

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 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 CITY STATE ZIP CODE C C00068528 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

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 Year-End 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 M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2013 through 07 / 31 / 2013

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 Patricia Douglass

Signature of Treasurer Patricia Douglass [Electronically Filed] Date 08 / 07 / 2013

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2013"/> | <input type="text" value="57857.67"/> | <input type="text" value="57857.67"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="83065.53"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="25596.31"/> | <input type="text" value="181904.17"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="108661.84"/> | <input type="text" value="239761.84"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="17000.00"/> | <input type="text" value="148100.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="91661.84"/> | <input type="text" value="91661.84"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

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

| 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)..... | 22814.98 | 130805.86 |
| (ii) Unitemized | 2531.33 | 49848.31 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 25346.31 | 180654.17 |
| (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) | 25346.31 | 180654.17 |
| 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..... | 250.00 | 1250.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 25596.31 | 181904.17 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 25596.31 | 181904.17 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 17000.00 | 147500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 600.00 |
| (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 | 600.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 17000.00 | 148100.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 17000.00 | 148100.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 25346.31 | 180654.17 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 600.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 25346.31 | 180054.17 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 82 |
| | <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. MS. JUNE G ARCE
Full Name (Last, First, Middle Initial)

Mailing Address 20050 EMERALD MEADOW DR

| | | |
|----------------|-------------|------------------------|
| City WALNUT | State CA | Zip Code 91789-3506 |
|----------------|-------------|------------------------|

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

| | |
|----------------------------------|------------------------------|
| Name of Employer Pacific Life | Occupation DIR MKTG COMPL |
|----------------------------------|------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2013 |

Transaction ID : PR10362107032

Amount of Each Receipt this Period

| |
|-------|
| 60.00 |
|-------|

P/R Deduction (\$60.00 Monthly)

B. MS. JULIE E TRASK
Full Name (Last, First, Middle Initial)

Mailing Address 181 S CRAIG DR

| | | |
|----------------|-------------|------------------------|
| City ORANGE | State CA | Zip Code 92869-3731 |
|----------------|-------------|------------------------|

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

| | |
|----------------------------------|------------------------------------|
| Name of Employer Pacific Life | Occupation DIR CUSTOMER SERVICE |
|----------------------------------|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2013 |

Transaction ID : PR10362127032

Amount of Each Receipt this Period

| |
|-------|
| 40.00 |
|-------|

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 5433 RESIDENCIA

| | | |
|-----------------------|-------------|------------------------|
| City NEWPORT BEACH | State CA | Zip Code 92660-9047 |
|-----------------------|-------------|------------------------|

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 ▼ **2912.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2013 |

Transaction ID : PR10362307032

Amount of Each Receipt this Period

| |
|--------|
| 416.00 |
|--------|

P/R Deduction (\$416.00 Monthly)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 516.00 |
| 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 7 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. MR. JOSEPH E CELENTANO
 Full Name (Last, First, Middle Initial)
 Mailing Address 26661 CAMPESINO
 City MISSION VIEJO State CA Zip Code 92691-6048
 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 ▼ 1750.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10362387032
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

B. MS. LAURIE A CHURCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 21851 NEWLAND ST SPC 246
 City HUNTINGTON BEACH State CA Zip Code 92646-7636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR ISS SERVICE SPECIALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10362427032
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

C. MR. DENNIS M CORBETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 15136 TOURAIN WAY
 City IRVINE State CA Zip Code 92604-3173
 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 ▼ 1225.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10362517032
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 465.00
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 8 OF 82
(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. MS. DEBRA CUNNINGHAM HONERKAMP
 Full Name (Last, First, Middle Initial)
 Mailing Address 2712 LIGHTHOUSE LN
 City State Zip Code
 CORONA DEL MAR CA 92625-1314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP RE DEVELOPMENT & ACQUISTNS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR10362567032
 Amount of Each Receipt this Period
 150.00
 P/R Deduction (\$150.00 Monthly)

B. MR. MICHAEL R CURRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 12162 WICKLOW LN
 City State Zip Code
 NAPLES FL 34120-4396
 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 ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR10362577032
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Monthly)

C. MS. STEPHANIE J CURRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 417 GARFIELD PARK AVE
 City State Zip Code
 SANTA ROSA CA 95409-3721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life FVP RET & RESOURCES GRP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 715.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR10362597032
 Amount of Each Receipt this Period
 105.00
 P/R Deduction (\$105.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 355.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. MS. DIANE W DALES
Full Name (Last, First, Middle Initial)
Mailing Address 28 CLERMONT
City NEWPORT COAST State CA Zip Code 92657-1071
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 **350.00**

Date of Receipt **07 / 31 / 2013**
Transaction ID : PR10362607032
Amount of Each Receipt this Period **50.00**
P/R Deduction (\$50.00 Monthly)

B. MR. MARK R FALK
Full Name (Last, First, Middle Initial)
Mailing Address 64 SUMMERSTONE
City IRVINE State CA Zip Code 92614-7000
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP STRATEGIC PROGRAMS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **975.00**

Date of Receipt **07 / 31 / 2013**
Transaction ID : PR10362717032
Amount of Each Receipt this Period **150.00**
P/R Deduction (\$150.00 Monthly)

C. MR. DAVID R FINEAR
Full Name (Last, First, Middle Initial)
Mailing Address 2008 VISTA CAJON
City NEWPORT BEACH State CA Zip Code 92660-3910
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 **245.00**

Date of Receipt **07 / 31 / 2013**
Transaction ID : PR10362787032
Amount of Each Receipt this Period **35.00**
P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **235.00**
TOTAL This Period (last page this line number only).....

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 82 |
| | <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)
A. MR. FRANK J GOETZ

Mailing Address 7 SOVENTE

City IRVINE State CA Zip Code 92606-0830

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

Name of Employer Pacific Life Occupation AVP RISK SELECTION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR10362907032

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 310 ALISO AVE

City NEWPORT BEACH State CA Zip Code 92663-5103

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

Name of Employer Pacific Life Occupation AVP CORPORATE ADVERTISING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR10362927032

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
C. MS. LORENE C GORDON

Mailing Address 35 ANACAPA LN

City ALISO VIEJO State CA Zip Code 92656-1630

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

Name of Employer Pacific Life Occupation VP OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR10362937032

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 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 11 OF 82 |
| | <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) A. MR. ADRIAN S GRIGGS | | Date of Receipt MM / DD / YYYY 07 / 31 / 2013 Transaction ID : PR10362967032 |
| Mailing Address 8766 CANARY AVE | | Amount of Each Receipt this Period 416.00 |
| City FOUNTAIN VALLEY | State CA | Zip Code 92708-6353 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Pacific Life | Occupation EVP & CHIEF FIN OFCR | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2912.00 | |
| | | P/R Deduction (\$416.00 Monthly) |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. MS. IRENE L JACOBSEN | | Date of Receipt MM / DD / YYYY 07 / 31 / 2013 Transaction ID : PR10362997032 |
| Mailing Address 6052 SAN YSIDRO CIR | | Amount of Each Receipt this Period 30.00 |
| City BUENA PARK | State CA | Zip Code 90620-2850 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Pacific Life | Occupation ACCOUNT MGMT SPEC | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | |
| | | P/R Deduction (\$30.00 Monthly) |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. MR. ROBERT G HASKELL | | Date of Receipt MM / DD / YYYY 07 / 31 / 2013 Transaction ID : PR10363067032 |
| Mailing Address 1880 N EL CAMINO REAL | | Amount of Each Receipt this Period 416.66 |
| City SAN CLEMENTE | State CA | Zip Code 92672-4901 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Pacific Life | Occupation SVP BRAND MGMT & PA | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2916.62 | |
| | | P/R Deduction (\$416.66 Monthly) |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 862.66 |
| 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 12 OF 82 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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

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

Mailing Address 2702 SAN JOAQUIN HILLS RD

| | | |
|----------------|-------|------------|
| City | State | Zip Code |
| CORONA DEL MAR | CA | 92625-1132 |

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

| | |
|------------------|-------------|
| Name of Employer | Occupation |
| Pacific Life | AVP COUNSEL |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **518.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2013 |

Transaction ID : PR10363077032

Amount of Each Receipt this Period

| |
|-------|
| 74.00 |
|-------|

P/R Deduction (\$74.00 Monthly)

