REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAY 26 3 29 PM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
PACIFIC LIFE INSURANCE COMPANY PAC

ADDRESS (number and street) ☐ Check if different than previously reported.
700 NEWPORT CENTER DR.

2. FEC IDENTIFICATION NUMBER
C00068528

CITY, STATE and ZIP CODE
NEWPORT BEACH, CA 92660

3. ☑ This committee has qualified as a multicandidate committee (see FEC FORM 1M)
PRIOR TO 1/1/94

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

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

☐ Termination Report

Monthly Report Due On:

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

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

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

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

SUMMARY

5. Covering Period 04/01/98 through 04/30/98

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1998		31,002.57
(b) Cash on Hand at Beginning of Reporting Period	36,173.26	
(c) Total Receipts (from Line 19)	10,085.37	34,641.06
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	46,258.63	65,643.63
7. Total Disbursements (from Line 30)	14,000.00	33,385.00
8. Cash on Hand at Close of Reporting Period (subtract Line7 from Line 6(d))	32,258.63	32,258.63
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

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

Type or Print Name of Treasurer
ROBERT G. HASKELL

Signature of Treasurer

Date 5/19/98

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

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

NAME OF COMMITTEE: PACIFIC LIFE INSURANCE COMPANY PAC

REPORT COVERING PERIOD FROM: 04/01/98 TO: 04/30/98

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	6,410.62	9,785.62	11(a)(i)
ii. Unitemized	3,424.66	24,424.97	11(a)(ii)
iii. Total	9,835.28	34,210.59	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions	9,835.28	34,210.59	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.)	0.00	180.38	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	250.09	250.09	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	10,085.37	34,641.06	19
20. Total Federal Receipts (subtract line 18 from line 19)	10,085.37	34,641.06	20
II. Disbursements			
21. Operating Expenditures			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	185.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	0.00	185.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Party Committees	14,000.00	33,200.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees(2 U.S.C.441a(d))(use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			28
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c)	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	14,000.00	33,385.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	14,000.00	33,385.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	9,835.28	34,210.59	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	9,835.28	34,210.59	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	0.00	185.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	180.38	36
37. Net Operating Expenditures (subtract line 36 from 35)	0.00	4.62	37

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 1 OF 4

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
PAMELA M BERGER 1633 BOULDER CREEK RD. OCEANSIDE, CA 92056	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	60.00 ($60 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $	240.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
JUDITH E. BROWN 26001 BLASCOS MISSION VIEJO, CA 92691	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	60.00 ($60 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $	240.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
DAVID R. CARMICHAEL 1525 SERENADE TERRACE CORONA DEL MAR, CA 92625	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	100.00 ($100 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $	400.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
BERNADINE E. CHWALEK 25755 MAPLE VIEW DRIVE LAGUNA HILLS, CA 92653	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	60.00 ($60 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $	240.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
RICHARD S. EASTLYN 27556 VALLEY RIM CIRCLE SAN JUAN CAPISTRANO, CA 92675	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	60.00 ($60 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $	240.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
WILLIAM L. FERRIS 1990 PORT EDWARDS CIRCLE NEWPORT BEACH, CA 92660	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	225.00 ($225 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $	900.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
BRIAN F. GOEBEL 818 SAN NICOLAS CIRCLE HUNTINGTON BEACH, CA 92648	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	55.00 ($55 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $	220.00	

SUBTOTAL of Receipts This Page (optional)	620.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT G. HASKELL 115 VIA WAZIERS NEWPORT BEACH, CA 92663	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	105.00 ($105 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: SENIOR VICE PRESIDENT		
	Aggregate Year-to-Date > $ 420.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENNETH E. JACK P. O. BOX 15193 NEWPORT BEACH, CA 92659	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	60.00 ($60 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 240.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN A. JARBOE 1450 PACIFIC AVENUE LAGUNA BEACH, CA 92651	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	150.00 ($150 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 600.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DARYLE G. JOHNSON 5 ALTAIR IRVINE, CA 92612	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	125.00 ($125 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANDREW C. KARLINSKI 6 VENTURE AVE., #305 IRVINE, CA 92618	A.K. FINANCIAL GROUP	04/16/98	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: AGENT		
	Aggregate Year-to-Date > $ 400.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FLETCHER C. LARSON 709 AVENIDA MIROLA PALOS VERDES ESTATE, CA 90274	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	75.00 ($75 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 300.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID LEVY 135 JASMINE CREEK DRIVE CORONA DEL MAR, CA 92625	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	60.00 ($60 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 240.00		

