

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 06 01 2010 through 06 30 2010

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

Type or Print Name of Treasurer Robert Haskell

Signature of Treasurer Electronically Filed by Robert Haskell Date 07 09 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		62827.65
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	72722.70									
(c) Total Receipts (from Line 19)	18081.31	119476.36								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	90804.01	182304.01								
7. Total Disbursements (from Line 31)	15000.00	106500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	75804.01	75804.01								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	14798.98	76380.88
(ii) Unitemized	3282.33	43095.48
(iii) TOTAL (add Lines 11(a)(i) and (ii)	18081.31	119476.36
(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)	18081.31	119476.36
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	18081.31	119476.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18081.31	119476.36

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	106500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15000.00	106500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15000.00	106500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	18081.31	119476.36
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18081.31	119476.36
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 / 60
	<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

A.	Full Name (Last, First, Middle Initial) MS. NANCY A HILL	Date of Receipt MM / DD / YYYY 06 / 02 / 2010
	Mailing Address 9 AMBERWICKE	Transaction ID: 9164112
	City State Zip Code DOVE CANYON CA 92679-3742	Amount of Each Receipt this Period 450.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation Asst. Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	Check

B.	Full Name (Last, First, Middle Initial) MS. JUNE G ARCE	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 20050 EMERALD MEADOW DR	Transaction ID: PR10362103906
	City State Zip Code WALNUT CA 91789	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation DIR MKTG COMPL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$50.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MS. JULIE E TRASK	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 181 S CRAIG DR	Transaction ID: PR10362123906
	City State Zip Code ORANGE CA 92869	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation DIR CUSTOMER SERVICE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	540.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 7 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 505 13TH ST

City State Zip Code
HUNTINGTON BEACH CA 92648

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

Name of Employer Pacific Life Occupation AVP ITS STRATEGIC SVCS

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt: MM / DD / YYYY
06 / 30 / 2010

Transaction ID: PR10362253906

Amount of Each Receipt this Period: 70.00

P/R Deduction (\$70.00 Monthly)

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

Mailing Address 29132 ALFIERI ST

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation EXEC VP RSD

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1002.00

Date of Receipt: MM / DD / YYYY
06 / 30 / 2010

Transaction ID: PR10362303906

Amount of Each Receipt this Period: 167.00

P/R Deduction (\$167.00 Monthly)

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

Mailing Address 17520 PAGE CT

City State Zip Code
YORBA LINDA CA 92886

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 570.00

Date of Receipt: MM / DD / YYYY
06 / 30 / 2010

Transaction ID: PR10362323906

Amount of Each Receipt this Period: 100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **337.00**

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 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. JOSEPH E CELENTANO	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 26661 CAMPESINO	Transaction ID: PR10362383906
	City State Zip Code MISSION VIEJO CA 92691	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation SVP PROD, RISK, FIN&INFO MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) MS. SHARON A CHEEVER	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 33512 VALLE RD	Transaction ID: PR10362403906
	City State Zip Code SN JUAN CAPISTRANO CA 92675	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$0.00 Monthly)
Name of Employer Pacific Life	Occupation SR VP & GEN COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) MS. LAURIE A CHURCH	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 21851 NEWLAND ST SPC 246	Transaction ID: PR10362423906
	City State Zip Code HUNTINGTON BEACH CA 92646	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Monthly)
Name of Employer Pacific Life	Occupation STRCT STTLMNNTS CONS (G)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	140.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS. GAIL C MOSCOSO

Mailing Address 31558 WEST NINE DR

City State Zip Code
LAGUNA NIGUEL CA 92677

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation VP CLIENT SERVICES

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR10362483906

Amount of Each Receipt this Period 60.00

P/R Deduction (\$60.00 Monthly)

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

Mailing Address 15136 TOURAIN WAY

City State Zip Code
IRVINE CA 92604

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation VP TAX COMPLIANCE

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR10362513906

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 30132 HILLSIDE TER

City State Zip Code
SN JUAN CAPISTRANO CA 92675

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 06 / 30 / 2010
Transaction ID: PR10362553906

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) 210.00

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 10 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS. DEBRA CUNNINGHAM HONERKAMP
Mailing Address 2712 LIGHTHOUSE LN
City State Zip Code
CORONA DEL MAR CA 92625
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP RE ASSET MGMT
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00
Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10362563906
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL R CURRY
Mailing Address 12162 WICKLOW LN
City State Zip Code
NAPLES FL 34120
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00
Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10362573906
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. STEPHANIE J CURRY
Mailing Address PO BOX 15358
City State Zip Code
IRVINE CA 92623
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP ADVANCED SALES
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00
Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10362593906
Amount of Each Receipt this Period: 90.00
P/R Deduction (\$90.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 290.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MS. DIANE W DALES		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 28 CLERMONT		Transaction ID: PR10362603906		
	City NEWPORT COAST	State CA	Zip Code 92657	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Monthly)		
	Name of Employer Pacific Life	Occupation AVP CREDIT ANALYSIS	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) MS. LINDA D LARSON		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 8315 ROAD R NW		Transaction ID: PR10362623906		
	City QUINCY	State WA	Zip Code 98848	Amount of Each Receipt this Period 120.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$120.00 Monthly)		
	Name of Employer Pacific Life	Occupation AVP IND COMPLIANCE	Aggregate Year-to-Date 660.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) MR. MARK R FALK		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 64 SUMMERSTONE		Transaction ID: PR10362713906		
	City IRVINE	State CA	Zip Code 92614	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$125.00 Monthly)		
	Name of Employer Pacific Life	Occupation AVP STRATEGIC PROGRAMS	Aggregate Year-to-Date 750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	295.00
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 12 / 60
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
MR. DAVID R FINEAR