B. MR. KEVIN A HENDRA
Full Name (Last, First, Middle Initial)

Mailing Address 58 VIAGGIO LN

| | | |
|----------------|-------|------------|
| City | State | Zip Code |
| FOOTHILL RANCH | CA | 92610-1925 |

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| Pacific Life | AVP TAX |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2013 |

Transaction ID : PR10363117032

Amount of Each Receipt this Period

| |
|-------|
| 80.00 |
|-------|

P/R Deduction (\$80.00 Monthly)

C. MR. HOWARD T HIRAKAWA
Full Name (Last, First, Middle Initial)

Mailing Address 23972 GOLDENEYE DR

| | | |
|---------------|-------|------------|
| City | State | Zip Code |
| LAGUNA NIGUEL | CA | 92677-1332 |

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

| | |
|------------------|--------------------|
| Name of Employer | Occupation |
| Pacific Life | VP INV ADVISOR OPS |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1225.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2013 |

Transaction ID : PR10363167032

Amount of Each Receipt this Period

| |
|--------|
| 175.00 |
|--------|

P/R Deduction (\$175.00 Monthly)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 329.00 |
| 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 13 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. MS. CAROL A JENSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8554 202ND STREET SW
 City EDMONDS State WA Zip Code 98026-6643
 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 ▼ 1950.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10363247032
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$300.00 Monthly)

B. MR. JEFF R JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 SAND OAKS RD.
 City LAGUNA NIGUEL State CA Zip Code 92677-5720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP CORP FIN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10363257032
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$60.00 Monthly)

C. MR. MARK J JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1812 LEADBURN RD
 City TOWSON State MD Zip Code 21204-1831
 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 ▼ 1225.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10363277032
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 535.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. MS. LORI A JOHNSTONE
Full Name (Last, First, Middle Initial)

Mailing Address 27 GRAY STONE WAY

| | | |
|-----------------------|-------------|------------------------|
| City LAGUNA NIGUEL | State CA | Zip Code 92677-9330 |
|-----------------------|-------------|------------------------|

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

| | |
|----------------------------------|---|
| Name of Employer Pacific Life | Occupation AVP SPECIALTY INVESTMENTS |
|----------------------------------|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2013 |

Transaction ID : PR10363297032

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 5531 STANFORD AVE

| | | |
|----------------------|-------------|------------------------|
| City GARDEN GROVE | State CA | Zip Code 92845-2434 |
|----------------------|-------------|------------------------|

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 ▼ **420.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2013 |

Transaction ID : PR10363327032

Amount of Each Receipt this Period

| |
|-------|
| 60.00 |
|-------|

P/R Deduction (\$60.00 Monthly)

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

Mailing Address 24611 BENJAMIN CIR

| | | |
|--------------------|-------------|------------------------|
| City DANA POINT | State CA | Zip Code 92629-6013 |
|--------------------|-------------|------------------------|

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 ▼ **280.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2013 |

Transaction ID : PR10363377032

Amount of Each Receipt this Period

| |
|-------|
| 40.00 |
|-------|

P/R Deduction (\$40.00 Monthly)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 130.00 |
| 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 15 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. MR. JOHN P KONTOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6307 CAMINO MARINERO
 City SAN CLEMENTE State CA Zip Code 92673-7106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP SELECT MARKETS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10363427032
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$150.00 Monthly)

B. MR. FLETCHER C LARSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 709 AVENIDA MIROLA
 City PALOS VERDES ESTATES State CA Zip Code 90274-4307
 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 ▼ 2800.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10363477032
 Amount of Each Receipt this Period 400.00
 P/R Deduction (\$400.00 Monthly)

C. MS. TERESA M LORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16432 CAMINO CANADA LN
 City HUNTINGTON BEACH State CA Zip Code 92649-5206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR SYSTEMS ANALYST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10363547032
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 590.00
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 16 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. MS. LAURENE E MAC ELWEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1033 SECRETARIAT CIR
 City COSTA MESA State CA Zip Code 92626-1620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP FUND COMPLIANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10363567032
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

B. MR. THOMAS J MAYS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7406 PALOMA DR
 City HUNTINGTON BEACH State CA Zip Code 92648-6847
 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 ▼ 350.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10363607032
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MS. GAIL H MC INTOSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 622 18TH ST
 City HUNTINGTON BEACH State CA Zip Code 92648-3808
 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 ▼ 280.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10363617032
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 190.00
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 17 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. MR. ROBERT B MC KIBBIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 416 W 68TH ST
 City KANSAS CITY State MO Zip Code 64113-1919
 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 ▼ 700.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10363627032
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

B. MR. MORGAN C MC KNIGHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1217 HIGHCREST DR
 City BURLESON State TX Zip Code 76028-7467
 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 ▼ 350.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10363647032
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MS. CAROLYN J MIDDLEBROOKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2024 E OCEAN BLVD
 City NEWPORT BEACH State CA Zip Code 92661-1521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP & CHIEF LIFE UNDERWRITER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10363697032
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 190.00
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 18 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. MR. JOSE T MISCOLTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 BRYCE CYN
 City ALISO VIEJO State CA Zip Code 92656-8037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP INVESTMENT MKTG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10363757032
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

B. MS. ELIZABETH A MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 6412 N 159TH ST
 City OMAHA State NE Zip Code 68116-4055
 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 ▼ 350.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10363767032
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MR. JAMES T MORRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 32141 COOK LN
 City SAN JUAN CAPISTRANO State CA Zip Code 92675-3934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation CHAIRMAN & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10363797032
 Amount of Each Receipt this Period 416.00
 P/R Deduction (\$416.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 566.00
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 19 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. MR. RICHARD P OLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 24902 SUNSET PL E
 City LAGUNA HILLS State CA Zip Code 92653-4902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation DIR SECURITY SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10363937032
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B. MS. JOYCE J PEAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 SUNRISE
 City IRVINE State CA Zip Code 92603-3719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP TALENT ACQ & DEV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10364007032
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

C. MS. ALYCE PETERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2908 VIA HIDALGO
 City SAN CLEMENTE State CA Zip Code 92673-3026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP MARKETING SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1225.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10364027032
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 325.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. MR. YVES F PINKOWITZ
Full Name (Last, First, Middle Initial)

Mailing Address 20541 VIA EL TAJO

City State Zip Code
YORBA LINDA CA 92887-3202

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

Name of Employer Occupation
Pacific Life VP CORP FIN & REG RPTG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
358.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013
Transaction ID : PR10364057032

Amount of Each Receipt this Period
52.00

P/R Deduction (\$52.00 Monthly)

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

Mailing Address 20 MOLINO

City State Zip Code
NEWPORT BEACH CA 92660-9116

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

Name of Employer Occupation
Pacific Life SVP RE INVESTMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1850.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013
Transaction ID : PR10364087032

Amount of Each Receipt this Period
275.00

P/R Deduction (\$275.00 Monthly)

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

Mailing Address 33 BOLERO

City State Zip Code
MISSION VIEJO CA 92692-5160

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

Name of Employer Occupation
Pacific Life INTERNAL AUDIT DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013
Transaction ID : PR10364097032

Amount of Each Receipt this Period
75.00

P/R Deduction (\$75.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 402.00 |
| 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 21 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 11 STILLWATER

| | | |
|----------------|-------------|------------------------|
| City IRVINE | State CA | Zip Code 92603-3426 |
|----------------|-------------|------------------------|

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 ▼
1100.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2013 |

Transaction ID : PR10364147032

Amount of Each Receipt this Period
175.00

P/R Deduction (\$175.00 Monthly)

B. MR. THOMAS M RONCE
Full Name (Last, First, Middle Initial)

Mailing Address 19 GLEN ELLEN

| | | |
|----------------|-------------|------------------------|
| City IRVINE | State CA | Zip Code 92602-2002 |
|----------------|-------------|------------------------|

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

| | |
|----------------------------------|--------------------------------|
| Name of Employer Pacific Life | Occupation VP & TAX COUNSEL |
|----------------------------------|--------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1225.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2013 |

Transaction ID : PR10364207032

Amount of Each Receipt this Period
175.00

P/R Deduction (\$175.00 Monthly)

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

Mailing Address 28472 AVENIDA PLACIDA

| | | |
|-----------------------------|-------------|------------------------|
| City SAN JUAN CAPISTRANO | State CA | Zip Code 92675-6319 |
|-----------------------------|-------------|------------------------|

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 ▼
2800.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2013 |

