REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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

ADDRESS (number and street) [ ] Check if different than previously reported
700 NEWPORT CENTER

CITY, STATE and ZIP CODE
NEWPORT BEACH, CA 92660

RECEIVED
FEC MAIL ROOM
2001 FEB -1 A 9:23

2. FEC IDENTIFICATION NUMBER
C00068528

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report
[ ] July 15 Quarterly Report
[ ] October 15 Quarterly Report
[X] January 31 Year End Report
[ ] July 31 Mid Year Report (Non-election Year Only)
[ ] Termination Report

Monthly Report Due On:
[ ] February 20 [ ] June 20 [ ] October 20
[ ] March 20 [ ] July 20 [ ] November 20
[ ] April 20 [ ] August 20 [ ] December 20
[ ] May 20 [ ] September 20 [ ] January 31

[ ] 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____

[ ] 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? [ ] YES [X] NO

SUMMARY

5. Covering Period 11/28/2000 through 12/31/2000

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2000		$ 65443.86
	(b) Cash on Hand at Beginning of Reporting Period	$ 25642.31	
	(c) Total Receipts (from Line 19)	$ 10560.80	$ 136421.66
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 36203.11	$ 201865.52
7.	Total Disbursements (from Line 30)	$ 11077.69	$ 176740.10
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 25125.42	$ 25125.42
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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

Type or Print Name of Treasurer: Robert G. Haskell

Signature of Treasurer: [signature]

Date: 1/25/01

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

FEC FORM 3X
(revised 9/93)

FE6AN121PDF

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

(revised 1/1/91)

NAME OF COMMITTEE
PACIFIC LIFE INSURANCE COMPANY PAC

REPORT COVERING PERIOD
FROM 11/28/2000 TO: 12/31/2000

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	9904.29	90,237.90	11(a)(i)
ii. Unitemized	656.51	44,774.67	11(a)(ii)
iii. Total (add i and ii) >	10560.80	135097.57	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) >	10560.80	135097.57	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	1324.09	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	10560.80	136421.66	19
20. Total Federal Receipts (subtract line 18 from line 19) >	10560.80	136421.66	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	162.41	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	162.41	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	11000.00	176500.30	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	77.69	77.69	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	11077.69	176740.10	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	11077.69	176740.10	31
III. NetContributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	10560.80	135097.57	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	10560.80	135097.57	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	162.41	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	162.41	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JUNE G. ARCE 19251 VALLEY VIEW AVE. WEST COVINA, CA 91792-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 360.00		
B. WENDY S. BALDEN 3019 CORTE PORTOFINO NEWPORT BEACH, CA 92660-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$35.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 420.00		
C. JULIE E. BARNARD 3159 SICILY AVE. COSTA MESA, CA 92626-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 360.00		
D. DANIEL F. BASS 35 CLERMONT NEWPORT COAST, CA 92657-	PACIFIC LIFE INSURANCE COMPANY ASSISTANT VICE PRESIDENT	12/26/2000	$60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 720.00		
E. ROBERT H. BEARDSLEE 27612 ESCUNA MISSION VIEJO, CA 92692-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 720.00		
F. MARIANNE BEAZ 1720 OCEAN BLVD. NEWPORT BEACH, CA 92661-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 480.00		
F. PAMELA R. BERGER 1633 BOULDER CREEK RD. OCEANSIDE, CA 92056-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 720.00		

SUBTOTAL of Receipts This Page (optional) 315.00

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

SCHEDULE A | **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. DIANA L. BETONTE 1253 HOFLAND ROAD NEWPORT BEACH, CA 92660 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE INC. Occupation: SUPERVISOR Aggregate Year-to-Date $ 300.00	12/26/2000	$25.00
B. TRUDI E. BLAKESLEE 98 NAVARRE IRVINE, CA 92612- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 600.00	12/26/2000	550.00
C. MICHAEL S. BOLAND 3030 SHADOWBRIAR DR. #817 HOUSTON, TX 77082- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 225.00	12/26/2000	$25.00
D. LYNETTE G. BONES 23955 WARSAW STREET MISSION VIEJO, CA 92691- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	12/26/2000	$25.00
E. ANTHONY J. BONNO 25 BAYVIEW IRVINE, CA 92614- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 255.00	12/26/2000	$25.00
F. TIMOTHY J. BRENNAN 16827 CRYSTAL SPRINGS CHESTERFIELD, MO 63005- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: REGULATOR Aggregate Year-to-Date $ 240.00	12/26/2000	$20.00
F. ALAN H BROWN 18091 IVORYCREST LANE HUNTINGTON BEACH, CA 92648-102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 435.00	12/26/2000	$40.00