Mailing Address 718 K THANGA DR

City State Zip Code
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation AVP RE INVESTMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: PR10362783906

Amount of Each Receipt this Period 35.00

P/R Deduction (\$35.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. MARTHA A GATES

Mailing Address 31411 MONTEREY ST

City State Zip Code
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation SR VP OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1110.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: PR10362863906

Amount of Each Receipt this Period 200.00

P/R Deduction (\$200.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. FRANK J GOETZ

Mailing Address 7 SOVENTE

City State Zip Code
IRVINE CA 92606

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

Name of Employer Pacific Life Occupation AVP NEW BUSINESS SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: PR10362903906

Amount of Each Receipt this Period 70.00

P/R Deduction (\$70.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 305.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS. MILDA C GOODMAN

Mailing Address 310 ALISO AVE

City State Zip Code
NEWPORT BEACH CA 92663

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

Name of Employer Pacific Life Occupation AVP ADV & PUB RLNS

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

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10362923906
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. C MARLA GRAHAM

Mailing Address 23672 BRASILIA ST

City State Zip Code
MISSION VIEJO CA 92691

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

Name of Employer Pacific Life Occupation MGR PROJECT ANA & QA

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

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10362943906
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. ADRIAN S GRIGGS

Mailing Address 8766 CANARY AVE

City State Zip Code
FOUNTAIN VALLEY CA 92708

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

Name of Employer Pacific Life Occupation SR VP FINANCE & RISK

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10362963906
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 60
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MS. BRENDA K HARDWIG

Mailing Address 13112 EARLHAM ST

City State Zip Code
SANTA ANA CA 92705

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

Name of Employer Pacific Life Occupation COMMUNITY RELTNS COORD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: PR10363033906

Amount of Each Receipt this Period 60.00

P/R Deduction (\$60.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. ROBERT G HASKELL

Mailing Address 1880 N EL CAMINO REAL

City State Zip Code
SAN CLEMENTE CA 92672

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

Name of Employer Pacific Life Occupation SR VP PUBLIC AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.96

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: PR10363063906

Amount of Each Receipt this Period 416.66

P/R Deduction (\$416.66 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. DALE E HAWLEY

Mailing Address 1137 SUNSET CLIFFS BLVD

City State Zip Code
SAN DIEGO CA 92107

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

Name of Employer Pacific Life Occupation AVP INVEST CNSL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 444.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: PR10363073906

Amount of Each Receipt this Period 74.00

P/R Deduction (\$74.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **550.66**

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 15 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. ROBERT J HEMSTEAD		Date of Receipt
	Mailing Address 310 E MCCOY LN		<input type="text"/> M / <input type="text"/> D / <input type="text"/> Y
	City	State	Zip Code
	SANTA MARIA	CA	93455
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10363103906
Name of Employer Pacific Life		Occupation AVP & VALUATION ACTUARY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00	85.00
			P/R Deduction (\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. KEVIN A HENDRA		Date of Receipt
	Mailing Address 58 VIAGGIO LN		<input type="text"/> M / <input type="text"/> D / <input type="text"/> Y
	City	State	Zip Code
	FOOTHILL RANCH	CA	92610
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10363113906
Name of Employer Pacific Life		Occupation AVP TAX	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00	60.00
			P/R Deduction (\$60.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. HOWARD T HIRAKAWA		Date of Receipt
	Mailing Address 23972 GOLDENEYE DR		<input type="text"/> M / <input type="text"/> D / <input type="text"/> Y
	City	State	Zip Code
	LAGUNA NIGUEL	CA	92677
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10363163906
Name of Employer Pacific Life		Occupation VP INV ADVISOR OPS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	100.00
			P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	245.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 60
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MS. MARYBETH HUGHES

Mailing Address 2283 WATERMAN WAY

City State Zip Code
COSTA MESA CA 92627

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

Name of Employer Pacific Life Occupation DIR CORPORATE RISK

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: PR10363203906

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. KENNETH E JACK

Mailing Address 27 TOULON AVE

City State Zip Code
FOOTHILL RANCH CA 92610

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

Name of Employer Pacific Life Occupation AVP FACILITIES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: PR10363223906

Amount of Each Receipt this Period
45.00

P/R Deduction (\$45.00 Monthly)

C.

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

Mailing Address 8554 202ND STREET SW

City State Zip Code
EDMONDS WA 98026

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

Name of Employer Pacific Life Occupation NATL SLS MGR M CHANNEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: PR10363243906

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **335.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 60

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR. JEFF R JOHNSON

Mailing Address 1 SAND OAKS RD.