Transaction ID : PR10364267032

Amount of Each Receipt this Period
400.00

P/R Deduction (\$400.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. MS. CATHY L SCHWARTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 87 PELICAN CT
 City NEWPORT BEACH State CA Zip Code 92660-2930
 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 ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR10364317032
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Monthly)

B. MS. SONJA V SCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 CANYONWOOD
 City IRVINE State CA Zip Code 92620-1221
 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 ▼ 355.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR10364337032
 Amount of Each Receipt this Period
 55.00
 P/R Deduction (\$55.00 Monthly)

C. MR. BRADLEY W SHERRELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2315 VIA ZAFIRO
 City SAN CLEMENTE State CA Zip Code 92673-3901
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR10364357032
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 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 23 OF 82
(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. MS. CAROL R SUDBECK
Full Name (Last, First, Middle Initial)
Mailing Address 11 SOMMET
City NEWPORT COAST State CA Zip Code 92657-0104
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 ▼ 2912.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10364507032
Amount of Each Receipt this Period 416.00
P/R Deduction (\$416.00 Monthly)

B. MR. JOHN G TORELL
Full Name (Last, First, Middle Initial)
Mailing Address 355 S LORETTA DR
City ORANGE State CA Zip Code 92869-4633
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 ▼ 630.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10364587032
Amount of Each Receipt this Period 90.00
P/R Deduction (\$90.00 Monthly)

C. MR. STEPHEN J TORETTO
Full Name (Last, First, Middle Initial)
Mailing Address 22862 ORENSE
City MISSION VIEJO State CA Zip Code 92691-1723
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 ▼ 525.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10364597032
Amount of Each Receipt this Period 75.00
P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 581.00
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 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. MR. KHANH T TRAN
Full Name (Last, First, Middle Initial)
Mailing Address 47 VERNAL SPG
City IRVINE State CA Zip Code 92603-0404
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation PRESIDENT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2916.62

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10364607032
Amount of Each Receipt this Period 416.66
P/R Deduction (\$416.66 Monthly)

B. MR. EDDIE D TUNG
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 10386
City NEWPORT BEACH State CA Zip Code 92658-0386
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 560.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10364627032
Amount of Each Receipt this Period 80.00
P/R Deduction (\$80.00 Monthly)

C. MS. CATHRYN L VAN WEY
Full Name (Last, First, Middle Initial)
Mailing Address 41974 CARSON CT
City MURRIETA State CA Zip Code 92562-2254
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 700.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10364637032
Amount of Each Receipt this Period 100.00
P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **596.66**
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 25 OF 82 |
| | <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) A. MS. MELANIE G WAGNER | | Date of Receipt MM / DD / YYYY 07 / 31 / 2013 Transaction ID : PR10364647032 |
| Mailing Address 1842 MOORPARK DR | | Amount of Each Receipt this Period 50.00 |
| City BREA State CA Zip Code 92821-6045 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$50.00 Monthly) |
| Name of Employer Pacific Life Occupation DIR HR & PR SERVICES | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. MR. JOHN M WALDECK | | Date of Receipt MM / DD / YYYY 07 / 31 / 2013 Transaction ID : PR10364657032 |
| Mailing Address 67 LAURELHURST DR | | Amount of Each Receipt this Period 250.00 |
| City LADERA RANCH State CA Zip Code 92694-0204 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$250.00 Monthly) |
| Name of Employer Pacific Life Occupation VP COMMERCIAL MORTGAGE INV | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1750.00 |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. MR. JOHN WHITE | | Date of Receipt MM / DD / YYYY 07 / 31 / 2013 Transaction ID : PR10364747032 |
| Mailing Address 28532 VIA PRIMAVERA | | Amount of Each Receipt this Period 200.00 |
| City SAN JUAN CAPISTRANO State CA Zip Code 92675-5513 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$200.00 Monthly) |
| Name of Employer Pacific Life Occupation VP SALES | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1400.00 |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 500.00 |
| 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 26 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. MR. ALAN D WUEST
Full Name (Last, First, Middle Initial)
Mailing Address 4473 AUGUSTA DR
City OCEANSIDE State CA Zip Code 92057-5005
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP OPERATIONS SUPPORT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10364807032
Amount of Each Receipt this Period 40.00
P/R Deduction (\$40.00 Monthly)

B. MS. ROBIN S YONIS
Full Name (Last, First, Middle Initial)
Mailing Address 8 CASTLEBAR
City IRVINE State CA Zip Code 92618-4043
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation VP & FUND ADVISOR COUNSEL
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10364827032
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

C. MR. MICHAEL A BELL
Full Name (Last, First, Middle Initial)
Mailing Address 2 PRECIPICE
City LAGUNA NIGUEL State CA Zip Code 92677-5919
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 ▼ 2912.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10365147032
Amount of Each Receipt this Period 416.00
P/R Deduction (\$416.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 506.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. MR. PAUL V LIGEROS
Full Name (Last, First, Middle Initial)

Mailing Address 44 RABANO

City RANCHO SANTA MARGARITA State CA Zip Code 92688-4961

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

Name of Employer Pacific Life Occupation PROD & COMPETITION CONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10365207032

Amount of Each Receipt this Period 0.00

P/R Deduction (\$0.00 Monthly)

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

Mailing Address 84 NORTHWOODS RD

City NORTH GRANBY State CT Zip Code 06060-1003

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

Name of Employer Pacific Life Occupation FVP RETIREMENT STRATEGIES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10365217032

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

C. MR. REX A OLSON
Full Name (Last, First, Middle Initial)

Mailing Address 1963 PORT LAURENT PL

City NEWPORT BEACH State CA Zip Code 92660-7118

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

Name of Employer Pacific Life Occupation VP&SR MANAGING DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10365227032

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 125.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Mailing Address PO BOX 4586

| | | |
|-----------------------|-------------|------------------------|
| City MISSION VIEJO | State CA | Zip Code 92690-4586 |
|-----------------------|-------------|------------------------|

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 ▼ **300.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2013 |

Transaction ID : PR10365237032

Amount of Each Receipt this Period

| |
|------|
| 0.00 |
|------|

P/R Deduction (\$0.00 Monthly)

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

Mailing Address PO BOX 3051

| | | |
|--------------------|-------------|------------------------|
| City DANA POINT | State CA | Zip Code 92629-8051 |
|--------------------|-------------|------------------------|

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 ▼ **280.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2013 |

Transaction ID : PR10365347032

Amount of Each Receipt this Period

| |
|-------|
| 40.00 |
|-------|

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 31422 ALTA LOMA DR

| | | |
|----------------------|-------------|------------------------|
| City LAGUNA BEACH | State CA | Zip Code 92651-6926 |
|----------------------|-------------|------------------------|

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 ▼ **1750.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2013 |

Transaction ID : PR10365477032

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

P/R Deduction (\$250.00 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: PAGE 29 OF 82
(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. MR. TENNYSON S OYLER
Full Name (Last, First, Middle Initial)
Mailing Address 52 PEONY
City IRVINE State CA Zip Code 92618-1508
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation VP BRAND MGMT & PUBLIC AFFAIRS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10365617032
Amount of Each Receipt this Period 75.00
P/R Deduction (\$75.00 Monthly)

B. MS. VALERIE MORRIS
Full Name (Last, First, Middle Initial)
Mailing Address 48 W YALE LOOP
City IRVINE State CA Zip Code 92604-3619
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 ▼ 740.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10365687032
Amount of Each Receipt this Period 110.00
P/R Deduction (\$110.00 Monthly)

C. MS. PATRICIA S DOUGLASS
Full Name (Last, First, Middle Initial)
Mailing Address 640 SAINT JAMES RD
City NEWPORT BEACH State CA Zip Code 92663-5855
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 ▼ 2055.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10365737032
Amount of Each Receipt this Period 300.00
P/R Deduction (\$300.00 Monthly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. MR. SILAS K DUNN
Full Name (Last, First, Middle Initial)
Mailing Address 14 ELDERWOOD
City IRVINE State CA Zip Code 92614-7449
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP PSD COMPLIANCE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10365847032
Amount of Each Receipt this Period 40.00
P/R Deduction (\$40.00 Monthly)

B. MS. CHRISTINA Q HE
Full Name (Last, First, Middle Initial)
Mailing Address 16625 SONORA STREET
City TUSTIN State CA Zip Code 92782-1939
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation VP INVESTMENT MGMT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10365877032
Amount of Each Receipt this Period 40.00
P/R Deduction (\$40.00 Monthly)

