REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUN 23 12 30 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	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 05/01/98 through 05/31/98		
6. (a) Cash on Hand January 1, 1998		31,002.57
(b) Cash on Hand at Beginning of Reporting Period	32,258.63	
(c) Total Receipts (from Line 19)	7,465.82	42,106.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	39,724.45	73,109.45
7. Total Disbursements (from Line 30)	20,500.00	53,885.00
8. Cash on Hand at Close of Reporting Period (subtract Line7 from Line 6(d))	19,224.45	19,224.45
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

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

Type or Print Name of Treasurer
ROBERT G. HASKELL

Signature of Treasurer: [signature]

Date: 6/19/98

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: 05/01/98 TO: 05/31/98

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)	3,764.16	15,813.10	11(a)(i)
ii. Unitemized	3,701.66	25,863.31	11(a)(ii)
iii. Total	7,465.82	41,676.41	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	7,465.82	41,676.41	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.)	0.00	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)	7,465.82	42,106.88	19
20. Total Federal Receipts (subtract line 18 from line 19)	7,465.82	42,106.88	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	20,500.00	53,700.00	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)	20,500.00	53,885.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	20,500.00	53,885.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	7,465.82	41,676.41	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	7,465.82	41,676.41	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

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

NAME OF COMMITTEE: PACIFIC LIFE INSURANCE COMPANY PAC

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (05/01/98 - 05/31/98)

FOR LINE NUMBER 11(a)(i)

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

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. DANIEL F. BASS 520 W. LAUREL AVE. SIERRA MADRE, CA 91024 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: ASSISTANT VICE PRESIDENT Aggregate Year-to-Date > $ 250.00	payroll deduction	50.00 ($50 Monthly)
B. PAMELA M BERGER 1633 BOULDER CREEK RD. OCEANSIDE, CA 92056 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	60.00 ($60 Monthly)
C. TRUDI E. BLAKESLEE 98 NAVARRE IRVINE, CA 92612 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00	payroll deduction	50.00 ($50 Monthly)
D. JUDITH L. BROWN 26001 BLASCOS MISSION VIEJO, CA 92691 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	60.00 ($60 Monthly)
E. DAVID R. CARMICHAEL 1525 SERENADE TERRACE CORONA DEL MAR, CA 92625 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 500.00	payroll deduction	100.00 ($100 Monthly)
F. BERNADINE E. CHWALEK 25755 MAPLE VIEW DRIVE LAGUNA HILLS, CA 92653 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	60.00 ($60 Monthly)
G. CAMERON COSGROVE 24245 TAMA LANE LAGUNA NIGUEL, CA 92677 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 210.00	payroll deduction	42.00 ($42 Monthly)

SUBTOTAL of Receipts This Page (optional)	422.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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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
CYNTHIA S. DILLION 7 BODEGA BAY CORONA DEL MAR, CA 92625	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 250.00		

B. 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 > $ 300.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK R. FALK 64 SUMMERSTONE IRVINE, CA 92614	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 250.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL P. FENTON 4 CEDARLAKE IRVINE, CA 92614	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 250.00		

E. 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 > $ 1,125.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRIAN F. GOMBEL 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 > $ 275.00		

G. 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 > $ 525.00		

SUBTOTAL of Receipts This Page (optional)	595.00
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 (05/01/98 - 05/31/98)

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
WILLIAM L. HEZZELWOOD 23961 CATBIRD COURT LAGUNA NIGUEL, CA 92677	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
RONALD D. HOYMAN 22111 APACHE EL TORO, CA 92630	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00		
C. 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 > $ 300.00		
D. 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 > $ 750.00		
E. 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 > $ 625.00		
F. 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	05/16/98	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: AGENT Aggregate Year-to-Date > $ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
ROBERT D. KEHRER 31 ENSUENO WEST IRVINE, CA 92620	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	45.00 ($45 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 225.00		

SUBTOTAL of Receipts This Page (optional)	580.00
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 (06/01/98 - 06/31/05)

PAGE 4 OF 7

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
JAMES B. KUEHNERT 2770 MENDOZA DRIVE COSTA MESA, CA 92626	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	45.00 ($45 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $	225.00	
B. 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 > $	375.00	
C. 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 > $	300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
STEPHEN LI 879 PROSPECT PLACE COSTA MESA, CA 92626	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	60.00 ($60 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $	300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
THOMAS J. LOSEE 145 CARIBE ISLE NOVATO, CA 94949	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $	250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
GAIL H. MC INTOSH 622 18TH STREET HUNTINGTON BEACH, CA 92648	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	45.00 ($45 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $	225.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
HENRY M. MC MILLAN 4006 INLET ISLE CORONA DEL MAR, CA 92625	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	47.50 ($48 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $	237.50	