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation
Pacific Life AVP TREASURER PAF

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 315.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR10363253906

Amount of Each Receipt this Period

55.00

P/R Deduction (\$55.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. KENT R JOHNSON

Mailing Address 25621 DEL NORTE

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation
Pacific Life VP ACTUARIAL & REINS

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR10363263906

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

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

Mailing Address 1812 LEADBURN RD

City State Zip Code
TOWSON MD 21204

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

Name of Employer Occupation
Pacific Life FVP FIELD WHOLESALING

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR10363273906

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 60
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
MR. SCOTT E JOHNSON

Mailing Address 906 NEWTON LN

City State Zip Code
PLACENTIA CA 92870

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

Name of Employer Pacific Life Occupation VP CORPORATE TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR10363283906

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. SUZANNE T KAMPA

Mailing Address 5531 STANFORD AVE

City State Zip Code
GARDEN GROVE CA 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 ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR10363323906

Amount of Each Receipt this Period
60.00

P/R Deduction (\$60.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. BRIAN D KLEMENS

Mailing Address 24611 BENJAMIN CIR

City State Zip Code
DANA POINT CA 92629

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

Name of Employer Pacific Life Occupation VP & CORPORATE CONTROLLER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR10363373906

Amount of Each Receipt this Period
80.00

P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **240.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 60
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR. JOHN P KONTOS

Mailing Address 6307 CAMINO MARINERO

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation VP INSTITUTIONAL CHANNEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: PR10363423906

Amount of Each Receipt this Period
150.00

P/R Deduction (\$150.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. JODY L LINNEMAN

Mailing Address 262 S FAIRFIELD LN

City State Zip Code
ORANGE CA 92869

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

Name of Employer Pacific Life Occupation AVP INVEST CNSL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: PR10363453906

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. FLETCHER C LARSON

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 Pacific Life Occupation REGIONAL VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: PR10363473906

Amount of Each Receipt this Period
400.00

P/R Deduction (\$400.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **635.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 60
(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

<p>A. Full Name (Last, First, Middle Initial) MS. TERESA M LORD</p> <p>Mailing Address 16432 CAMINO CANADA LN</p> <p>City State Zip Code HUNTINGTON BEACH CA 92649</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Pacific Life Occupation SR SYSTEMS ANALYST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt 06 / 30 / 2010</p> <p>Transaction ID: PR10363543906</p> <p>Amount of Each Receipt this Period 40.00</p> <p>P/R Deduction (\$40.00 Monthly)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) MS. LAURENE E MAC ELWEE</p> <p>Mailing Address 1033 SECRETARIAT CIR</p> <p>City State Zip Code COSTA MESA CA 92626</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Pacific Life Occupation AVP VARIABLE REG COMPL</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>	<p>Date of Receipt 06 / 30 / 2010</p> <p>Transaction ID: PR10363563906</p> <p>Amount of Each Receipt this Period 100.00</p> <p>P/R Deduction (\$100.00 Monthly)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) MR. DESMOND G MARSH</p> <p>Mailing Address 74 SETON RD</p> <p>City State Zip Code IRVINE CA 92612</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Pacific Life Occupation AVP ANNUITY APPS ADMIN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 810.00</p>	<p>Date of Receipt 06 / 30 / 2010</p> <p>Transaction ID: PR10363593906</p> <p>Amount of Each Receipt this Period 150.00</p> <p>P/R Deduction (\$150.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	290.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 60
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR. THOMAS J MAYS

Mailing Address 7406 PALOMA DR

City State Zip Code
HUNTINGTON BEACH CA 92648

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

Name of Employer Pacific Life Occupation VP GOVT RELNS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR10363603906

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

B.

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

Mailing Address 622 18TH ST

City State Zip Code
HUNTINGTON BEACH CA 92648

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

Name of Employer Pacific Life Occupation AVP INS CNSL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR10363613906

Amount of Each Receipt this Period 80.00

P/R Deduction (\$80.00 Monthly)

C.

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

Mailing Address 3615 PASEO DEL CAMPO

City State Zip Code
PALOS VERDES EST CA 90274

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

Name of Employer Pacific Life Occupation AVP INS CNSL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR10363633906

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 205.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 60
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
MR. MORGAN C MC KNIGHT

Mailing Address 1217 HIGHCREST DR

City State Zip Code
BURLESON TX 76028

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

Name of Employer Pacific Life Occupation APPLIC DEV CONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10363643906
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

B.

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

Mailing Address 4006 INLET ISLE DR

City State Zip Code
CORONA DEL MAR CA 92625

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10363663906
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

C.

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

Mailing Address 26922 ROCKING HORSE LN

City State Zip Code
LAGUNA HILLS CA 92653

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

Name of Employer Pacific Life Occupation VP & SECRETARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1560.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10363713906
Amount of Each Receipt this Period: 270.00
P/R Deduction (\$270.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **420.00**

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

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

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

FOR LINE NUMBER: PAGE 23 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. JOSE T MISCOLTA

Mailing Address 20 BRYCE CYN

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation AVP PROD & PORT MKTG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10363753906
Amount of Each Receipt this Period: 65.00
P/R Deduction (\$65.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. ELIZABETH A MOORE

Mailing Address 6412 N 159TH ST

City State Zip Code
OMAHA NE 68116

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

Name of Employer Pacific Life Occupation SYSTEMS ANALYSIS CONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10363763906
Amount of Each Receipt this Period: 45.00
P/R Deduction (\$45.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. JAMES T MORRIS

Mailing Address 29022 PINTAIL CIR

City State Zip Code
LAGUNA NIGUEL CA 92677

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 ▼ 2496.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10363793906
Amount of Each Receipt this Period: 416.00
P/R Deduction (\$416.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **526.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. JOHN C MULVIHILL	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 27822 HOMESTEAD RD	Transaction ID: PR10363803906
	City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 175.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation VP RE ASSET MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1050.00	P/R Deduction (\$175.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. RICHARD P OLSON	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 24902 SUNSET PL E	Transaction ID: PR10363933906
	City State Zip Code LAGUNA HILLS CA 92653	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation DIR SECURITY SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 300.00	P/R Deduction (\$50.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MS. JOYCE J PEAD	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 25 SUNRISE	Transaction ID: PR10364003906
	City State Zip Code IRVINE CA 92603	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation AVP TALENT ACQ & DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 375.00	P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MS. ALYCE PETERSON	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 10033 WINESAP AVE	Transaction ID: PR10364023906
	City State Zip Code CHERRY VALLEY CA 92223	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$80.00 Monthly)
	Name of Employer Occupation Pacific Life VP MARKETING SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