C. MR. JOHN F O'DONNELL
Full Name (Last, First, Middle Initial)
Mailing Address 30 BRIAN RD
City BRIDGEWATER State MA Zip Code 02324-3000
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation NATL SLS MGR KEY ACCT MKTG
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10365967032
Amount of Each Receipt this Period 100.00
P/R Deduction (\$100.00 Monthly)

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: (check only one) | PAGE 31 OF 82 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. MS. JULIET A PINKERTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5874 GARRISON RD
 City FRANKLIN State TN Zip Code 37064-9242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation DIVISIONAL VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10365997032
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

B. MR. RICHARD A TAUBE
 Full Name (Last, First, Middle Initial)
 Mailing Address 24081 NUTHATCH LN
 City LAGUNA NIGUEL State CA Zip Code 92677-1382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP INSTITUTIONAL SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1225.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10366047032
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

C. MR. TRAVIS R MC KAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 48 GOLF AVE
 City CLARENDON HILLS State IL Zip Code 60514-1252
 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 ▼ 700.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10366067032
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. MS. KATHARINE B YOUNG
 Full Name (Last, First, Middle Initial)
 Mailing Address 18647 SANTA ISADORA ST
 City FOUNTAIN VALLEY State CA Zip Code 92708-6232
 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 ▼ 1225.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10366107032
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

B. MR. CHRISTOPHER VAN MIERLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 EL VUELO
 City SAN CLEMENTE State CA Zip Code 92672-7513
 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 ▼ 2571.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10366157032
 Amount of Each Receipt this Period 416.00
 P/R Deduction (\$416.00 Monthly)

C. MR. DOUGLAS J URATA
 Full Name (Last, First, Middle Initial)
 Mailing Address 28202 MILLWOOD RD
 City TRABUCO CANYON State CA Zip Code 92679-1210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR MKTG ANA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10366167032
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 631.00
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 33 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. MR. RICHARD M WILKES
 Full Name (Last, First, Middle Initial)
 Mailing Address 7124 HAWKSBEARD DR
 City WESTERVILLE State OH Zip Code 43082-9577
 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 **700.00**

Date of Receipt **07 / 31 / 2013**
Transaction ID : PR10366277032
 Amount of Each Receipt this Period **100.00**
 P/R Deduction (\$100.00 Monthly)

B. MR. RICHARD S BANNO
 Full Name (Last, First, Middle Initial)
 Mailing Address 26666 WHITE OAKS DR
 City LAGUNA HILLS State CA Zip Code 92653-7577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP RE SECURITIES & RESEARCH
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **525.00**

Date of Receipt **07 / 31 / 2013**
Transaction ID : PR10366287032
 Amount of Each Receipt this Period **75.00**
 P/R Deduction (\$75.00 Monthly)

C. MR. STEPHEN M BOLLINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 17345 FLAME TREE CIR
 City FOUNTAIN VALLEY State CA Zip Code 92708-3521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP TECHNOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 31 / 2013**
Transaction ID : PR10366307032
 Amount of Each Receipt this Period **50.00**
 P/R Deduction (\$50.00 Monthly)

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 225.00 |
| 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 OF 82
(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. MS. MARY ANN BROWN
Full Name (Last, First, Middle Initial)
Mailing Address 304 WEYMOUTH PL
City LAGUNA BEACH State CA Zip Code 92651-1455
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation EVP CORPORATE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2916.62

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10366317032
Amount of Each Receipt this Period 416.66
P/R Deduction (\$416.66 Monthly)

B. MS. LORI K CARRASCO
Full Name (Last, First, Middle Initial)
Mailing Address 2742 PORTOLA DR
City COSTA MESA State CA Zip Code 92626-5819
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation ASST CORP SECRETARY DIR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10366327032
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

C. MR. SIMON S FENG
Full Name (Last, First, Middle Initial)
Mailing Address 10 CANDELA
City IRVINE State CA Zip Code 92620-1823
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 ▼ 1400.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10366357032
Amount of Each Receipt this Period 200.00
P/R Deduction (\$200.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 666.66
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 35 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Mailing Address 1970 PARK NEWPORT

City NEWPORT BEACH State CA Zip Code 92660-5068

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

Name of Employer Pacific Life Occupation SVP, TREASURY TAX & ENTERPRISE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR10366367032

Amount of Each Receipt this Period
 350.00

P/R Deduction (\$350.00 Monthly)

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

Mailing Address 6182 S 177TH ST

City OMAHA State NE Zip Code 68135-2897

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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR10366397032

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$50.00 Monthly)

C. MR. MARK A KARPE
Full Name (Last, First, Middle Initial)

Mailing Address 16 AUTUMNLEAF

City IRVINE State CA Zip Code 92614-7596

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

Name of Employer Pacific Life Occupation DIR COMPLIANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR10366417032

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. MR. GREGORY L KEELING
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 LA JOLLA DR #2
 City NEWPORT BEACH State CA Zip Code 92663-4143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP FINANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR10366427032
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$80.00 Monthly)

B. MR. STEPHAN P MITCHELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 18111 THEODORA DR
 City TUSTIN State CA Zip Code 92780-2643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation PRODUCT SPEC DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR10366467032
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MR. CHAD A ROSS
 Full Name (Last, First, Middle Initial)
 Mailing Address 214 WOODLAND PKWY
 City SAN MARCOS State CA Zip Code 92069-6429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation DIR BROKER DEALER SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR10366497032
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

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: (check only one) | PAGE 37 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. MR. DAVID K ROSUCK
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 SAINT JOHN DR
 City State Zip Code
 HAWTHORN WOODS IL 60047-9176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life REGIONAL VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR10366507032
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

B. MS. ELIZABETH H SKINNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 CORAL LK
 City State Zip Code
 IRVINE CA 92614-5487
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP TECHNOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR10366557032
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

C. MR. DENNIS L BAHLMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6052 MEADOW VIEW CT
 City State Zip Code
 JOHNSTON IA 50131-3053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP RISK SELECTION
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR10366627032
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 160.00 |
| 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 38 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. MR. GEORGE A PAULIK
 Full Name (Last, First, Middle Initial)
 Mailing Address 2990 WINDSTONE CIR
 City MARIETTA State GA Zip Code 30062-5685
 Name of Employer Pacific Life Occupation SR FVP-NCM FI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1225.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10366657032
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

B. MR. JEFF J BRADSHAW
 Full Name (Last, First, Middle Initial)
 Mailing Address 22081 OAK GRV
 City MISSION VIEJO State CA Zip Code 92692-4302
 Name of Employer Pacific Life Occupation VP CORP DEV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10366677032
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MS. DEBORAH K JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3019 SAN ANSELIN AVE
 City LONG BEACH State CA Zip Code 90808-3731
 Name of Employer Pacific Life Occupation SYSTEMS ANALYSIS SUPR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10366687032
 Amount of Each Receipt this Period 75.00
 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 39 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
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| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. MS. KAREN M BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 1230 FOWLER CREEK RD

City SONOMA State CA Zip Code 95476-6230

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

Name of Employer Pacific Life Occupation AVP MODEL OFC ANN TECH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR1036697032

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 12182 DEWAR DR

City RIVERSIDE State CA Zip Code 92505-4106

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

Name of Employer Pacific Life Occupation IT DELIVERY MGR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR10366707032

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 385 25TH AVE

City MILTON State WA Zip Code 98354-9359

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 ▼ **1225.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR10366727032

Amount of Each Receipt this Period **175.00**

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **275.00**

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 40 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
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| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Mailing Address 324 TURTLE CREST DR

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| IRVINE | CA | 92603-1003 |

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 ▼ **280.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2013 |

Transaction ID : PR10366737032

Amount of Each Receipt this Period

| |
|-------|
| 40.00 |
|-------|

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 3311 SEAVIEW AVE

| | | |
|----------------|-------|------------|
| City | State | Zip Code |
| CORONA DEL MAR | CA | 92625-3056 |

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| Pacific Life | VP COUNSEL |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **805.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2013 |

Transaction ID : PR10366757032

Amount of Each Receipt this Period

| |
|--------|
| 175.00 |
|--------|

P/R Deduction (\$175.00 Monthly)

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

Mailing Address 2712 LIGHTHOUSE LN

| | | |
|----------------|-------|------------|
| City | State | Zip Code |
| CORONA DEL MAR | CA | 92625-1314 |

