip Code 80134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SR FVP-NCM IP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR10366915652**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$75.00 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 32 OF 37
	<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. CHIN H KIM**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 TAOS

City RCHO STA MARGARITA State CA Zip Code 92688

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

Name of Employer Pacific Life Occupation AVP ADVANCED MRKTG

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  
**04 / 30 / 2012**

**Transaction ID : PR10367025652**

Amount of Each Receipt this Period  
**80.00**

P/R Deduction (\$80.00 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 ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2012**

**Transaction ID : PR10367145652**

Amount of Each Receipt this Period  
**100.00**

P/R Deduction (\$100.00 Monthly)

**C. 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 ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2012**

**Transaction ID : PR10367185652**

Amount of Each Receipt this Period  
**75.00**

P/R Deduction (\$75.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>255.00</b>
<b>TOTAL</b> 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 37
	<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. 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 ▼ 400.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR10614925652**  
Amount of Each Receipt this Period 100.00  
P/R Deduction (\$100.00 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 92624-1219  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation Counsel  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR22130715652**  
Amount of Each Receipt this Period 70.00  
P/R Deduction (\$70.00 )

**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 ▼ 400.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR22130755652**  
Amount of Each Receipt this Period 100.00  
P/R Deduction (\$100.00 Monthly)

**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: (check only one)	PAGE 34 OF 37
<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. JENNIFER L KRUMM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 AMBROISE  
 City NEWPORT COAST State CA Zip Code 92657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation AVP FIN & DERIVATIVE RPTG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR22130805652**  
 Amount of Each Receipt this Period 65.00  
 P/R Deduction (\$65.00 Monthly)

**B. 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 92625-2946  
 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 ▼ 210.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR22130825652**  
 Amount of Each Receipt this Period 0.00  
 P/R Deduction (\$0.00 )

**C. 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 ▼ 370.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR22130865652**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 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: (check only one)	PAGE 35 OF 37
	<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. 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 ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : PR22336355652**

Amount of Each Receipt this Period  
 60.00

P/R Deduction (\$60.00 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 FVP SALES DEVELOPMENT

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  
 04 / 30 / 2012  
**Transaction ID : PR32777125652**

Amount of Each Receipt this Period  
 100.00

P/R Deduction (\$100.00 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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : PR33677905652**

Amount of Each Receipt this Period  
 100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 260.00

**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 37
	(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. 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 ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : PR33678025652**

Amount of Each Receipt this Period  
 70.00

P/R Deduction (\$70.00 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : PR43582355652**

Amount of Each Receipt this Period  
 75.00

P/R Deduction (\$75.00 Monthly)

**C. MR. CADE H CHERRY**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 ESTERO POINTE

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : PR61125885652**

Amount of Each Receipt this Period  
 75.00

P/R Deduction (\$75.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<b>TOTAL</b> 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 37  
(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. GARY L FALDE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9212 SANTIAGO DR  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR61125905652**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$75.00 Monthly)

**B. 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 ▼ 300.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR67885095652**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$75.00 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 ▼ 240.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : PR68001205652**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$60.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210.00
<b>TOTAL</b> This Period (last page this line number only).....▶	23972.64