SUBTOTAL of Receipts This Page (optional) 210.00

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

SCHEDULE A | **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JUDITH L. BROWN 26101 BLASCOS MISSION VIEJO, CA 92691-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date $ 855.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT A BRUNO 11108 ST. MICHAELS DRIVE DALLAS, TX 75230-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: NATIONAL SALES MANAGER, AVP Aggregate Year-to-Date $ 800.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DENEY P. BUSHAW 29132 ALPIERI STREET LAGUNA NIGUEL, CA 92677-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date $ 480.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL J BUSSARD 2157 ALBANY DR. FRANKLIN, TN 37067-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDWARD R. BYRD 17520 PAGE COURT YORBA LINDA, CA 92886-386	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date $ 690.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LARRY CARD 21725 SEACLIFF DR. LAGUNA BEACH, CA 92677-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date $ 3225.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN E. CARLSON 55 GILMAN STREET IRVINE, CA 92612-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00		

SUBTOTAL of Receipts This Page (optional) 625.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 (a) (1)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DAVID R. CARMICHAEL 1325 SERENADE TERRACE CORONA DEL MAR, CA 92625-	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 2250.00	12/26/2000	$200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
JOSEPH E. CELENTANO 26661 CAMPESINO MISSION VIEJO, CA 92691-	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 500.00	12/26/2000	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
CAROLANNE M. CHAVANNE 30902 CLUBHOUSE DR., #6E LAGUNA NIGUEL, CA 92677-	Name of Employer: Occupation: Aggregate Year-to-Date $ 225.00	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
SHARON A. CHEEVER 28721 MIRA VISTA LAGUNA NIGUEL, CA 92677-	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 570.00	12/26/2000	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
LAURIE CHURCH 21851 NEWLAND ST./#246 HUNTINGTON BEACH, CA 92646-	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 270.00	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
BERNADINE E. CHWALEK 33741 SHACKLETON ISLE DANA POINT, CA 92629-	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 810.00	12/26/2000	$70.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
JACK D. CLABOUGH 1410 TANGLEWOOD DRIVE CORONA, CA 91720-	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 225.00	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional) 445.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. KATHLEEN A. CLINE 856 S. BLUEBIRD CIRCLE ANAHEIM HILLS, CA 92807-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 240.00		
B. CYNTHIA C. COATES 1109 DELAWARE STREET HUNTINGTON BEACH, CA 92648-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$35.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 420.00		
C. GAIL L. COHEN 31424 WEST NINE DRIVE LAGUNA NIGUEL, CA 92677-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 480.00		
D. CHRISTINE L. COLCORD 716 1/2 JASMINE AVE. CORONA DEL MAR, CA 92625-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$33.33
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 299.97		
E. DENNIS M. CORBETT 15126 TOURAINE WAY IRVINE, CA 92604-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 600.00		
F. CAMERON COSGROVE 27741 MOTHERLODE COURT LAGUNA NIGUEL, CA 92677-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 504.00		
G. DANIEL C. CRAIN 36 WINTERGREEN IRVINE, CA 92604-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 465.00		

SUBTOTAL of Receipts This Page (optional) 260.33

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

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code PAUL J. CROXTON 30132 HILLSIDE TERRACE SAN JUAN CAPISTRAN, CA 92675-154 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 500.00	12/26/2000	$50.00
B. Full Name, Mailing Address and ZIP Code DEBRA J. CUNNINGHAM 2712 LIGHTHOUSE LANE CORONA DEL MAR, CA 92625- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	12/26/2000	$25.00
C. Full Name, Mailing Address and ZIP Code MICHAEL R. CURRY 10573 RED BERRY CT. FISHERS, IN 46038- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 600.00	12/26/2000	$50.00
D. Full Name, Mailing Address and ZIP Code STEPHANIE J. CURRY 136 GREENFIELD IRVINE, CA 92614- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 576.00	12/26/2000	$50.00
E. Full Name, Mailing Address and ZIP Code DIANE W. DALES 28 CLERMONT NEWPORT COAST, CA 92657- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	12/26/2000	$25.00
F. Full Name, Mailing Address and ZIP Code LINDA K. DAVIS 38 A FOREST DRIVE SPRINGFIELD, NJ 07081- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 555.00	12/26/2000	$50.00
F. Full Name, Mailing Address and ZIP Code CYNTHIA S. DILLION 7 BODEGA BAY CORONA DEL MAR, CA 92625- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 1395.00	12/26/2000	$120.00