B.	Full Name (Last, First, Middle Initial) MR. B P PILLION	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 915 STOKE RD	Transaction ID: PR10364043906
	City State Zip Code VILLANOVA PA 19085	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Monthly)
	Name of Employer Occupation Pacific Life REGIONAL VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) MR. YVES F PINKOWITZ	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 20541 VIA EL TAJO	Transaction ID: PR10364053906
	City State Zip Code YORBA LINDA CA 92887	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$42.00 Monthly)
	Name of Employer Occupation Pacific Life VP CORP AUDIT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 246.00	

SUBTOTAL of Receipts This Page (optional)	162.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 26 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 20 MOLINO

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation VP REAL ESTATE FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	0

Transaction ID: PR10364083906

Amount of Each Receipt this Period 225.00

P/R Deduction (\$225.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. JOSEPH A PUM

Mailing Address 33 BOLERO

City State Zip Code
MISSION VIEJO CA 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 ▼ 270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	0

Transaction ID: PR10364093906

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 11 STILLWATER

City State Zip Code
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation VP M FINANCIAL DISTRIBUTION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 705.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	0

Transaction ID: PR10364143906

Amount of Each Receipt this Period 125.00

P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **400.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 28472 AVENIDA PLACIDA

City State Zip Code
SN JUAN CAPISTRANO CA 92675

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1650.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10364263906
Amount of Each Receipt this Period: 300.00
P/R Deduction (\$300.00 Monthly)

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

Mailing Address 87 PELICAN CT

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation AVP CREDIT ANALYSIS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10364313906
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. SONJA V SCOTT

Mailing Address 30 CANYONWOOD

City State Zip Code
IRVINE CA 92620

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

Name of Employer Pacific Life Occupation AVP COMPENSATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10364333906
Amount of Each Receipt this Period: 45.00
P/R Deduction (\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **445.00**

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

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

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

FOR LINE NUMBER: PAGE 28 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. BRADLEY W SHERRELL

Mailing Address 2315 VIA ZAFIRO

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation AVP TECH OFFICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10364353906
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. PENNY S SPARKS

Mailing Address 1661 UTAH CIR

City State Zip Code
COSTA MESA CA 92626

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

Name of Employer Pacific Life Occupation DIR PORTFOLIO OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10364443906
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

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

Mailing Address 11 SOMMET

City State Zip Code
NEWPORT COAST CA 92657

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

Name of Employer Pacific Life Occupation SR VP HR & FACILITIES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10364503906
Amount of Each Receipt this Period: 200.00
P/R Deduction (\$200.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 60
(check only one)

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

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

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 ▼ 525.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10364583906
 Amount of Each Receipt this Period: 90.00
 P/R Deduction (\$90.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. STEPHEN J TORETTO

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 ▼ 330.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10364593906
 Amount of Each Receipt this Period: 55.00
 P/R Deduction (\$55.00 Monthly)

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

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 EXEC VP CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.96

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10364603906
 Amount of Each Receipt this Period: 416.66
 P/R Deduction (\$416.66 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **561.66**

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 30 / 60
(check only one)

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

A.

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

Mailing Address PO BOX 10386

City State Zip Code
NEWPORT BEACH CA 92658

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

Name of Employer Pacific Life Occupation AVP REGULATORY PROD ACCTG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR10364623906

Amount of Each Receipt this Period 70.00

P/R Deduction (\$70.00 Monthly)

B.

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

Mailing Address 41974 CARSON CT

City State Zip Code
MURRIETA CA 92562

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR10364633906

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

C.

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

Mailing Address 67 LAURELHURST DR

City State Zip Code
LADERA RANCH CA 92694

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR10364653906

Amount of Each Receipt this Period 150.00

P/R Deduction (\$150.00 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: PAGE 31 / 60

(check only one)

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

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

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

Mailing Address 32122 VIA CARLOS

City State Zip Code
SN JUAN CAPISTRANO CA 92675

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

Name of Employer Occupation
Pacific Life VP SALES

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 660.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR10364743906

Amount of Each Receipt this Period

120.00

P/R Deduction (\$120.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. ALAN D WUEST

Mailing Address 32 COLORIDO

City State Zip Code
RCHO STA MARGARITA CA 92688

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

Name of Employer Occupation
Pacific Life AVP OPERATIONS SUPPORT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR10364803906

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

C.

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

Mailing Address 8 CASTLEBAR

City State Zip Code
IRVINE CA 92618

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

Name of Employer Occupation
Pacific Life VP VAR REGULATORY COMPL

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR10364823906

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS. MARIA ZAMBELLI-DOUGHERTY

Mailing Address 525 LOMBARDY RD

City State Zip Code
DREXEL HILL PA 19026

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

Name of Employer Pacific Life Occupation SUPR OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10364833906
Amount of Each Receipt this Period: 60.00
P/R Deduction (\$60.00 Monthly)

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

Mailing Address 2 PRECIPICE

City State Zip Code
LAGUNA NIGUEL CA 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 ▼ 1950.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10365143906
Amount of Each Receipt this Period: 350.00
P/R Deduction (\$350.00 Monthly)

