

# 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 (12G)  
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 02 01 2006 through 02 28 2006

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 Electronically Filed by Robert G. Haskell Date 03 07 2006

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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**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	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		101871.84
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	115910.61									
(c) Total Receipts (from Line 19) .....	15085.64	30124.41								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	130996.25	131996.25								
7. Total Disbursements (from Line 31) .....	9000.00	10000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	121996.25	121996.25								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	6

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	4926.98	7768.96
(i) Itemized (use Schedule A) .....	10158.66	22355.45
(ii) Unitemized .....	15085.64	30124.41
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	15085.64	30124.41
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)) .....	15085.64	30124.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15085.64	30124.41

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	9000.00	10000.00
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))..	9000.00	10000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	9000.00	10000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	15085.64	30124.41
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15085.64	30124.41
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 15
	<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. MICHAEL A BELL

Mailing Address 2 PRECIPICE

City State Zip Code  
LAGUNA NIGUEL CA 92677-5919

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

Name of Employer Occupation  
PACIFIC LIFE EVP LIFE INSURANCE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2006

Transaction ID: R17609

Amount of Each Receipt this Period  
125.00

Payroll Deduction

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

Mailing Address 288 CHIQUITA ST

City State Zip Code  
LAGUNA BEACH CA 92651-1337

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

Name of Employer Occupation  
PACIFIC LIFE SR VP FIN & PROD DEV

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 833.32

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2006

Transaction ID: R17623

Amount of Each Receipt this Period  
416.66

Payroll Deduction

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

Mailing Address 29132 ALFIERI ST

City State Zip Code  
LAGUNA NIGUEL CA 92677-4603

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

Name of Employer Occupation  
PACIFIC LIFE SR VP AMF CHF MKTG OFCR

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 280.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2006

Transaction ID: R17625

Amount of Each Receipt this Period  
140.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	681.66
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 15
	<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 R CARMICHAEL

Mailing Address 1525 SERENADE TER

City State Zip Code  
CORONA DEL MAR CA 92625-1753

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

Name of Employer Occupation  
PACIFIC LIFE SR VP GEN COUNSEL

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 832.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 6

Transaction ID: R17629

Amount of Each Receipt this Period  
416.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
MS. BERNADINE E CHWALEK

Mailing Address 33741 SHACKLETON ISLE

City State Zip Code  
DANA POINT CA 92629-4235

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

Name of Employer Occupation  
PACIFIC LIFE AVP INVEST CNSL

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 6

Transaction ID: R17636

Amount of Each Receipt this Period  
105.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
MS. CYNTHIA S DILLION

Mailing Address 7 BODEGA BAY DR

City State Zip Code  
CORONA DEL MAR CA 92625-1002

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

Name of Employer Occupation  
PACIFIC LIFE VP CLOSING & CONSTRU SVCS

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 6

Transaction ID: R17657

Amount of Each Receipt this Period  
150.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	671.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS. PATRICIA S DOUGLASS</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 640 SAINT JAMES RD		<b>Transaction ID: R17659</b>	
City NEWPORT BEACH	State CA	Zip Code 92663-5855	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation VP GOVT RELNS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. MR. DONALD M DOWNING</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 995 QUIVERA		<b>Transaction ID: R17660</b>	
City LAGUNA BEACH	State CA	Zip Code 92651	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation FVP M MKTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. MR. MARK R FALK</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 64 SUMMERSTONE		<b>Transaction ID: R17667</b>	
City IRVINE	State CA	Zip Code 92614-7000	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation AVP STRATEGIC PROGRAMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	475.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 15
	<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. ROBERT G HASKELL

Mailing Address 31735 SEACLIFF DR

City State Zip Code  
LAGUNA BEACH CA 92651-7001

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

Name of Employer Occupation  
PACIFIC LIFE SR VP PUBLIC AFFAIRS

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 6

Transaction ID: R17691

Amount of Each Receipt this Period  
250.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
MR. ROBERT C HSU

Mailing Address 1121 EBBTIDE RD

City State Zip Code  
CORONA DEL MAR CA 92625-1402

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

Name of Employer Occupation  
PACIFIC LIFE SR VP ANN ADMIN

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 6

Transaction ID: R17705

Amount of Each Receipt this Period  
125.00

Payroll Deduction

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

Mailing Address 547 N LAS PALMAS AVE

City State Zip Code  
LOS ANGELES CA 90004-1017

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

Name of Employer Occupation  
PACIFIC LIFE AVP IND PROD CHANNEL

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 6

Transaction ID: R17729

Amount of Each Receipt this Period  
110.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	485.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 15
	<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. DESMOND G MARSH

Mailing Address 74 SETON RD

City State Zip Code  
IRVINE CA 92612-2114

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

Name of Employer Occupation  
PACIFIC LIFE AVP TECHNOLOGY

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

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2006

Transaction ID: R17741

Amount of Each Receipt this Period  
120.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
MR. JOHN E MILBERG