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

| | |
|------------------|-------------------|
| Name of Employer | Occupation |
| Pacific Life | AVP RE ASSET MGMT |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2013 |

Transaction ID : PR10366767032

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

P/R Deduction (\$50.00 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: (check only one) | PAGE 41 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. MS. LINDA L KOTOWICZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 795 TREPANNY LN
 City WAYNE State PA Zip Code 19087-1931
 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 ▼ 420.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10366797032
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$60.00 Monthly)

B. MS. SHARON E PACHECO
 Full Name (Last, First, Middle Initial)
 Mailing Address 21611 BLUEJAY ST
 City TRABUCO CANYON State CA Zip Code 92679-3469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP CHIEF COMPLIANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10366827032
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

C. MS. DAWN M TRAUTMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 308 REGATTA WAY
 City SEAL BEACH State CA Zip Code 90740-5985
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR VP IT & STRATEGIC PLNG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10366867032
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 350.00
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 42 OF 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR. JEFFREY R WILT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 BAILEY DR
 City State Zip Code
 GLENWOOD NJ 07418-1024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life REGIONAL VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 415.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR10366887032
 Amount of Each Receipt this Period
 65.00
 P/R Deduction (\$65.00 Monthly)

B. MR. STUART A HOLLAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 4931 CAREFREE TRAIL
 City State Zip Code
 PARKER CO 80134-5240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life SR FVP-NCM IP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR10366917032
 Amount of Each Receipt this Period
 75.00
 P/R Deduction (\$75.00 Monthly)

C. MR. BRANDON J CAGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 SKYWOOD ST
 City State Zip Code
 LADERA RANCH CA 92694-0233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP COUNSEL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR10366957032
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$40.00 Monthly)

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: (check only one) | PAGE 43 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. MS. ADRIANNE M GEORGANTAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 28373 BOULDER DR
 City State Zip Code
 TRABUCO CANYON CA 92679-1144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life SR PROJECT ANALYST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR10367007032
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$40.00 Monthly)

B. MR. DAVID L GOLDSTEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 12324 CANTURA ST
 City State Zip Code
 STUDIO CITY CA 91604-2505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life FVP COLI UNIT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR10367017032
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

C. MR. CHIN H KIM
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 TAOS
 City State Zip Code
 RANCHO SANTA MARGARITA CA 92688-3812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP ADVANCED MRKTG
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR10367027032
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00
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 44 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. MR. RONALD C SEXTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2800 KELLER DR APT 50
 City TUSTIN State CA Zip Code 92782-1005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR DATABASE ADMINISTR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10367097032
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

B. MR. KEITH C WERSCHKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 25252 NORTHRUP DR
 City LAGUNA HILLS State CA Zip Code 92653-5223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP AGGREGATE RISK MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10367127032
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MR. JIM Y CHU
 Full Name (Last, First, Middle Initial)
 Mailing Address 22931 GALAXY LN
 City LAKE FOREST State CA Zip Code 92630-4905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP PRICING & DESIGN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10367147032
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 190.00
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 OF 82
(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. MR. ROBERT J HUNT
Full Name (Last, First, Middle Initial)
Mailing Address 20130 NE 28TH PL
City SAMMAMISH State WA Zip Code 98074-4537
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 ▼ 280.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10367167032
Amount of Each Receipt this Period 40.00
P/R Deduction (\$40.00 Monthly)

B. MR. STEVEN H GOLDBERG
Full Name (Last, First, Middle Initial)
Mailing Address 11 TWIN FLOWER ST
City LADERA RANCH State CA Zip Code 92694-1323
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation PRODUCT MGMT DIR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10367187032
Amount of Each Receipt this Period 75.00
P/R Deduction (\$75.00 Monthly)

C. MR. JASON T TODD
Full Name (Last, First, Middle Initial)
Mailing Address 59 LAURELHURST DR
City LADERA RANCH State CA Zip Code 92694-0204
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 ▼ 550.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR10371997032
Amount of Each Receipt this Period 100.00
P/R Deduction (\$100.00 Monthly)

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 46 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. MR. CARLETON J MUENCH
Full Name (Last, First, Middle Initial)

Mailing Address 111 NORTHERN PINE LOOP

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| ALISO VIEJO | CA | 92656-6056 |

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

| | |
|------------------|--------------------------|
| Name of Employer | Occupation |
| Pacific Life | AVP INVESTMENT OVERSIGHT |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2013 |

Transaction ID : PR10614837032

Amount of Each Receipt this Period

| |
|-------|
| 45.00 |
|-------|

P/R Deduction (\$45.00 Monthly)

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

Mailing Address 1112 LAS POSAS

| | | |
|--------------|-------|------------|
| City | State | Zip Code |
| SAN CLEMENTE | CA | 92673-4006 |

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

| | |
|------------------|-----------------------|
| Name of Employer | Occupation |
| Pacific Life | AVP SPECIALIZED MRKTS |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2013 |

Transaction ID : PR10614847032

Amount of Each Receipt this Period

| |
|--------|
| 100.00 |
|--------|

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 27621 HOMESTEAD RD

| | | |
|---------------|-------|------------|
| City | State | Zip Code |
| LAGUNA NIGUEL | CA | 92677-6603 |

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

| | |
|------------------|-----------------------|
| Name of Employer | Occupation |
| Pacific Life | AVP BUS INTEL & ILLUS |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2013 |

Transaction ID : PR10614877032

Amount of Each Receipt this Period

| |
|-------|
| 75.00 |
|-------|

P/R Deduction (\$75.00 Monthly)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 220.00 |
| 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 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Mailing Address 16 BLAIR ST

City BRONXVILLE State NY Zip Code 10708-5604

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 ▼ **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR10614927032

Amount of Each Receipt this Period
0.00

P/R Deduction (\$0.00 Monthly)

B. MR. JAMES P LEASURE
Full Name (Last, First, Middle Initial)

Mailing Address 2427 PORT WHITBY PL

City NEWPORT BEACH State CA Zip Code 92660-5435

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

Name of Employer Pacific Life Occupation AVP&SR MANAGING DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR10668017032

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

C. MR. JAMES F SHERIDAN
Full Name (Last, First, Middle Initial)

Mailing Address 9584 ROBIN AVE

City FOUNTAIN VALLEY State CA Zip Code 92708-7250

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

Name of Employer Pacific Life Occupation DIR ACG/AIRCRAFT SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR11084697032

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 80.00 |
| 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 OF 82 |
| | <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) A. MR. DAVID J VAN DE WATER | | Date of Receipt |
| Mailing Address 6433 PALOMINO WAY | | <input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| WEST LINN | OR | 97068-2244 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : PR11106897032 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Pacific Life | MARKETING CONSULTANT | <input type="text" value="50.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | P/R Deduction (\$50.00 Monthly) |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="350.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. MS. ANN E FARLEY | | Date of Receipt |
| Mailing Address 4014 ALADDIN DR | | <input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| HUNTINGTON BEACH | CA | 92649-4225 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : PR11323357032 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Pacific Life | AVP PRODUCT DEV | <input type="text" value="45.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | P/R Deduction (\$45.00 Monthly) |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="315.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. MS. ANN M DELANEY | | Date of Receipt |
| Mailing Address 9 GRENADA ST | | <input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| LAGUNA NIGUEL | CA | 92677-4825 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : PR12361937032 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Pacific Life | PROJECT MGMT CONS | <input type="text" value="45.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | P/R Deduction (\$45.00 Monthly) |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="300.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="140.00"/> |
| 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 50 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. MR. EDWIN J FERRELL
Full Name (Last, First, Middle Initial)

Mailing Address 34 CASTLEROCK

City IRVINE State CA Zip Code 92603-0153

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

Name of Employer Pacific Life Occupation VP INVSTMT MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR22130757032

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

B. MS. NANCY A HILL
Full Name (Last, First, Middle Initial)

Mailing Address 9 AMBERWICKE

City DOVE CANYON State CA Zip Code 92679-3742

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

Name of Employer Pacific Life Occupation VP REGULATORY COMPLIANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR22130787032

Amount of Each Receipt this Period
45.00

P/R Deduction (\$45.00 Monthly)

C. MR. DENIS P KALSCHEUR
Full Name (Last, First, Middle Initial)

Mailing Address 15 BELMONT

City NEWPORT BEACH State CA Zip Code 92660-6732

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

Name of Employer Pacific Life Occupation ACG CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2496.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR22130797032