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

Mailing Address 6 SANDERLING LN

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation AVP ADVANCED MKTG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10365213906
Amount of Each Receipt this Period: 75.00
P/R Deduction (\$75.00 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: PAGE 33 / 60
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
MR. SAMUEL TANG

Mailing Address 9 KEMPTON LN

City State Zip Code
LADERA RANCH CA 92694

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

Name of Employer Pacific Life Occupation PRINCIPAL PAC TRIGUARD COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: PR10365233906

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. CAROLYN DEAN

Mailing Address PO BOX 3051

City State Zip Code
DANA POINT CA 92629

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

Name of Employer Pacific Life Occupation ACCOUNTING DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: PR10365343906

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. PHILIP A TEETER

Mailing Address 376 MYRTLE ST

City State Zip Code
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation SR VP TECH & OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: PR10365473906

Amount of Each Receipt this Period
160.00

P/R Deduction (\$160.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **250.00**

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

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

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

FOR LINE NUMBER: PAGE 34 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MR. RICHARD G CHERNEY

Mailing Address 27835 HOMESTEAD RD

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation EXECUTIVE VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10365543906
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. KAREN S WALL

Mailing Address 1811 RIVERFORD RD

City State Zip Code
TUSTIN CA 92780

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

Name of Employer Pacific Life Occupation PROGRAMS & PROJECTS CONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10365583906
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. TENNYSON S OYLER

Mailing Address PO BOX 16145

City State Zip Code
IRVINE CA 92623

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

Name of Employer Pacific Life Occupation AVP PUBLIC AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10365613906
Amount of Each Receipt this Period: 75.00
P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 175.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MS. VALERIE MORRIS
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 ▼ 540.00
Date of Receipt 06 / 30 / 2010
Transaction ID: PR10365683906
Amount of Each Receipt this Period 90.00
P/R Deduction (\$90.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. PATRICIA S DOUGLASS
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 ▼ 1425.00
Date of Receipt 06 / 30 / 2010
Transaction ID: PR10365733906
Amount of Each Receipt this Period 250.00
P/R Deduction (\$250.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM D BURKE
Mailing Address 2216 NELDA WAY
City ALAMO State CA Zip Code 94507
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation REGIONAL VP
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00
Date of Receipt 06 / 30 / 2010
Transaction ID: PR10365783906
Amount of Each Receipt this Period 100.00
P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 440.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MR. SILAS K DUNN		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 14 ELDERWOOD		Transaction ID: PR10365843906		
	City IRVINE	State CA	Zip Code 92614	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Monthly)		
	Name of Employer Pacific Life	Occupation AVP PSD COMPLIANCE	Aggregate Year-to-Date 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) MR. RODERICK P HANSEN		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 21612 MARIGOT DR		Transaction ID: PR10365853906		
	City BOCA RATON	State FL	Zip Code 33428	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)		
	Name of Employer Pacific Life	Occupation REGIONAL VP	Aggregate Year-to-Date 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) MS. CHRISTINA Q HE		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 16625 SONORA STREET		Transaction ID: PR10365873906		
	City TUSTIN	State CA	Zip Code 92782	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Monthly)		
	Name of Employer Pacific Life	Occupation AVP PORTFOLIO MGMT	Aggregate Year-to-Date 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	180.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 60

(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) MR. JOHN F O'DONNELL		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 30 BRIAN RD		Transaction ID: PR10365963906		
	City BRIDGEWATER	State MA	Zip Code 02324	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)		
	Name of Employer Pacific Life	Occupation NATL SLS MGR KEY ACCT MKTG		Aggregate Year-to-Date 600.00	

B.	Full Name (Last, First, Middle Initial) MS. JULIET A PINKERTON		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 30 HISTORY ROW		Transaction ID: PR10365993906		
	City THE WOODLANDS	State TX	Zip Code 77380	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$250.00 Monthly)		
	Name of Employer Pacific Life	Occupation REGIONAL VP		Aggregate Year-to-Date 1500.00	

C.	Full Name (Last, First, Middle Initial) MR. RICHARD A TAUBE		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 24081 NUTHATCH LN		Transaction ID: PR10366043906		
	City LAGUNA NIGUEL	State CA	Zip Code 92677	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$75.00 Monthly)		
	Name of Employer Pacific Life	Occupation VP PRODUCT MGMT		Aggregate Year-to-Date 450.00	

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

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

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

FOR LINE NUMBER: PAGE 38 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. TRAVIS R MC KAY

Mailing Address 15222 LINCOLNWAY CIR

City State Zip Code
PLAINFIELD IL 60544

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 ▼ 600.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10366063906
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

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

Mailing Address 18647 SANTA ISADORA ST

City State Zip Code
FOUNTAIN VALLEY CA 92708

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

Name of Employer Pacific Life Occupation VP VALUATION & RISK MGMT

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10366103906
Amount of Each Receipt this Period: 90.00
P/R Deduction (\$90.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER VAN MIERLO

Mailing Address 400 EL VUELO

City State Zip Code
SAN CLEMENTE CA 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 ▼ 405.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10366153906
Amount of Each Receipt this Period: 75.00
P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 265.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 34 CLIFFHOUSE BLF

City State Zip Code
NEWPORT COAST CA 92657

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

Name of Employer Pacific Life Occupation EXEC VP RE INVEST

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10366193906
Amount of Each Receipt this Period: 250.00
P/R Deduction (\$250.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. JANE K WONG-HSU

Mailing Address 1121 EBBTIDE RD

City State Zip Code
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation VP MKT & CREDIT RISK

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

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10366213906
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