SUBTOTAL of Receipts This Page (optional)	370.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. EMILE C. DUROCHER 23961 CORMORANT LANE LAGUNA NIGUEL, CA 92677-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$50.00
Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 600.00		
B. RICHARD S. EASTLYN 27556 VALLEY RIM CIRCLE SAN JUAN CAPISTRAN, CA 92675-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$60.00
Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 720.00		
C. NANCY E. ENOMOTO 2001 BARRANCA NEWPORT BEACH, CA 92660-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$35.00
Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 285.00		
D. MARK H. FALK 64 SUMMERSTONE IRVINE, CA 92614-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$75.00
Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 900.00		
E. CURTIS S. FARRELL 860 NEWPORT CENTER DR. NEWPORT BEACH, CA 92660	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$25.00
Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 300.00		
F. STEVEN T. PATICONE 6910 GOVERNOR'S CLUB PLACE BRADENTON, FL 34202-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$30.00
Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 360.00		
F. MICHAEL P. PENTON 4 CEDARLAKE IRVINE, CA 92614-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$50.00
Receipt For: Primary General Other (specify):	Aggregate Year-to-Date $ 600.00		

SUBTOTAL of Receipts This Page (optional) 315.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD P. FERNANDEZ 1535 TERMINO AVENUE D-1 LONG BEACH, CA 90804-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
WILLIAM L. FERRIS 1990 FORT EDWARDS CIRCLE NEWPORT BEACH, CA 92660-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 3525.00		
PETER S. FIEK 19381 SIERRA BELLO ROAD IRVINE, CA 92612-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$17.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 204.00		
DAVID R. FINEAR 718 X CHANGA CORONA DEL MAR, CA 92625-173	PACIFIC LIFE INSURANCE COMPANY ASSISTANT VICE PRESIDENT	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
MARTIN J. FLEISCHMAN 2915 CALLE GUADALAJARA SAN CLEMENTE, CA 92673	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 240.00		
LAURENE E FOLEY 45 TIMBER RN SN MARGARITA, CA 92688-200	PACIFIC LIFE INSURANCE COMPANY EXECUTIVES	12/26/2000	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 225.00		
MARC S. FRANKLIN 1942 FORT ALBANS PLACE NEWPORT BEACH, CA 92660-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 504.00		

SUBTOTAL of Receipts This Page (optional) 449.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a) (i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JOHN D. FRICK 11471 KEARNEY WAY GARDEN GROVE, CA 92840-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 240.00		
B. LOUIS A GARDNER 8 KLAMATH IRVINE, CA 92612-222	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 522.00		
C. DAVID W. GARTLEY 8 KLAMATH IRVINE, CA 92612-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 360.00		
D. MARTHA A. GATES 31411 MONTEREY LAGUNA, CA 92677-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 570.00		
E. BRIAN P. GOBBEL 818 SAN NICOLAS CIRCLE HUNTINGTON BEACH, CA 92648-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 720.00		
F. FRANK J GOETZ 7 SEVENTH IRVINE, CA 92606	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$35.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 405.00		
F. KEVIN P. GOODMAN 310 ALISO AVE. NEWPORT BEACH, CA 92663-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 360.00		

SUBTOTAL of Receipts This Page (optional) 283.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MILDA C. GOODMAN 310 ALISO AVE. NEWPORT BEACH, CA 92663-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 360.00		
C. MARLA GRAHAM 23841 ROSEHEDGE MISSION VIEJO, CA 92691-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 260.00		
WILLIAM C. GREEN 12883 RALSTON CIRCLE SAN DIEGO, CA 92130-244	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 210.00		
ADRIAN S. GRIGGS 8766 CANARY AVE. FOUNTAIN VALLEY, CA 92708	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 480.00		
DANIEL L EACRNS 549 CORNICHE DR DANA POINT, CA 92629-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVES	12/26/2000	$17.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 204.00		
IRENE L. HALLETT 28520 WOOD CANYON DR. ALTSO VIEJO, CA 92656-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 279.00		
STANLEY D HANSEN 8959 A. HARBERS PT. DRIVE CINCINNATI, OH 45249	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1425.00		

SUBTOTAL of Receipts This Page (optional) 287.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRENDA K. HARDWIG 1311 EARLHAM ST. SANTA ANA, CA 92705-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEAN R. HARRISON 59 BENNINGTON IRVINE, CA 9260 -	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$35.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date $ 420.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NANCY R. HARRIS 300 EAST COAST HWY #26 NEWPORT BEACH, CA 92660-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date $ 285.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT G. HASKELL 125 VIA WASIERS NEWPORT BEACH, CA 92663-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$110.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: SENIOR VICE PRESIDENT Aggregate Year-to-Date $ 1320.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DALE E. HAWLEY 1137 SUNSET CLIFFS BLVD. SAN DIEGO, CA 92107-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$68.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date $ 729.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
YVONNE R. HAYWARD 28424 PUEBLO DRIVE TRABUCO CANYON, CA 92679-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date $ 240.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT J. HEMSTEAD 2335 RANCHO DEL ORO RD. 4 OCEANSIDE, CA 92056-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date $ 500.00		