Amount of Each Receipt this Period
416.00

P/R Deduction (\$416.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **561.00**

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 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. MS. JENNIFER L ST ONGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 CALVADOS
 City NEWPORT COAST State CA Zip Code 92657-1049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP FIN & DERIVATIVE RPTG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2213087032
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$70.00 Monthly)

B. MS. SUSAN M KEELING
 Full Name (Last, First, Middle Initial)
 Mailing Address 406 1/2 HELIOTROPE AVE
 City CORONA DEL MAR State CA Zip Code 92625-2946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP INV MGT ACCTG & RPTG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2213087032
 Amount of Each Receipt this Period 0.00
 P/R Deduction (\$0.00 Monthly)

C. MR. GUY M MOCKELMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4227 N BRANCH DR
 City OMAHA State NE Zip Code 68116-2952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation CHANNEL SALES TRAINER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2213087032
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 110.00
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 52 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. MR. TIMOTHY C MYERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 23819 CLAYMORE WAY
 City VALENCIA State CA Zip Code 91354-1824
 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 ▼ 740.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR22130867032
 Amount of Each Receipt this Period 110.00
 P/R Deduction (\$110.00 Monthly)

B. MR. JAY C HAMILTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 ARGOS
 City LAGUNA NIGUEL State CA Zip Code 92677-9003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP CONTRACTS & CONFIGURATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR22336357032
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$60.00 Monthly)

C. MR. SHEPHEARD M JAMES
 Full Name (Last, First, Middle Initial)
 Mailing Address 18030 BROOKHURST ST.
 City FOUNTAIN VALLEY State CA Zip Code 92708-6756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP INTERNAL AUDIT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR22336367032
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 270.00
TOTAL This Period (last page this line number only).....▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 53 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. MR. RICHARD J MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2628 RYCROFT CT
 City CHESTERFIELD State MO Zip Code 63017-7108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP IND PROD CHANNEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR31736847032
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$200.00 Monthly)

B. MR. DOUGLAS P JACKSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 AUGUSTA
 City COTO DE CAZA State CA Zip Code 92679-4829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP PROD MGMT & SALES SPPT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR32777127032
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Monthly)

C. MR. WILLIAM D BELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 12123 COURSER AVE
 City LA MIRADA State CA Zip Code 90638-1422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP ADVANCED DESIGNS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR33677847032
 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: (check only one) | PAGE 54 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. MS. MARIAN C BLACKSHEAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 5528 BELLFLOWER BLVD
 City LAKEWOOD State CA Zip Code 90713-1418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SYSTEMS ANALYST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR33677857032
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

B. MR. DANIEL E KOMOROSKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 OSPREY AVE
 City ALISO VIEJO State CA Zip Code 92656-1772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP LIFE REINSURANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR33677887032
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MS. ADRIENNE MOUCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2524 W WATROUS AVE
 City TAMPA State FL Zip Code 33629-5345
 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 ▼ 925.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR33677907032
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 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 55 OF 82
(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. MS. KAREN L MOYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4821 SUNNYBROOK AVE
 City State Zip Code
 BUENA PARK CA 90621-1044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life SR SYSTEMS ANALYST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR33677917032
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$40.00 Monthly)

B. MR. BRIAN D PEAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 SUNRISE
 City State Zip Code
 IRVINE CA 92603-3719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP APPL ARCH & INTEG.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR33677947032
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

C. MR. JEFFREY S PHILLIPS
 Full Name (Last, First, Middle Initial)
 Mailing Address 14932 PENFIELD CIR
 City State Zip Code
 HUNTINGTON BEACH CA 92647-2319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life PROJECT MGMT CONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR33677957032
 Amount of Each Receipt this Period
 75.00
 P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 165.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 56 OF 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR. CHRISTOPHER L RATCHFORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2807 FOUNDERS BRIDGE RD
 City State Zip Code
 MIDLOTHIAN VA 23113-6366
 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 ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR33677967032
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

B. MR. PARAG S SHAH
 Full Name (Last, First, Middle Initial)
 Mailing Address 24972 FOOTPATH LN
 City State Zip Code
 LAGUNA NIGUEL CA 92677-6000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life VP PRODUCT DESIGN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR33677987032
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

C. MS. KARI S TURIGLIATTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 253 NIETO AVE
 City State Zip Code
 LONG BEACH CA 90803-5522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP COUNSEL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR33677997032
 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: (check only one) | PAGE 57 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. MR. JAMES P WITKOWSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 5620 FOXTAIL LOOP
 City CARLSBAD State CA Zip Code 92010-7154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation CHANNEL MKTG DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR33678027032
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$70.00 Monthly)

B. MR. MICHAEL F MIRANNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 153 SHUTE CIR
 City OLD HICKORY State TN Zip Code 37138-1956
 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 ▼ 1100.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR34419157032
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

C. MR. KEVIN RODDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 23221 VIA DORADO
 City COTO DE CAZA State CA Zip Code 92679-3922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR VP FINANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR38370897032
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

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 58 OF 82 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. MR. DANIEL J KUBICA | | Date of Receipt MM / DD / YYYY 07 / 31 / 2013 Transaction ID : PR43582267032 |
| Mailing Address 26362 YOLANDA ST | | Amount of Each Receipt this Period 50.00 |
| City LAGUNA HILLS | State CA | Zip Code 92656-3111 |
| FEC ID number of contributing federal political committee. C | Name of Employer Pacific Life | Occupation DIR FLD FIN |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |
| | | P/R Deduction (\$50.00 Monthly) |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. MS. CARLA M MILLER | | Date of Receipt MM / DD / YYYY 07 / 31 / 2013 Transaction ID : PR43582277032 |
| Mailing Address 890 SHORES BLVD | | Amount of Each Receipt this Period 50.00 |
| City ROCKWALL | State TX | Zip Code 75087-2372 |
| FEC ID number of contributing federal political committee. C | Name of Employer Pacific Life | Occupation FIELD VICE PRES |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |
| | | P/R Deduction (\$50.00 Monthly) |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. MR. JOSEPH J NICOLOSI | | Date of Receipt MM / DD / YYYY 07 / 31 / 2013 Transaction ID : PR43582297032 |
| Mailing Address 5865 E ANDOVER DR | | Amount of Each Receipt this Period 50.00 |
| City HANOVER PARK | State IL | Zip Code 60133-5240 |
| FEC ID number of contributing federal political committee. C | Name of Employer Pacific Life | Occupation FIELD VICE PRES |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |
| | | P/R Deduction (\$50.00 Monthly) |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 150.00 |
| 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 59 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. MR. CHRISTIAN J PHANCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 18710 ORIENTE DR
 City State Zip Code
 YORBA LINDA CA 92886-2555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP COUNSEL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR43582317032
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Monthly)

B. MR. SCOTT D REYNOLDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 10140 MORNINGSTAR CIR
 City State Zip Code
 VILLA PARK CA 92861-4154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP INFO SEC & BCP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR43582327032
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Monthly)

C. MR. VINCENT E SAMA
 Full Name (Last, First, Middle Initial)
 Mailing Address 39 SAMMIS ST
 City State Zip Code
 HUNTINGTON NY 11743-3514
 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 ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR43582337032
 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: (check only one) | PAGE 60 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. MR. VINCENT A SPERA
Full Name (Last, First, Middle Initial)

Mailing Address 1616 LOOKOUT CIR

City WAXHAW State NC Zip Code 28173-8085

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 ▼ **525.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR43582357032

Amount of Each Receipt this Period **75.00**

P/R Deduction (\$75.00 Monthly)

B. MS. CHRISTINE A TUCKER
Full Name (Last, First, Middle Initial)

Mailing Address 289 SANTA ANA AVE

City LONG BEACH State CA Zip Code 90803-3570

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

Name of Employer Pacific Life Occupation VP MARKETING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR43582367032

Amount of Each Receipt this Period **175.00**

P/R Deduction (\$175.00 Monthly)

C. MS. JOANNE T GAGNON
Full Name (Last, First, Middle Initial)

Mailing Address 359 PEARL ST

City READING State MA Zip Code 01867-1353

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

Name of Employer Pacific Life Occupation FVP M MARKETING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR48232227032

Amount of Each Receipt this Period **42.00**

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **292.00**

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 61 OF 82
(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