SUBTOTAL of Receipts This Page (optional) >	382.50
TOTAL This Period (last page this line number only) >	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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FOR LINE NUMBER 11(a)(i)

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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. JOHN E. MILBERG 1 HEATHERWOOD COTO DE CAZA, CA 92679 Receipt For: Primary General Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 425.00	payroll deduction	85.00 ($85 Monthly)
B. AUDREY L. MILES 26922 ROCKING HORSE LANE LAGUNA HILLS, CA 92653 Receipt For: Primary General Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 325.00	payroll deduction	65.00 ($65 Monthly)
C. LYNN C. MILLER 8 DORCHESTER GREEN LAGUNA NIGUEL, CA 92677 Receipt For: Primary General Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 420.00	payroll deduction	84.00 ($84 Monthly)
D. MARY E. MORGAN 1 BETTONI AISLE IRVINE, CA 92606 Receipt For: Primary General Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00	payroll deduction	50.00 ($50 Monthly)
E. JAMES T. MORRIS 29022 PINTAIL CIRCLE LAGUNA NIGUEL, CA 92677 Receipt For: Primary General Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 400.00	payroll deduction	80.00 ($80 Monthly)
F. JOHN D. MURRAY 918 SANDCASTLE DRIVE CORONA DEL MAR, CA 92625 Receipt For: Primary General Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00	payroll deduction	50.00 ($50 Monthly)
G. MICHAEL R. NEILL 1730 MARLIN WAY NEWPORT BEACH, CA 92660 Receipt For: Primary General Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00	payroll deduction	50.00 ($50 Monthly)

SUBTOTAL of Receipts This Page (optional)	464.00
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 (05/01/98 - 06/30/98)

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. ROBERT E. OLSEN 15082 HUMPHREY CIRCLE IRVINE, CA 92604 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00	payroll deduction	50.00 ($50 Monthly)
B. GARY R. FYATT 9450 SISKIN AVENUE FOUNTAIN VALLEY, CA 92708 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 425.00	payroll deduction	85.00 ($85 Monthly)
C. GERALD W. ROBINSON 22 CANYON RIDGE IRVINE, CA 92612 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00	payroll deduction	50.00 ($50 Monthly)
D. GLENN S. SCHAFER 24566 SANTA CLARA AVENUE DANA POINT, CA 92629 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 1,500.00	payroll deduction	300.00 ($300 Monthly)
E. S. GENE SCHOFIELD 16 LEHIGH AISLE IRVINE, CA 92612 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00	payroll deduction	50.00 ($50 Monthly)
F. FRANK B. SIMON 21772 HERENCIA MISSION VIEJO, CA 92692 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 375.00	payroll deduction	75.00 ($75 Monthly)
G. ARTHUR K. SOBCZAK, III 14716 CAMDEN DRIVE STRONGSVILLE, OH 44136 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 225.00	payroll deduction	45.00 ($45 Monthly)

SUBTOTAL of Receipts This Page (optional)	655.00
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 (05/01/98 - 06/31/98)

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
CHRISTINA M. SUMPTER 10326 FALCON AVENUE FOUNTAIN VALLEY, CA 92708	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	50.00 ($50 Monthly)
Receipt For: Primary General Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $	250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	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	payroll deduction	416.66 ($417 Monthly)
Receipt For: Primary General Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $	2,083.30	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	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	payroll deduction	84.00 ($84 Monthly)
Receipt For: Primary General Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $	352.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
LEE R. WIRTHLINE 16596 SUGARLOAF FOUNTAIN VALLEY, CA 92708	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	65.00 ($65 Monthly)
Receipt For: Primary General Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $	325.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
CLAYTON M. YOKOTA 26622 ALTANERO MISSION VIEJO, CA 92691	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	50.00 ($50 Monthly)
Receipt For: Primary General Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $	250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: Primary General Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: Primary General Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) >	665.66
TOTAL This Period (last page this line number only) >	3,764.16

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 (25/01/93 - 05/31/95)