SUBTOTAL of Receipts This Page (optional)	675.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. STEPHEN LI 879 PROSPECT PLACE COSTA MESA, CA 92626 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	60.00 ($60 Monthly)
B. JOHN E. MILBERG 1 HEATHERWOOD COTO DE CAZA, CA 92679 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 340.00	payroll deduction	85.00 ($85 Monthly)
C. AUDREY L. MILFS 25922 ROCKING HORSE LANE LAGUNA HILLS, CA 92653 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 260.00	payroll deduction	65.00 ($65 Monthly)
D. LYNN C. MILLER 9 DORCHESTER GREEN LAGUNA NIGUEL, CA 92677 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 336.00	payroll deduction	84.00 ($84 Monthly)
E. JAMES T. MORRIS 29022 PINTAIL CIRCLE LAGUNA NIGUEL, CA 92677 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 320.00	payroll deduction	80.00 ($80 Monthly)
F. W.F. PODLICH 19111 NORWOOD TERRACE IRVINE, CA 92715 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PIMCO Occupation: C.E.O. Aggregate Year-to-Date > $ 1,000.00	04/17/98	1,000.00
G. GARY R. RYATT 9450 SISKIN AVENUE FOUNTAIN VALLEY, CA 92708 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 340.00	payroll deduction	85.00 ($85 Monthly)

SUBTOTAL of Receipts This Page (optional) >	1,459.00
TOTAL This Period (last page this line number only) >	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (04/2003 - 04/2004)

PAGE 4 OF 4

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
GLENN S. SCHAFER 24566 SANTA CLARA AVENUE DANA POINT, CA 92629	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	300.00 ($300 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
FRANK B. SIMON 21772 HERENCIA MISSION VIEJO, CA 92692	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	75.00 ($75 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS C. SUTTON 111 SHORECLIFF ROAD CORONA DEL MAR, CA 92625	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	416.66 ($417 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,666.64		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
EDWARD E. UCKER, JR. 1772 ORIOLE DRIVE COSTA MESA, CA 92626	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	84.00 ($84 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 268.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LEE R. WIRTHLIN 16596 SUGARLOAF FOUNTAIN VALLEY, CA 92708	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	65.00 ($65 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 260.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) >	940.66
TOTAL This Period (last page this line number only) >	3,694.66

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

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

PAGE 1 OF 2

FOR LINE NUMBER 23

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

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
A. BILL THOMAS CAMPAIGN COMMITTEE P.O. BOX 395 BAKERSFIELD, CA 93302	BILL THOMAS HOUSE CA - 21 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	04/07/98	3,500.00
B. BOB KERREY FOR U.S. SENATE 3412 P ST., N.W. WASHINGTON, DC 20007	BOB KERREY SENATE - NE Disbursement For: [X] Primary [ ] General [ ] Other (specify):	04/30/98	1,000.00
C. CONDIT FOR CONGRESS 44 CANAL CENTER PLAZA, SUITE 400 ALEXANDRIA, VA 22314	GARY CONDIT HOUSE CA - 18 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	04/20/98	500.00
D. DAVE CAMP FOR CONGRESS 4451 BROOKFIELD CORPORATE DR., #200 CHANTILLY, VA 20151	DAVE CAMP HOUSE MI - 04 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	04/07/98	500.00
E. EARL POMEROY FOR CONGRESS P.O. BOX 75214 WASHINGTON, DC 20013	EARL POMEROY HOUSE ND - AT LARGE Disbursement For: [X] Primary [ ] General [ ] Other (specify):	04/07/98	500.00
F. FRIENDS FOR HOUGHTON 4451 BROOKFIELD CORPORATE DR., #200 CHANTILLY, VA 20151	AMO HOUGHTON HOUSE NY - 31 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	04/07/98	1,000.00
G. FRIENDS OF KENT CONRAD 110 S EAST BROAD ST. FALLS CHURCH, VA 22046	KENT CONRAD SENATE - ND Disbursement For: [X] Primary [ ] General [ ] Other (specify):	04/07/98	1,000.00
H. FRIENDS OF SHERROD BROWN 111 EDGEFIELD DR. ELYRIA, OH 44035	SHERROD BROWN HOUSE OH - 13 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	04/07/98	500.00
I. HASTERT FOR CONGRESS COMMITTEE P.O. BOX 625 BATAVIA, IL 60510	DENNIS HASTERT HOUSE IL - 14 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	04/07/98	1,000.00

SUBTOTAL of Disbursements This Page (optional)	9,500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER 23

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
A. HERGER FOR CONGRESS COMMITTEE P.O. BOX 45175 WASHINGTON, DC 20016	WALLY HERGER HOUSE CA - 02 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	04/07/98	1,000.00
B. HOYER FOR CONGRESS COMMITTEE 7905 MALCOLM RD., SUITE 102 CLINTON, MD 20735	STENY HOYER HOUSE MD - 05 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	04/07/98	500.00
C. PEOPLE FOR ENGLISH P.O. BOX 10274 ALEXANDRIA, VA 22310	PHIL ENGLISH HOUSE PA - 21 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	04/07/98	500.00
D. THE RICHARD NEAL FOR CONGRESS COMMITTEE P.O. BOX 2884 WASHINGTON, DC 20013	RICHARD NEAL HOUSE MA - 02 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	04/07/98	500.00
E. TRENT LOTT FOR MISSISSIPPI 900 2ND ST., N.E., SUITE 114 WASHINGTON, DC 20002	TRENT LOTT SENATE - MS Disbursement For: [X] Primary [ ] General [ ] Other (specify):	04/07/98	2,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	4,500.00
TOTAL This Period (last page this line number only)	14,000.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 5/20/98
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

J.A.Q. — PREPARER

5/26/98 — DATE PREPARED

(4/98)