Full Name (Last, First, Middle Initial)
A. MR. GARY D PENCE

Mailing Address 27691 BLOSSOM HILL RD

City State Zip Code
 LAGUNA NIGUEL CA 92677-6012

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

Name of Employer Occupation
 Pacific Life MGR ADVANCED MKTG

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR48232267032

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
B. MR. JOHN F TRUJILLO

Mailing Address 650 E CHASE DR

City State Zip Code
 CORONA CA 92881-3901

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

Name of Employer Occupation
 Pacific Life AVP SYSTEMS ADMIN

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR59529277032

Amount of Each Receipt this Period
 100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 20 ESTERO POINTE

City State Zip Code
 ALISO VIEJO CA 92656-7040

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

Name of Employer Occupation
 Pacific Life AVP STRATEGIC PLANNING

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR61125887032

Amount of Each Receipt this Period
 100.00

P/R Deduction (\$100.00 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 62 OF 82
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
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|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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

Full Name (Last, First, Middle Initial)
A. MR. GARY L FALDE

Mailing Address 9212 SANTIAGO DR

City State Zip Code
HUNTINGTON BEACH CA 92646-6342

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

Name of Employer Occupation
Pacific Life VP & CHIEF ACTUARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
07 / 31 / 2013
Transaction ID : PR61125907032

Amount of Each Receipt this Period
75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)
B. MS. BARBARA N FIELDS

Mailing Address 10 ALBA E

City State Zip Code
IRVINE CA 92620-1901

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

Name of Employer Occupation
Pacific Life ADV MKTG CONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
07 / 31 / 2013
Transaction ID : PR61125917032

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
C. MR. BRIAN W REEVES

Mailing Address 217 AVENUE B

City State Zip Code
REDONDO BEACH CA 90277-4708

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

Name of Employer Occupation
Pacific Life AVP CORPORATE FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 31 / 2013
Transaction ID : PR61125957032

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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: PAGE 63 OF 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR. RALPH D SCHOCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3443 CROOKED CREEK DR
 City State Zip Code
 DIAMOND BAR CA 91765-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life SR APPLIC DEVELOPER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR61125967032
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

B. MS. REBECCA S WARWAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 196 S SAGEWOOD ST
 City State Zip Code
 ORANGE CA 92869-5614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life DIR DC & MAINFRAME SVCS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR61125977032
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$40.00 Monthly)

C. MR. WESLEY J FARNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 CHERRYWOOD
 City State Zip Code
 ALISO VIEJO CA 92656-1509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life SR ACTUARIAL STAFF ANA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR67885047032
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00
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 64 OF 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR. MATTHEW L HANSBERGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5516 RIVER AVE
 City NEWPORT BEACH State CA Zip Code 92663-2213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP OPEN SYSTEMS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR67885067032
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B. MR. MATTHEW A LEVENE
 Full Name (Last, First, Middle Initial)
 Mailing Address 22131 CHERRYWOOD
 City MISSION VIEJO State CA Zip Code 92692-4501
 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 ▼ 350.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR67885077032
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MS. MICHELLE P O'HAREN
 Full Name (Last, First, Middle Initial)
 Mailing Address 790 N COAST HWY
 City LAGUNA BEACH State CA Zip Code 92651-1403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation ADVANCED SALES CONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR67885087032
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 160.00
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 65 OF 82
(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. MS. JILL PECKINGHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 COLONIAL WAY
 City ALISO VIEJO State CA Zip Code 92656-2500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation ANNUITY PROJECT SVCS DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR67885097032
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B. MS. JESSICA L RICE
 Full Name (Last, First, Middle Initial)
 Mailing Address 511 S 51ST AVE
 City OMAHA State NE Zip Code 68106-1362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP INTERNAL WHOLESALING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR67885107032
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

C. MR. JOHN M CHURCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 19011 WOODLAND WAY
 City TRABUCO CANYON State CA Zip Code 92679-1079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR PROD & COMPETITION ANA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR68001187032
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 190.00
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 66 OF 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR. ALEXANDER F MUNRO
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 HILLSBOROUGH
 City State Zip Code
 NEWPORT BEACH CA 92660-6733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP ENTERPRISE TECH
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR68001207032
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Monthly)

B. MS. KIM R CUNNINGHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 15117 SPECTRUM
 City State Zip Code
 IRVINE CA 92618-3426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP HR BUS PARTNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR71312917032
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Monthly)

C. MR. DAVID N FANGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 166 WHITE CAP LN
 City State Zip Code
 NEWPORT BEACH CA 92657-1087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP CORP DEV FIN ACTUARY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR71312927032
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 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 67 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. MS. JANE B FORBES
Full Name (Last, First, Middle Initial)

Mailing Address 3640 ESTACADO LN

City PLANO State TX Zip Code 75025-4474

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

Name of Employer Pacific Life Occupation LTC PLANNING SPECIALIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1225.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR71312937032

Amount of Each Receipt this Period 175.00

P/R Deduction (\$175.00 Monthly)

B. MS. JANE M GUON
Full Name (Last, First, Middle Initial)

Mailing Address 5 SPRINGWOOD

City IRVINE State CA Zip Code 92604-4650

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 ▼ 460.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR71312957032

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

C. MR. JACQUES HUNTER
Full Name (Last, First, Middle Initial)

Mailing Address 1215 GOLDENROD AVE

City CORONA DEL MAR State CA Zip Code 92625-1306

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

Name of Employer Pacific Life Occupation SR FVP-NCM RW

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 775.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR71312967032

Amount of Each Receipt this Period 175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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 68 OF 82 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. MS. KATHLEEN J MELGAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 2821 MONTEREY AVE
 City COSTA MESA State CA Zip Code 92626-5534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation DIR ISP & MF TECH SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR71313007032
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B. MR. RUSSELL S PROCTOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 ROYAL TERN LN
 City ALISO VIEJO State CA Zip Code 92656-1213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation DIR PENSION SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR71426997032
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$60.00 Monthly)

C. MR. KEVIN R BYRNE
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 5869
 City BALBOA ISLAND State CA Zip Code 92662-5869
 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 ▼ 1750.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR72350817032
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 360.00 |
| 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 69 OF 82
(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

Full Name (Last, First, Middle Initial)
A. MR. JOHN R CRUISE

Mailing Address 4348 WAIALAE AVE #507

City State Zip Code
 HONOLULU HI 96816-5767

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 ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR72350827032

Amount of Each Receipt this Period
 45.00

P/R Deduction (\$45.00 Monthly)

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

Mailing Address 3553 S ALBION ST

City State Zip Code
 CHERRY HILLS VILLAGE CO 80113-4203

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 ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR72350837032

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
C. MR. JAMES L EHRET

Mailing Address 6815 TRAFALGAR LOOP

City State Zip Code
 DUBLIN OH 43016-8316

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 ▼
 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR72350847032

Amount of Each Receipt this Period
 85.00

P/R Deduction (\$85.00 Monthly)

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: (check only one) | PAGE 70 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Mailing Address 4531 NINA LN

City MIDDLETON State WI Zip Code 53562-5325

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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR72350857032

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

B. MR. DOUGLAS E KALMEY
Full Name (Last, First, Middle Initial)

Mailing Address 314 CORALBERRY RD.