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

Mailing Address 7124 HAWKSBEARD DR

City State Zip Code
WESTERVILLE OH 43082

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10366273906
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 400.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. RICHARD S BANNO

Mailing Address 26666 WHITE OAKS DR

City State Zip Code
LAGUNA HILLS CA 92653

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

Name of Employer Pacific Life Occupation AVP CAPITAL MKTS

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10366283906
Amount of Each Receipt this Period: 75.00
P/R Deduction (\$75.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. STEPHEN M BOLLINGER

Mailing Address 17345 FLAME TREE CIR

City State Zip Code
FOUNTAIN VALLEY CA 92708

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

Name of Employer Pacific Life Occupation AVP E-COMMERCE

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

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10366303906
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. MARY ANN BROWN

Mailing Address 304 WEYMOUTH PL

City State Zip Code
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation EVP CORP DEVELPMT

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.96

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10366313906
Amount of Each Receipt this Period: 416.66
P/R Deduction (\$416.66 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **531.66**

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 41 / 60
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR. SIMON S FENG

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 ▼ 1050.00

Date of Receipt 06 / 30 / 2010

Transaction ID: PR10366353906

Amount of Each Receipt this Period 200.00

P/R Deduction (\$200.00 Monthly)

B.

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

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 ▼ 1440.00

Date of Receipt 06 / 30 / 2010

Transaction ID: PR10366363906

Amount of Each Receipt this Period 300.00

P/R Deduction (\$300.00 Monthly)

C.

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

Mailing Address 6182 S 177TH ST

City OMAHA State NE Zip Code 68135

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

Name of Employer Pacific Life Occupation AVP OPS BUS SOLUTNS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 06 / 30 / 2010

Transaction ID: PR10366393906

Amount of Each Receipt this Period 45.00

P/R Deduction (\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 545.00

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 42 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MR. JAMES KARAFKA	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 182 STANHOPE RD	Transaction ID: PR10366403906
	City State Zip Code SPARTA NJ 07871	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$125.00 Monthly)
	Name of Employer Pacific Life Occupation REGIONAL VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 675.00	

B.	Full Name (Last, First, Middle Initial) MR. GREGORY L KEELING	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 406 1/2 HELIOTROPE AVE	Transaction ID: PR10366423906
	City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Monthly)
	Name of Employer Pacific Life Occupation VP FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

C.	Full Name (Last, First, Middle Initial) MR. DENNIS L BAHLMANN	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 6052 MEADOW VIEW CT	Transaction ID: PR10366623906
	City State Zip Code JOHNSTON IA 50131	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)
	Name of Employer Pacific Life Occupation AVP NEW BUSINESS SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	215.00
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 43 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. JEFF J BRADSHAW	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 27302 MONDANO DR	Transaction ID: PR10366673906
	City State Zip Code MISSION VIEJO CA 92692	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation AVP BUSINESS DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 300.00	P/R Deduction (\$50.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MS. DEBORAH K JOHNSON	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 3019 SAN ANSELIN AVE	Transaction ID: PR10366683906
	City State Zip Code LONG BEACH CA 90808	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation SYSTEMS ANALYSIS SUPR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 300.00	P/R Deduction (\$50.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MS. KAREN M BROWN	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 11 FOREST HILLS CT	Transaction ID: PR10366693906
	City State Zip Code DANA POINT CA 92629	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation AVP MODEL OFC ANN TECH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 240.00	P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	140.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 60

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR. KENNETH W COX

Mailing Address 570 EBBCREEK DR APT P

City State Zip Code
CORONA CA 92880

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

Name of Employer Occupation
Pacific Life IT DELIVERY MGR

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR10366703906

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. STEVEN R ELDER

Mailing Address 385 25TH AVE

City State Zip Code
MILTON WA 98354

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

Name of Employer Occupation
Pacific Life SR WHOLESALER

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR10366723906

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. STEPHEN K ENG

Mailing Address 324 TURTLE CREST DR

City State Zip Code
IRVINE CA 92603

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

Name of Employer Occupation
Pacific Life DIR RISK MGMT

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR10366733906

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS. CHARLENE A GRANT

Mailing Address 3311 SEAVIEW AVE

City State Zip Code
CORONA DEL MAR CA 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 ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 1 0

Transaction ID: PR10366753906

Amount of Each Receipt this Period 35.00

P/R Deduction (\$35.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. DAVID C HONERKAMP

Mailing Address 2712 LIGHTHOUSE LN

City State Zip Code
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation AVP RE ACQUISITIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 1 0

Transaction ID: PR10366763906

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. LINDA L KOTOWICZ

Mailing Address 795 TREPANNY LN

City State Zip Code
WAYNE PA 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 ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 1 0

Transaction ID: PR10366793906

Amount of Each Receipt this Period 60.00

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **145.00**

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 46 / 60

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MS. SHARON E PACHECO

Mailing Address 21611 BLUEJAY ST

City State Zip Code
TRABUCO CANYON CA 92679

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

Name of Employer Occupation
Pacific Life VP CHIEF COMPLIANCE

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR10366823906

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. DAWN M TRAUTMAN

Mailing Address 7424 CITY LIGHTS DR

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Occupation
Pacific Life SR VP IT & STRATEGIC PLNG

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 570.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR10366863906

Amount of Each Receipt this Period

105.00

P/R Deduction (\$105.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. JEFFREY R WILT