SUBTOTAL of Receipts This Page (optional) 333.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. KEVIN A. HENDRA 58 VIAGGIO LANE FOOTHILL RANCH, CA 92610 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 270.00	12/26/2000	$25.00
B. ANTHONY P. HENSLER 852 ROLLINGWOOD DR. VILLA HILLS, KY 41017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 564.00	12/26/2000	$47.00
C. WILLIAM L. HESSELWOOD 23961 CACBIRD COURT LAGUNA NIGUEL, CA 92677- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 600.00	12/26/2000	$50.00
D. DAVID L. HICKS, III 25391 REMESSA MISSION VIEJO, CA 92691- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 372.00	12/26/2000	$31.00
E. HOWARD T. HIRAKAWA 7 SANDERLING LANE ALISO VIEJO, CA 92656- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 420.00	12/26/2000	$40.00
F. MICHAEL D. HITCHCOCK 16632 COOPER HUNTINGTON BEACH, CA 92647 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 225.00	12/26/2000	$25.00
F. KAY M. HUGHES 17189 SANTA LUCIA ST. FOUNTAIN VALLEY, CA 92708- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 240.00	12/26/2000	$20.00

SUBTOTAL of Receipts This Page (optional) 238.00

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

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code MARYBETH HUGHES 2283 WATERMAN WAY COSTA MESA, CA 92627 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 360.00	12/26/2000	$30.00
B. Full Name, Mailing Address and ZIP Code KENNETH E. JACK P. O. BOX 15193 NEWPORT BEACH, CA 92659- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 660.00	12/26/2000	$60.00
C. Full Name, Mailing Address and ZIP Code CAROL A JENSEN 700 FIFTH AVENUE SEATTLE, WA 98104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 288.00	12/26/2000	$25.00
D. Full Name, Mailing Address and ZIP Code DARYLE C. JOHNSON 5 ALTAIR IRVINE, CA 92612- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 2250.00	12/26/2000	$200.00
E. Full Name, Mailing Address and ZIP Code JEFF R. JOHNSON 2159 ORANGE AVENUE #1 COST MESA, CA 92627- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 225.00	12/26/2000	$25.00
F. Full Name, Mailing Address and ZIP Code KENT R. JOHNSON 25621 DEL NORTE LAGUNA NIGUEL, CA 92677- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	12/26/2000	$25.00
F. Full Name, Mailing Address and ZIP Code MARK C. JOHNSON 1812 LEADBURN ROAD TOWSON, MD 21204- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 1200.00	12/26/2000	$100.00

SUBTOTAL of Receipts This Page (optional)	465.00
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SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. ROGER D. KAHLE 11659 SYMMES CREEK DR. LOVELAND, OH 45140-934 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 240.00	12/26/2000	$20.00
B. JOHN KALIANOV 24682 AVENIDA RIVIERA LAGUNA NIGUEL, CA 92677- Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 240.00	12/26/2000	$20.00
C. SUZANNE T. KAMPA 5531 STANFORD AVENUE GARDEN GROVE, CA 92845- Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 390.00	12/26/2000	$35.00
D. ANITA KARANJIA 9 MONTECILLO FOOTHILL RANCH, CA 92610- Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 405.00	12/26/2000	$35.00
E. ANDREW C. KARLINSKY 6 VENTURE AVE., #305 IRVINE, CA 92618- Receipt For: Primary General Other (specify):	A.K. FINANCIAL GROUP Occupation: AGENT Aggregate Year-to-Date $ 1100.00	12/26/2000	$100.00
F. ROBERT D. KERRER 31 ENSUENO WEST IRVINE, CA 92620- Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 650.00	12/26/2000	$50.00
F. BRIAN D. KLEMENS 24611 BENJAMIN CIRCLE DANA POINT, CA 92629- Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 480.00	12/26/2000	$40.00