City LOUISVILLE State KY Zip Code 40207-5704

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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR72350867032

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

C. MR. THOMAS M KELLY
Full Name (Last, First, Middle Initial)

Mailing Address 779 ALDEN LN

City LIVERMORE State CA Zip Code 94550-4752

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 ▼ **1050.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR72350877032

Amount of Each Receipt this Period
150.00

P/R Deduction (\$150.00 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: (check only one) | PAGE 71 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. MR. DAVID L LAUTENSCHLAGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 22192 BROOKPINE
 City MISSION VIEJO State CA Zip Code 92692-1084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP PRODUCT PRICING & RPTG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR72350887032
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

B. MR. THOMAS R MARKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 DIERKS DR
 City WESTERN SPRINGS State IL Zip Code 60558-2030
 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 ▼ 700.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR72350897032
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

C. MR. WILLIAM D ROBUCK
 Full Name (Last, First, Middle Initial)
 Mailing Address 1436 KENTBROOKE DR
 City BALLWIN State MO Zip Code 63021-7565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation RETIREMENT PLAN CONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR72350907032
 Amount of Each Receipt this Period 65.00
 P/R Deduction (\$65.00 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: (check only one) | PAGE 72 OF 82 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. MR. JONATHAN H WALKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 99 SKYLINE TERRACE
 City State Zip Code
 MILL VALLEY CA 94941-3484
 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 ▼
 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR72350927032
 Amount of Each Receipt this Period
 85.00
 P/R Deduction (\$85.00 Monthly)

B. MR. JASON P WOLF
 Full Name (Last, First, Middle Initial)
 Mailing Address 410 TORRINGTON DR
 City State Zip Code
 AUSTIN TX 78737-4585
 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 ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR72350937032
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Monthly)

C. MS. SUSAN A WOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 809 GREER ST
 City State Zip Code
 COVINGTON KY 41011-1350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life ADVANCED SALES CONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR72350947032
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 285.00 |
| 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 73 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. MR. BRIAN T WOOLFOLK
Full Name (Last, First, Middle Initial)
Mailing Address 17 SAN ANGELO

| | | |
|---|--|------------------------|
| City FOOTHILL RANCH | State CA | Zip Code 92610-1729 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Pacific Life | Occupation SVP PRICING & PRODUCT DESIGN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1225.00 | |

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013
Transaction ID : PR72350957032

Amount of Each Receipt this Period
175.00

P/R Deduction (\$175.00 Monthly)

B. MR. GREGORY A BAILEY
Full Name (Last, First, Middle Initial)
Mailing Address 8 WAVERLY PL

| | | |
|---|--------------------------------------|------------------------|
| City LADERA RANCH | State CA | Zip Code 92694-0220 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Pacific Life | Occupation VP MKTG COMMUNICATIONS | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1225.00 | |

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013
Transaction ID : PR72472487032

Amount of Each Receipt this Period
175.00

P/R Deduction (\$175.00 Monthly)

C. MR. RICHARD V HEWLETT
Full Name (Last, First, Middle Initial)
Mailing Address 4543 MIDDLE RD

| | | |
|---|------------------------------------|------------------------|
| City ALLISON PARK | State PA | Zip Code 15101-1111 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Pacific Life | Occupation SR WHOLESALER | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013
Transaction ID : PR72646837032

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 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: (check only one) | PAGE 74 OF 82 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. MR. JAMES B CLINKSCALES
 Full Name (Last, First, Middle Initial)
 Mailing Address 3408 AUTUMN CT
 City FORT WORTH State TX Zip Code 76109-2606
 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 ▼ 1225.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR73723657032
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

B. MR. KEITH A BUCK
 Full Name (Last, First, Middle Initial)
 Mailing Address 27743 HOMESTEAD RD
 City LAGUNA NIGUEL State CA Zip Code 92677-3762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP ADVANCED DESIGNS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR74979457032
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

C. MR. RICHARD A MYERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 13242 BALLY BUNNION WAY
 City DAVIDSON State NC Zip Code 28036-8600
 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 ▼ 700.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR74979567032
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 450.00
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 75 OF 82
(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

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

Mailing Address 14001 FONTANA ST

| | | |
|-----------------|-------------|------------------------|
| City LEAWOOD | State KS | Zip Code 66224-3650 |
|-----------------|-------------|------------------------|

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

| | |
|----------------------------------|-----------------------------|
| Name of Employer Pacific Life | Occupation DIVISIONAL VP |
|----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR74979597032

Amount of Each Receipt this Period
175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)
B. MR. JOSEPH C LEE

Mailing Address 1244 BRIDLE ESTATES DR

| | | |
|-----------------|-------------|------------------------|
| City YARDLEY | State PA | Zip Code 19067-3957 |
|-----------------|-------------|------------------------|

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

| | |
|----------------------------------|---------------------------------------|
| Name of Employer Pacific Life | Occupation LTC PLANNING SPECIALIST |
|----------------------------------|---------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR75159127032

Amount of Each Receipt this Period
175.00

P/R Deduction (\$175.00 Monthly)

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

Mailing Address 24642 BENJAMIN CIR

| | | |
|--------------------|-------------|------------------------|
| City DANA POINT | State CA | Zip Code 92629-1052 |
|--------------------|-------------|------------------------|

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

| | |
|----------------------------------|--------------------------------------|
| Name of Employer Pacific Life | Occupation AVP EMPLOYEE RELATIONS |
|----------------------------------|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR75159137032

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 450.00 |
| 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 76 OF 82
(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. MR. CHRISTOPHER R CAIRNS
Full Name (Last, First, Middle Initial)
Mailing Address 8008 PASEO ESMERADO
City CARLSBAD State CA Zip Code 92009-9800
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation DIVISIONAL VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 31 / 2013
Transaction ID : PR75427367032
Amount of Each Receipt this Period
175.00
P/R Deduction (\$175.00 Monthly)

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 175.00 |
| TOTAL This Period (last page this line number only).....▶ | 22814.98 |

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

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

FOR LINE NUMBER: PAGE 77 OF 82
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Roberts For Senate

Mailing Address 1737 H Street NW, 3rd Floor

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00128876

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 08 / 2013

Transaction ID : 11787293

Amount of Each Receipt this Period
 250.00

Refund (2014 Primary)

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 250.00 |
| TOTAL This Period (last page this line number only).....▶ | 250.00 |

**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)

A. Friends of John Boehner

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

John Boehner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 22 | | 2013 |

Transaction ID : 11804752

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

B. Boustany For Congress

Mailing Address 20 F Street, NW, Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Charles Boustany Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 22 | | 2013 |

Transaction ID : 11804753

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. Capuano For Congress

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Michael Capuano

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 07

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 22 | | 2013 |

Transaction ID : 11804754

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Contribution

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

Full Name (Last, First, Middle Initial)

A. Freedom Fund

Mailing Address 25 East Masonic View Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2013

Transaction ID : 11804755

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. CROWLEY FOR CONGRESS

Mailing Address 410 1st Street, SE, Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Joseph Crowley

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: NY District: 14

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2013

Transaction ID : 11804756

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. CROWLEY FOR CONGRESS

Mailing Address 410 1st Street, SE, Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Joseph Crowley

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: NY District: 14

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2013

Transaction ID : 11804757

Amount of Each Disbursement this Period

1000.00

Contribution

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

4500.00

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

Full Name (Last, First, Middle Initial)

A. Garamendi For Congress

Mailing Address 3701 Porter Street, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement
Contribution

011

Candidate Name

John Garamendi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2013

Transaction ID : 11804758

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Gerlach For Congress

Mailing Address 499 South Capitol Street, SW
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. James Gerlach

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2013

Transaction ID : 11804759

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Hatch Election Committee

Mailing Address 6510 Anna Maria Court

City McLean State VA Zip Code 22101

Purpose of Disbursement
Contribution

011

Candidate Name

Orrin Hatch

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: UT District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2013

Transaction ID : 11804760

Amount of Each Disbursement this Period

1000.00

Contribution

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)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. Neal for Congress

Mailing Address 410 1st Street, SE, Ste 310

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Richard Neal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 2 | 2 | | 2 | 0 | 1 | 3 |

Transaction ID : 11804761

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Contribution

Full Name (Last, First, Middle Initial)

B. Roberts For Senate

Mailing Address 1737 H Street NW, 3rd Floor

City Washington State DC Zip Code 20006

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Pat Roberts

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 2 | 2 | | 2 | 0 | 1 | 3 |

Transaction ID : 11804762

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Contribution

Full Name (Last, First, Middle Initial)

C. Lee Terry For Congress

Mailing Address 1707 Prince Street, #5

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Lee Terry

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 2 | 2 | | 2 | 0 | 1 | 3 |

Transaction ID : 11804763

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Contribution

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**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)

A. Mike Thompson for Congress

Mailing Address 236 Massachusetts Avenue, NE
Suite 603

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Mike Thompson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 22 | | 2013 |

Transaction ID : 11804764

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

B. Tiberi For Congress

Mailing Address 217 3rd Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Rep. Patrick Tiberi

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 22 | | 2013 |

Transaction ID : 11804765

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. Campbell for Congress

Mailing Address P.O. Box 10306

City Fullerton State CA Zip Code 92838

Purpose of Disbursement
Uncashed check returned

011

Category/
Type

Candidate Name

John Campbell

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 45

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 13 | | 2013 |

Transaction ID : 11808815

Amount of Each Disbursement this Period

| |
|----------|
| -5000.00 |
|----------|

Uncashed check returned

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

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

| |
|----------|
| -1000.00 |
|----------|

| |
|----------|
| 17000.00 |
|----------|