Mailing Address 1 BAILEY DRIVE

City State Zip Code
GLENWOOD NJ 07418

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

Name of Employer Occupation
Pacific Life FIELD VICE PRES

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR10366883906

Amount of Each Receipt this Period

55.00

P/R Deduction (\$55.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. STUART A HOLLAND	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 4931 CAREFREE TRAIL	Transaction ID: PR10366913906
	City State Zip Code PARKER CO 80134	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$75.00 Monthly)
	Name of Employer Occupation Pacific Life SR FVP-NCM IP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

B.	Full Name (Last, First, Middle Initial) MS. ADRIANNE M GEORGANTAS	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 28373 BOULDER DR	Transaction ID: PR10367003906
	City State Zip Code TRABUCO CANYON CA 92679	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Monthly)
	Name of Employer Occupation Pacific Life SR FLD SVCS PROJ ANA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) MR. CHIN H KIM	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 24 TAOS	Transaction ID: PR10367023906
	City State Zip Code RCHO STA MARGARITA CA 92688	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Monthly)
	Name of Employer Occupation Pacific Life DIR ADVD MKTG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	155.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. KEITH C WERSCHKE		Date of Receipt
	Mailing Address 25252 NORTHRUP DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	LAGUNA HILLS	CA	92653
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10367123906
Name of Employer Pacific Life		Occupation AVP AGG & INS RISK MGT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 50.00
			P/R Deduction (\$50.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. JIM Y CHU		Date of Receipt
	Mailing Address 22931 GALAXY LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	LAKE FOREST	CA	92630
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10367143906
Name of Employer Pacific Life		Occupation AVP PRICING & DESIGN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00	<input type="text"/> 100.00
			P/R Deduction (\$100.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. ROBERT J HUNT		Date of Receipt
	Mailing Address 20130 NE 28TH PL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	SAMMAMISH	WA	98074
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10367163906
Name of Employer Pacific Life		Occupation SR WHOLESALER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 40.00
			P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 190.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MR. STEVEN H GOLDBERG		Date of Receipt
	Mailing Address 11 TWIN FLOWER ST		<input type="text"/> M / <input type="text"/> D / <input type="text"/> Y
	City	State	Zip Code
	LADERA RANCH	CA	92694
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10367183906
Name of Employer Pacific Life		Occupation DIR ANNUITIES PRODUCT DEVELOPMT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	75.00
			P/R Deduction (\$75.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. ROBERT J AVELLINO		Date of Receipt
	Mailing Address 3 PHEASANT DR.		<input type="text"/> M / <input type="text"/> D / <input type="text"/> Y
	City	State	Zip Code
	MT. LAUREL	NJ	08054
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10614783906
Name of Employer Pacific Life		Occupation SR WHOLESALER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	25.00
			P/R Deduction (\$25.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. CARLETON J MUENCH		Date of Receipt
	Mailing Address 111 NORTHERN PINE LOOP		<input type="text"/> M / <input type="text"/> D / <input type="text"/> Y
	City	State	Zip Code
	ALISO VIEJO	CA	92656
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10614833906
Name of Employer Pacific Life		Occupation AVP INVESTMENT OVERSIGHT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	45.00
			P/R Deduction (\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	145.00
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 50 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. PATRICK J O'BRIEN

Mailing Address 1112 LAS POSAS

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation AVP SPECIALIZED MRKTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10614843906
Amount of Each Receipt this Period: 35.00
P/R Deduction (\$35.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. TIM N SHAHEEN

Mailing Address 28 STONE PNE

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation AVP SLS & MKTG OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10614873906
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

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

Mailing Address 120 BONITA DR

City State Zip Code
HOMEWOOD AL 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 ▼ 600.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR10614923906
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 185.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. DAVID J VAN DE WATER		Date of Receipt
	Mailing Address 6433 PALOMINO WAY		<input type="text"/> M / <input type="text"/> D / <input type="text"/> Y
	City	State	Zip Code
	WEST LINN	OR	97068
	FEC ID number of contributing federal political committee. C		Transaction ID: PR11106893906
Name of Employer Pacific Life		Occupation MARKETING CONSULTANT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/>
			P/R Deduction (\$50.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MS. ANN E FARLEY		Date of Receipt
	Mailing Address 4014 ALADDIN DR		<input type="text"/> M / <input type="text"/> D / <input type="text"/> Y
	City	State	Zip Code
	HUNTINGTON BEACH	CA	92649
	FEC ID number of contributing federal political committee. C		Transaction ID: PR11323353906
Name of Employer Pacific Life		Occupation AVP PRODUCT DEV	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	<input type="text"/>
			P/R Deduction (\$45.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MS. RAE A MCKEATING		Date of Receipt
	Mailing Address 25842 DANA BLF W		<input type="text"/> M / <input type="text"/> D / <input type="text"/> Y
	City	State	Zip Code
	CAPISTRANO BEACH	CA	92624
	FEC ID number of contributing federal political committee. C		Transaction ID: PR22130713906
Name of Employer Pacific Life		Occupation AVP LEGAL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/>
			P/R Deduction (\$70.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 165.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. EDWIN J FERRELL		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 34 CASTLEROCK		Transaction ID: PR22130753906		
	City IRVINE	State CA	Zip Code 92603	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)		
	Name of Employer Pacific Life	Occupation VP CREDIT ANALYSIS	Aggregate Year-to-Date 555.00		

B.	Full Name (Last, First, Middle Initial) MS. JENNIFER L KRUMM		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 1083 CAMPANILE		Transaction ID: PR22130803906		
	City NEWPORT BEACH	State CA	Zip Code 92660	Amount of Each Receipt this Period 60.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$60.00 Monthly)		
	Name of Employer Pacific Life	Occupation AVP FIN & DERIVATIVE RPTG	Aggregate Year-to-Date 315.00		

C.	Full Name (Last, First, Middle Initial) MS. SUSAN MELEIKA		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 233 ROBIN HOOD PLACE		Transaction ID: PR22130823906		
	City COSTA MESA	State CA	Zip Code 92627	Amount of Each Receipt this Period 45.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$45.00 Monthly)		
	Name of Employer Pacific Life	Occupation DIR INV ACCTG & RPTG	Aggregate Year-to-Date 270.00		

SUBTOTAL of Receipts This Page (optional)	205.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 60
(check only one)

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

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

A.