SUBTOTAL of Receipts This Page (optional) 300.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code JUNE E. KNUTH 30862 PASEO DEL NIGUEL LAGUNA NIGUEL, CA 92677- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 240.00	12/26/2000	$20.00
B. Full Name, Mailing Address and ZIP Code EUGENE E. KOLASNY 8350 KARS COVE BURR RIDGE, IL 60521- Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 360.00	12/26/2000	$30.00
C. Full Name, Mailing Address and ZIP Code JANETTE KOLEGA 31679 CIRCLE DRIVE LAGUNA BEACH, CA 92677- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	12/26/2000	$25.00
D. Full Name, Mailing Address and ZIP Code JOHN P. KONTOS 18 WEST 69TH STREETSUITE 104 NEW YORK, NY 10023 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE Occupation: REGIONAL VICE PRESIENT Aggregate Year-to-Date $ 400.00	12/26/2000	$100.00
E. Full Name, Mailing Address and ZIP Code JAMES H. KUEHNERT 2770 MENDOZA DRIVE COSTA MESA, CA 92626- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 540.00	12/26/2000	$45.00
F. Full Name, Mailing Address and ZIP Code PLETCHER C. LARSON 709 AVENIDA MIROLA PALOS VERDES, CA 90274- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 900.00	12/26/2000	$75.00
F. Full Name, Mailing Address and ZIP Code DAVID LANE 10935 E. BERRY AVENUE ENGLEWOOD, CO 80111-390 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COPANY Occupation: EXECTIVE Aggregate Year-to-Date $ 225.00	12/26/2000	$25.00

SUBTOTAL of Receipts This Page (optional)	320.00
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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
STEPHEN S LEE 13980 GRANADA CT APPLE VALLEY, MN 55124-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVES	12/26/2000	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 229.98		
WAYNE D. LEHMAN 3571 PZCAN IRVINE, CA 92606	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$35.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 420.00		
DAVID LEVY 135 JASMINE CREEK DRIVE CORONA DEL MAR, CA 92625-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$70.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 840.00		
STEPHEN LT 879 PROSPECT PLACE COSTA MESA, CA 92626-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 885.00		
GEORGE Y. DONGYRAR 17992 ATHENS AVENUE VILLA PARK, CA 92861-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 500.00		
THOMAS J. LOSEE 145 CARIBE ISLE NOVATO, CA 94949-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 600.00		
SUSIE MADRID 3810 S. SYCAMORE STREET SANTA ANA, CA 92707-493	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 225.00		

SUBTOTAL of Receipts This Page (optional) 325.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JAMES C. MALES 22871 VIA PATO TRABUCO CANYON, CA 92679-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 330.00		
B. DESMOND G. MARSH 74 SETON RD. IRVINE, CA 92612-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 600.00		
C. THOMAS C. MAYS 8472 DEEPCLIFF DRIVE HUNTINGTON BEACH, CA 92646-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$35.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 405.00		
D. GAIL H. MC INTOSH 622 16TH STREET HUNTINGTON BEACH, CA 92648-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$45.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 540.00		
E. JULIA C. MC KINNEY 207 N. ELLERY DR. SAN PEDRO, CA 90732-270	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
F. HENRY K. MC NULLAN 4006 INLET TER CORONA DEL MAR, CA 92625-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$65.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 765.00		
F. DAVID L. MEEKER, JR. 698 RUSTIC VALLEY BALDWIN, MO 63021-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 240.00		

SUBTOTAL of Receipts This Page (optional) 270.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 21(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. IOANNIS K. MRAS 1820 GRACE AVENUE SAN JOSE, CA 95125 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 600.00	12/26/2000	$50.00
B. CAROLYN J MIDDLEBROOKS 2024 N. OCEAN BLVD. PALMOA, CA 92661-153 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	12/26/2000	$25.00
C. JOHN B. MILBERG 33611 DONEGAL LANE S J CAPISTRANO, CA 92675- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 1200.00	12/26/2000	$100.00
D. AUDREY L. MILES 26022 ROCKING HORSE LANE LAGUNA HILLS, CA 92653- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 1050.00	12/26/2000	$90.00
E. KIMBERLEY S. MILLER 21902 JINETES MISSION VIEJO, CA 92691- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 360.00	12/26/2000	$30.00
F. LYNN C. MILLER 8 DORCHESTER GREEN LAGUNA NIGUEL, CA 92677 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 1008.00	12/26/2000	$84.00
F. JOSE T. MISCOLCA JR. 24417 AVE. DE LOS NINOS LAGUNA NIGUEL, CA 92677-351 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 336.00	12/26/2000	$28.00

SUBTOTAL of Receipts This Page (optional) 407.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELIZABETH A. MOORE 3120 CAPOBELLA ALISO VIEJO, CA 92656-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECTIVE		
	Aggregate Year-to-Date $ 525.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARY E. MORGAN 1 BETTONI AISLE IRVINE, CA 92606-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$70.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE		
	Aggregate Year-to-Date $ 910.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES T. MORRIS 29022 PINTAIL CIRCLE LAGUNA NIGUEL, CA 92677-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$110.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE		
	Aggregate Year-to-Date $ 1250.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN C. MULVIHILL 2135 COLINA VISTA CT. COSTA MESA, CA 92627-	PACIFC LIFE INSURANCE COMPANY	12/26/2000	$35.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE		
	Aggregate Year-to-Date $ 300.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT C MURILLO P.O. BOX 1045 BREA, CA 92822-104	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVES		
	Aggregate Year-to-Date $ 240.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN D. MURRAY 918 SANDCASTLE DRIVE CORONA DEL MAR, CA 92625-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE		
	Aggregate Year-to-Date $ 600.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHELE A. MYSZKA 26206-D SANZ MISSION VIEJO, CA 92691-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$10.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE		
	Aggregate Year-to-Date $ 220.00		