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 C00068526

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
A. CHRISTOPHER COX CONGRESSIONAL COMMITTEE P.O. BOX 8088-C NEWPORT BEACH, CA 92658	CHRISTOPHER COX HOUSE CA - 47 Primary [ ] General [X] Other (specify):	05/21/98	500.00
B. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE 430 S. CAPITOL ST., S.E. WASHINGTON, DC 20003	Purpose of Disbursement Primary [ ] General [ ] Other (specify):	05/29/98	5,000.00
C. DOOLEY FOR CONGRESS 501 CAPITOL COURT, N.E., SUITE 200 WASHINGTON, DC 20002	Purpose of Disbursement CAL DOOLEY HOUSE CA - 20 Primary [ ] General [X] Other (specify):	05/21/98	1,000.00
D. EARL POMEROY FOR CONGRESS P.O. BOX 75214 WASHINGTON, DC 20013	Purpose of Disbursement EARL POMEROY HOUSE ND - AT LARGE Primary [ ] General [X] Other (specify):	05/14/98	500.00
E. ELLEN TAUSCHER FOR CONGRESS 503 CAPITOL CENTER, N.E., SUITE 100 WASHINGTON, DC 20002	Purpose of Disbursement ELLEN TAUSCHER HOUSE CA 10 Primary [ ] General [X] Other (specify):	05/21/98	500.00
F. FRIENDS FOR HOUGHTON 4451 BROOKFIELD CORPORATE DR., #200 CHANTILLY, VA 20151	Purpose of Disbursement AMO HOUGHTON HOUSE NY - 31 Primary [ ] General [X] Other (specify):	05/29/98	1,000.00
G. FRIENDS OF CHRIS DODD 203 C ST., N.E. WASHINGTON, DC 20002	Purpose of Disbursement CHRIS DODD SENATE - CT Primary [ ] General [X] Other (specify):	05/29/98	1,000.00
H. FRIENDS OF SENATOR D'AMATO 370 7TH AVE., SUITE 600 NEW YORK, NY 10001	Purpose of Disbursement ALFONSE D'AMATO SENATE - NY Primary [ ] General [X] Other (specify):	05/20/98 05/21/98	1,500.00 1,000.00
I. JERRY LEWIS FOR CONGRESS COMMITTEE 4451 BROOKFIELD CORPORATE DR. CHANTILLY, VA 20151	Purpose of Disbursement JERRY LEWIS HOUSE CA - 40 Primary [ ] General [X] Other (specify):	05/15/98	500.00

SUBTOTAL of Disbursements This Page (optional)	12,500.00
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 (05/01/98 - 05/31/98)

PAGE 2 OF 2
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
JIM RAMSTAD VOLUNTEER COMMITTEE 8200 PENN AVE., SOUTH, #104 BLOOMINGTON, MN 55431	JIM RAMSTAD HOUSE MN - 03 Disbursement For: [ ] Primary [X] General [ ] Other (specify):	05/29/98	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
KILDEE FOR CONGRESS P.O. BOX 2884 WASHINGTON, DC 20013	DALE KILDEE HOUSE MI - 09 Disbursement For: [ ] Primary [X] General [ ] Other (specify):	05/21/98	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
LUCILLE ROYBAL-ALLARD FOR CONGRESS P.O. BOX 2884 WASHINGTON, DC 20013	LUCILLE ROYBAL ALLARD HOUSE CA - 33 Disbursement For: [ ] Primary [X] General [ ] Other (specify):	05/15/98	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
MATT FONG, U.S. SENATE COMMITTEE 888 S. FIGUEROA ST., SUITE 1130 LOS ANGELES, CA 90017	MATT FONG SENATE - CA Disbursement For: [X] Primary [ ] General [ ] Other (specify):	05/15/98	5,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
PELOSI FOR CONGRESS 44 CANAL CENTER PLAZA, SUITE 400 ALEXANDRIA, VA 22314	NANCY PELOSI HOUSE CA - 08 Disbursement For: [ ] Primary [X] General [ ] Other (specify):	05/21/98	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: [ ] Primary [ ] General [ ] Other (specify):		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: [ ] Primary [ ] General [ ] Other (specify):		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: [ ] Primary [ ] General [ ] Other (specify):		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: [ ] Primary [ ] General [ ] Other (specify):		

SUBTOTAL of Disbursements This Page (optional)	8,000.00
TOTAL This Period (last page this line number only)	20,500.00

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 6-19-98
☐	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	

JM IV — PREPARER

6-23-98 — DATE PREPARED

(4/98)