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

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 ▼ 465.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR22130863906
 Amount of Each Receipt this Period: 80.00
 P/R Deduction (\$80.00 Monthly)

B.

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

Mailing Address 2628 RYCROFT CT

City CHESTERFIELD State MO Zip Code 63017

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR31736843906
 Amount of Each Receipt this Period: 50.00
 P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. DOUGLAS P JACKSON

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 ▼ 360.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR32777123906
 Amount of Each Receipt this Period: 75.00
 P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 205.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS. ADRIENNE MOUCH

Mailing Address 2524 W WATROUS AVE

City State Zip Code
TAMPA FL 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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 1 0

Transaction ID: PR33677903906

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. DANIEL R MYTHEN

Mailing Address 21307 NE 97TH PL

City State Zip Code
REDMOND WA 98053

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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 1 0

Transaction ID: PR33677923906

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. BRIAN D PEAD

Mailing Address 25 SUNRISE

City State Zip Code
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation AVP APPL ARCH & INTEG.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 1 0

Transaction ID: PR33677943906

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 60
	(check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MR. JAMES P WITKOWSKI	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 5620 FOXTAIL LOOP	Transaction ID: PR33678023906
	City State Zip Code CARLSBAD CA 92010	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$45.00 Monthly)
	Name of Employer Occupation Pacific Life CHANNEL MKTG DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

B.	Full Name (Last, First, Middle Initial) MR. VINCENT A SPERA	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 1616 LOOKOUT CIR	Transaction ID: PR43582353906
	City State Zip Code WAXHAW NC 28173	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$75.00 Monthly)
	Name of Employer Occupation Pacific Life FVP FIELD WHOLESALING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	14798.98

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Berkley For Congress</p> <p>Mailing Address 3069 Conquista Court</p> <p>City Las Vegas State NV Zip Code 89121</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Shelley Berkley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9226944 Date of Disbursement 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Kent Conrad</p> <p>Mailing Address PO Box 812</p> <p>City Bismarck State ND Zip Code 58502</p> <p>Purpose of Disbursement Contribution Candidate Name Kent Conrad</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9226946 Date of Disbursement 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Feinstein for Senate</p> <p>Mailing Address 420 C Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution Candidate Name Dianne Feinstein</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9226948 Date of Disbursement 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Feinstein for Senate	Transaction ID: 9226951 Date of Disbursement 06 / 29 / 2010
	Mailing Address 420 C Street, NE	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Contribution Candidate Name Dianne Feinstein Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	011 Category/ Type
	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Levin for Congress Committee	Transaction ID: 9226954 Date of Disbursement 06 / 29 / 2010
	Mailing Address 30636 Dequindre	Amount of Each Disbursement this Period 500.00
	City Warren State MI Zip Code 48092	
	Purpose of Disbursement Contribution Candidate Name Sander Levin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Friends of John McCain	Transaction ID: 9226957 Date of Disbursement 06 / 29 / 2010
	Mailing Address PO Box 32128	Amount of Each Disbursement this Period 1000.00
	City Phoenix State AZ Zip Code 85064	
	Purpose of Disbursement Contribution Candidate Name John McCain Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District:	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Congressman George Miller</p> <p>Mailing Address 301 4th Street, NE, Suite 202</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution Candidate Name George Miller Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 07</p>	<p>Transaction ID: 9226959 Date of Disbursement: 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Richard E. Neal for Congress</p> <p>Mailing Address 76 Magnolia Terrace</p> <p>City Springfield State MA Zip Code 01108</p> <p>Purpose of Disbursement Contribution Candidate Name Richard Neal Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 02</p>	<p>Transaction ID: 9226961 Date of Disbursement: 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT LINDA SANCHEZ</p> <p>Mailing Address 501 Capitol Court, NE, Suite 100</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution Candidate Name Linda Sanchez Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 39</p>	<p>Transaction ID: 9226963 Date of Disbursement: 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Schumer</p> <p>Mailing Address 509 Madison Avenue Suite 1902</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Contribution Candidate Name Charles Schumer Category/Type 011</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District:</p>	<p>Transaction ID: 9226964 Date of Disbursement: 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Snowe for Senate</p> <p>Mailing Address P.O. Box 2000</p> <p>City Portland State ME Zip Code 04104</p> <p>Purpose of Disbursement Contribution Candidate Name Olympia Snowe Category/Type 011</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District:</p>	<p>Transaction ID: 9226965 Date of Disbursement: 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Jackie Speier For Congress</p> <p>Mailing Address PO Box 112</p> <p>City Burlingame State CA Zip Code 94011</p> <p>Purpose of Disbursement Contribution Candidate Name Jackie Speier Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 12</p>	<p>Transaction ID: 9226966 Date of Disbursement: 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lee Terry For Congress

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement
Contribution

Candidate Name
Rep. Lee Terry

Office Sought: House
 Senate
 President

State: NE District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 9226967

Date of Disbursement

06 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1500.00