SUBTOTAL of Receipts This Page (optional)	315.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. EDWARD T. NILSEN 16 PAPPAGALLO PT. ALISO VIEJO, CA 92656-	PACIFIC LIFE INSURANCE COMPANY SUPERVISOR	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 287.49		
B. FRANK P NORTON II 18529 CITRONIA ST. NORTHRIDGE, CA 91324-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 472.50		
C. LAURA L. O'DEA 3100 N. ELM ST., #38C GREENSBORO, NC 27408-	PACIFIC LIFE INSURANCE COMPANY BRANCH MANAGER	12/26/2000	$41.67
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 500.04		
D. DARAGH M. O'SULLIVAN 177 22ND ST., APT. 4 COSTA MESA, CA 92627-176	PACIFIC LIFE INSURANCE COMPANY ASSISTANT VICE PRESIDENT	12/26/2000	$84.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1008.00		
E. WALTER OLIVARES 3413 MEADOW BROOK COSTA MESA, CA 92626-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 285.00		
F. ROBERT E. OLSEN 15062 HUMPHREY CIRCLE IRVINE, CA 92604-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1050.00		
F. RICHARD P. OLSON 20852 CAMBERWELL LAGUNA HILLS, CA 92653-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		

SUBTOTAL of Receipts This Page (optional) 340.67

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

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRISTA R. OSTO 5 SWAN LANE ALISO VIEJO, CA 92656	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date $ 345.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELAINE E. OWENS 24252 LYSANDA DRIVE MISSION VIEJO, CA 92691-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date $ 410.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HEATHER A. PAIGE 29352 BOBOLINK DR. LAGUNA NIGUEL, CA 92677-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date $ 330.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER R. PASTRE 1954 PORT ALBANS PLACE NEWPORT BEACH, CA 92660-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$45.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date $ 510.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TIM M. PATTERSON 17661 ANGLIN LANE TUSTIN, CA 92780-190	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date $ 300.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONALD W. PEARSON P. O. BOX 1387 TIFTON, GA 31793-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date $ 270.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALYCE PETERSON 2908 VIA HIDALGO SAN CLEMENTE, CA 92672	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$45.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation ASSISTANT VICE PRESIDENT Aggregate Year-to-Date $ 540.00		

SUBTOTAL of Receipts This Page (optional) 235.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
B.P. PILLION 915 STOKE RD VILLANOVA, PA 19085-202	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date $ 480.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
YVES P. PINKOWITZ 5831 FURNACE CREEK YORBA LINDA, CA 92886-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$43.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date $ 507.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS P. PISTOLE SR. 447 LEXINGTON CIRCLE OCEANSIDE, CA 92057-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date $ 255.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THEODORE A. PARKER 337 CHERRY CREE LANE NEWPORT BEACH, CA 92660-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date $ 540.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH A. PUM 33 MOLERO MISSION VIEJO, CA 92692-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date $ 360.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NORMAN QUONG 601 VAN NESS AVE. SAN FRANCISCO, CA 94102-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date $ 240.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LESTER F. REAGAN 1318 LAWRENCE ROAD MOLENA, GA 30258-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date $ 600.00		

SUBTOTAL of Receipts This Page (optional) 258.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JAMES R. RICE 11 STILLWATER IRVINE, CA 92612-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$55.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 660.00		
B. BIRGIT RICKETTS 2239 BURNING TREE DR. CORONA, CA 91720 169	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 216.00		
C. KRIS M. RISH 1530 SUNSET RD. #7-1 TARPON SPRINGS, FL 34689	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 279.00		
D. GERALD W. ROBINSON 22 CANYON RIDGE IRVINE, CA 92612-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$65.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 780.00		
E. THOMAS M. RONDE 22 PALERMO IRVINE, CA 92614-	PACIFIC LIFE INSURANCE COMPANY ASSISTANT VICE PRESIDENT-TAX COUNSEL	12/26/2000	$30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 360.00		
F. HASKELL B. ROSENBERG 11161 YARMOUTH ROAD SANTA ANA, CA 92705-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 480.00		
F. MICHAEL D. RUSSELL 209 DIAMOND AVE. BALBOA ISLAND, CA 92662-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 276.00		