Mailing Address 33811 DONEGAL LN

City State Zip Code  
SN JUAN CAPISTRANO CA 92675-4973

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

Name of Employer Occupation  
PACIFIC LIFE SR VP RISK FIN & IM

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2006

Transaction ID: R17750

Amount of Each Receipt this Period  
125.00

Payroll Deduction

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

Mailing Address 26922 ROCKING HORSE LN

City State Zip Code  
LAGUNA HILLS CA 92653-5835

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

Name of Employer Occupation  
PACIFIC LIFE VP & SECRETARY

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2006

Transaction ID: R17751

Amount of Each Receipt this Period  
200.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	445.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) <b>A. MR. JAMES T MORRIS</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 29022 PINTAIL CIR		<b>Transaction ID: R17755</b>	
City State Zip Code LAGUNA NIGUEL CA 92677-1366	Amount of Each Receipt this Period 416.00		Payroll Deduction
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation PACIFIC LIFE CHIEF OPERATING OFFICER	Aggregate Year-to-Date ▼ 832.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MR. JOHN C MULVIHILL</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 27822 HOMESTEAD RD		<b>Transaction ID: R17757</b>	
City State Zip Code LAGUNA NIGUEL CA 92677-3763	Amount of Each Receipt this Period 150.00		Payroll Deduction
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation PACIFIC LIFE VP RE ASSET MGMT	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MR. DARAGH M O'SULLIVAN</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 177 22ND ST APT 14		<b>Transaction ID: R17763</b>	
City State Zip Code COSTA MESA CA 92627-1764	Amount of Each Receipt this Period 110.00		Payroll Deduction
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation PACIFIC LIFE VP PRODUCT DESIGN	Aggregate Year-to-Date ▼ 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	676.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 15
	<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. MICHAEL S ROBB

Mailing Address 27481 VANTAGE CIR

City State Zip Code  
SN JUAN CAPISTRANO CA 92675-1543

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

Name of Employer Occupation  
PACIFIC LIFE EXEC VP RE INVEST

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

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2006

Transaction ID: R17791

Amount of Each Receipt this Period  
250.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
MR. GERALD W ROBINSON

Mailing Address 38347 N 104TH PL

City State Zip Code  
SCOTTSDALE AZ 85262-5115

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

Name of Employer Occupation  
PACIFIC LIFE EXEC VP ANNUITIES

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 520.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2006

Transaction ID: R17793

Amount of Each Receipt this Period  
260.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
MR. S GENE SCHOFIELD

Mailing Address 5 CARILLON PL

City State Zip Code  
FOOTHILL RANCH CA 92610-2612

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

Name of Employer Occupation  
PACIFIC LIFE SR VP OPERATIONS

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

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2006

Transaction ID: R17811

Amount of Each Receipt this Period  
150.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	660.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 15
	<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. THOMAS C SUTTON

Mailing Address 111 SHORECLIFF RD

City State Zip Code  
CORONA DEL MAR CA 92625-2646

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

Name of Employer Occupation  
PACIFIC LIFE CHRMN & CEO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 833.32

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 6

Transaction ID: R17825

Amount of Each Receipt this Period  
416.66

Payroll Deduction

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

Mailing Address 2 IRIS

City State Zip Code  
IRVINE CA 92620-2212

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

Name of Employer Occupation  
PACIFIC LIFE EXEC VP CFO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 833.32

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 6

Transaction ID: R17835

Amount of Each Receipt this Period  
416.66

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	833.32
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4926.98

**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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF MARK FOLEY</b>		Transaction ID: D1486 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 30505		Amount of Each Disbursement this Period 2000.00
City State Zip Code Palm Beach Gardens FL 33420	Purpose of Disbursement Contrib: Mark A. Foley (FL-16-R) Candidate Name Mark A. Foley Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 16		

Full Name (Last, First, Middle Initial) <b>B. National Republican Senatorial Committee</b>		Transaction ID: D1484 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 425 Second Street, N.E.		Amount of Each Disbursement this Period 5000.00
City State Zip Code Washington DC 20002	Purpose of Disbursement Contr. NRSC Candidate Name NRSC Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: DC District:		

Full Name (Last, First, Middle Initial) <b>C. Pete Stark Re-Election Committee</b>		Transaction ID: D1487 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 75214		Amount of Each Disbursement this Period 1000.00
City State Zip Code Washington DC 20013-3042	Purpose of Disbursement Contrib: Fortney Pete Stark (CA-13-D) Candidate Name Fortney Peter Stark Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 13		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> 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)

PAGE 15 / 15

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

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Snowe for Senate

Mailing Address P.O. Box 2006

City Portland State ME Zip Code 04104

Purpose of Disbursement  
Contrib: Olympia J. Snowe (ME-R)

Candidate Name  
Olympia J. Snowe

Office Sought:  House  
 Senate  
 President

State: ME District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: D1485

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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