SUBTOTAL of Receipts This Page (optional) 260.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT D. RUSSELL 51202 EASTCHURCH CHAPEL HILL, NC 27514-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE		
	Aggregate Year-to-Date $ 525.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GLENN S. SCHAFER 1318 COLONY PLAZA, #139 NEWPORT BEACH, CA 92660-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$350.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE		
	Aggregate Year-to-Date $ 4200.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD J SCHINDLER 12530 SUMMIT KANSAS CITY, MO 64145-119	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE		
	Aggregate Year-to-Date $ 480.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PEGGY L. SCHMIDT 9 ALBA EAST IRVINE, CA 92620-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE		
	Aggregate Year-to-Date $ 240.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S. GENE SCHOFIELD 16 LEHIGH AIRE IRVINE, CA 92612-	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$83.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE		
	Aggregate Year-to-Date $ 991.50		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KIMBERLY K. SCHULTZ 28392 CALL PINON SAN JUAN CAPISTRANO, CA 92633-333	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE		
	Aggregate Year-to-Date $ 450.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CATHY L. SCHWARTZ 4230 PARK NEWPORT #303 NEWPORT BEACH, CA 92663	PACIFIC LIFE INSURANCE COMPANY	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE		
	Aggregate Year-to-Date $ 300.00		

SUBTOTAL of Receipts This Page (optional) 610.50

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 15 (a) (i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. SONIA V. SCOTT 16 MCLEAN IRVINE, CA 92620-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
B. WILLIAM J. SHARP 28256 COULTER MISSION VIEJO, CA 92692-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 600.00		
C. CHRISTY C SERRELL 2315 VIA ZAPIRO SAN CLEMENTE, CA 92673-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVES	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 255.00		
D. STEVEN P. SHORTER 15 LINOGES NEWPORT COAST, CA 92657	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
E. FRANK B. SIMON 21722 HERENCIA MISSION VIEJO, CA 92692-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$85.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1005.00		
F. SUSAN E. SIMPSON 250 S. RIVERWOOD CIRCLE ANAHEIM HILLS, CA 92807	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 144.00		
F. THOMAS L. SIPPL 28752 CHARREADAS LAGUNA NIGUEL, CA 92677-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 345.00		

SUBTOTAL of Receipts This Page (optional) 270.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. ARTHUR K. SOBCZAK III 14718 CAMDEN DRIVE STRONGSVILLE, OH 44136-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$45.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 540.00		
B. JOSEPH A. SONSINI 50 RUSHINGWIND IRVINE, CA 92614-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 240.00		
C. JOSEPH W. SPADARO 27 TOULON LAGUNA NIGUEL, CA 92677-	PACIFIC LIFE INSURANCE COMPANY MANAGER RISK MGMT.	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 255.00		
D. PENNY S. STARKS 1661 UTAH CIRCLE COSTA MESA, CA 92626-223	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 345.00		
E. MARVIN C. STRAKLEY JR. 100 HARBOR WOODS PLACE NEWPORT BEACH, CA 92660	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$35.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 405.00		
F. WILLIAM B. STODDART 12741 BENSON OVERLAND PARK, KS 66213-	PACIFIC LIFE INSURANCE COMPANY SALES DIRECTOR	12/26/2000	$30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 360.00		
F. ROBERT S. STREVELL 4303 BRIGHWOOD HOUSTON, TX 77060-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		

SUBTOTAL of Receipts This Page (optional) 210.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. CAROL R. SUDBECK 17 PECAMP NEWPORT COAST, CA 92657-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
B. CHRISTINA K. SUMPTER 10326 FALCON AVENUE FOUNTAIN VALLEY, CA 92708-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 960.00		
C. THOMAS C. BUTTON 111 SHORECLIFF ROAD CORONA DEL MAR, CA 92625-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$416.66
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 4999.92		
D. WILLIAM K. TACHIKI 975 LANSING LANE COSTA MESA, CA 92626-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 435.00		
E. STEVEN K. TANIHARA 2707 SALERDSO DRIVE ROWLAND HEIGHTS, CA 91748-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 360.00		
F. ALICE P CERLECKY 2130 CAMINO LAUREL SAN CLEMENTE, CA 92673-565	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
F. JOHN C. TORELL 355 S. LORETTA DRIVE ORANGE, CA 92869-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 345.00		

SUBTOTAL of Receipts This Page (optional) $46.66

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
KUANI T. TRAN 96 MONTECITO IRVINE, CA 92620-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 240.00		
SUSAN L. TULLY PMB 157, 6923 N. HAYDEN RD. SCOTTSDALE, AZ 85250-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 540.00		
JOHN M WALDRON 10 COLUMBIA IRVINE, CA 92612-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
DARLENE A WALLACE P.O. BOX 2462 NEWPORT BEACH, CA 92659 196	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
CATHERINE C. WALLACH 28 SEABLUFF NEWPORT BEACH, CA 92660	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
MERILYNN WARE 142 N. CAMBRIDGE ORANGE, CA 92866	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$18.13
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 217.56		
NANCY A. WEBB 12266 CIRCULA PANORAMA SANTA ANA, CA 92705	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 600.00		

SUBTOTAL of Receipts This Page (optional) 222.13

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. BARBARA M. WELLS 24132 BARQUERO DRIVE MISSION VIEJO, CA 92691-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 225.00		
B. PATRICIA L. WELLS 2300 PACIFIC DRIVE CORONA DEL MAR, CA 92625-290	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
C. JOHN WHITE 19 SUNFLOWER IRVINE, CA 92604-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 480.00		
D. KAREN S. WILEY 2541 COVENTRY CIRCLE FULLERTON, CA 92833-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 425.00		
E. R. LEE WIRCHLIN 16596 SUGARLOAF FOUNTAIN VALLEY, CA 92708	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$85.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1020.00		
F. ALAN D. WURST 32 COLORIDO RN SN MARGARITA, CA 92688-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 240.00		
F. CLAYTON K. YOKOTA 34602 CALLE LA PRIMAVERA DANA POINT, CA 92629-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	12/26/2000	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 600.00		

SUBTOTAL of Receipts This Page (optional) 285.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 30 OF 30
	FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

A. Full Name, Mailing Address and ZIP Code ROBIN S. YONIS-SANDLAUFER 19081 INGRYCREST LANE HUNTINGTON BEACH, CA 92648 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer PACIFIC LIFE INSURANCE COMPANY Occupation EXECUTIVE Aggregate Year-to-Date $ 225.00	Date (month, day, year) 12/26/2000	Amount of Each Receipt this Period $25.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	25.00
TOTAL This Period (last page this line number only)	9904.29

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

A. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DEBBIE STABENOW FOR U.S. SENATE 3401 EAST SAGINAW, SUITE 214 LANSING, MI 48912	DEBBIE STABENOW US SENATE; STATE: MI Disbursement for: ☐ Primary ☒ General ☐ Other (specify) '00Debt Ret.	12/29/2000	$2,500.00
B. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DOUG OSE FOR CONGRESS P.O. BOX 1670 ARLINGTON, VA 22210	DOUG OSE US HOUSE; STATE: CA; DIST. 3 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) '00 Debt Ret.	12/29/2000	$1,000.00
C. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ELLEN TAUSCHER FOR CONGRESS 503 CAPITOL CENTER, N.E., SUITE 10 WASHINGTON, DC 20002-	ELLEN TAUSCHER US HOUSE; STATE: CA; DIST. 10 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) '00 Debt Ret.	12/29/2000	$1,000.00
D. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MIKE HONDA FOR CONGRESS P.O. BOX 41474 SAN JOSE, CA 95160	MIKE HONDA US HOUSE; STATE: CA; DIST. 15 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) '00 Debt Ret.	12/29/2000	$2,500.00
E. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SCHIFF FOR CONGRESS 35 S. RAYMOND, STE. 206 PASADENA, CA 91105	ADAM SCHIFF US HOUSE; STATE: CA; DIST. 27 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) '00 Debt Ret.	12/29/2000	$2,000.00
F. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
THE COMMITTEE TO RE ELECT MARGE ROUKEMA P.O. BOX 625 RIDGEWOOD, NJ 07451-	MARGE ROUKEMA US HOUSE; STATE: NJ; DIST. 5 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) '00 Debt Ret.	12/29/2000	$2,000.00
G. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	11000.00
TOTAL This Period (last page this line number only)	11000.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

A. Full name, Mailing Address and ZIP code PACIFIC LIFE FEDERAL CREDIT UNION 700 NEWPORT CENTER DR. NEWPORT BEACH, CA 92660-	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Banking Charge	Date (month, day, year) 12/29/2000	Amount of Each Disbursement This Period $59.52
B. Full name, Mailing Address and ZIP code PACIFIC LIFE FEDERAL CREDIT UNION 700 NEWPORT CENTER DR. NEWPORT BEACH, CA 92660-	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Banking Charge	Date (month, day, year) 12/29/2000	Amount of Each Disbursement This Period $18.17
C. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	77.69
TOTAL This Period (last page this line number only)	77.69

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED (R/C) 1-26-01
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

[illegible]	2-1-01
PREPARER	DATE PREPARED

(6/2000)