REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

APR 27 11 48 AM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

PACIFIC LIFE INSURANCE COMPANY PAC

ADDRESS (number and street) ☐ Check if different than previously reported.

700 NEWPORT CENTER DR.

CITY, STATE and ZIP CODE

NEWPORT BEACH, CA 92660

2. FEC IDENTIFICATION NUMBER

C00068528

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

PRIOR TO 1/1/94

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

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

☐ Termination Report

Monthly Report Due on:

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

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

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

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

SUMMARY

5. Covering Period 03/01/98 through 03/31/98

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1998		31,002.57
(b) Cash on Hand at Beginning of Reporting Period	36,129.27	
(c) Total Receipts (from Line 19)	11,228.99	24,555.69
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	47,358.26	55,558.26
7. Total Disbursements (from Line 30)	11,185.00	19,385.00
8. Cash on Hand at Close of Reporting Period (subtract Line7 from Line 6(d))	36,173.26	36,173.26
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

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

Type or Print Name of Treasurer
ROBERT G. HASKELL

Signature of Treasurer
M Haskell

Date
4/17/98

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

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

NAME OF COMMITTEE: PACIFIC LIFE INSURANCE COMPANY PAC

REPORT COVERING PERIOD FROM: 03/01/98 TO: 03/31/98

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	3,375.00	3,375.00	11(a)(i)
ii. Unitemized	7,853.99	21,000.31	11(a)(ii)
iii. Total	11,228.99	5,027.00	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	11,228.99	24,375.31	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.)	0.00	180.38	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	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)	11,228.99	24,555.69	19
20. Total Federal Receipts (subtract line 18 from line 19)	11,228.99	24,555.69	20
II. Disbursements			
21. Operating Expenditures			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	185.00	185.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	185.00	185.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Party Committees	11,000.00	19,200.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees(2 U.S.C.441a(d))(use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			28
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c)	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	11,185.00	19,385.00	30
31. Total Federal Disbursements (subtract line 21 a i from line 30)	11,185.00	19,385.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	11,228.99	24,375.31	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	11,228.99	24,375.31	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	185.00	185.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	180.38	36
37. Net Operating Expenditures (subtract line 36 from 35)	185.00	4.62	37

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (03/01/98 - 03/31/98)

PAGE 1 OF 3

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date(month, day, year)	Amount of Each Receipt this Period
A. IVAN D. BISHOP 40 CHRISTAMON WEST IRVINE, CA 92620-1835 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $	03/31/98 500.00	500.00
B. DAVID R. CARMICHAEL 1525 SERENADE TERRACE CORONA DEL MAR, CA 92625 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $	payroll deduction 300.00	100.00 ($100 Monthly)
C. JEFFREY R. DEY 14 ROBIN HILL LANE LAGUNA HILLS, CA 92653 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $	03/31/98 525.00	525.00
D. WILLIAM L. FERRIS 1990 PORT EDWARDS CIRCLE NEWPORT BEACH, CA 92660 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $	payroll deduction 675.00	225.00 ($225 Monthly)
E. WALTER B. GERKEN 1 POINT LOMA DR. CORONA DEL MAR, CA 92625 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $	03/31/98 1,000.00	1,000.00
F. ROBERT G. HASKELL 115 VIA WAZIERS NEWPORT BEACH, CA 92663 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: SENIOR VICE PRESIDENT Aggregate Year-to-Date > $	payroll deduction 315.00	105.00 ($105 Monthly)
G. ELAINE M. HAVENS 1723 MIRAMAR DR. NEWPORT BEACH, CA 92661 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $	03/31/98 850.00	850.00

SUBTOTAL of Receipts This Page (optional)	3,305.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (03/01/98 - 03/31/98)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN A. JARBOE 1450 PACIFIC AVENUE LAGUNA BEACH, CA 92651	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	150.00 ($150 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 450.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DARYLE G. JOHNSON 5 ALTAIR IRVINE, CA 92612	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	125.00 ($125 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 375.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANDREW C. KARLINSKI 6 VENTURE AVE., #305 IRVINE, CA 92618	A.K. FINANCIAL GROUP	03/31/98	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: AGENT		
	Aggregate Year-to-Date > $ 300.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FLETCHER C. LARSON 709 AVENIDA MIROLA PALOS VERDES ESTATE, CA 90274	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	75.00 ($75 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 225.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN E. MILBERG 1 HEATHERWOOD COTO DE CAZA, CA 92679	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	85.00 ($85 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 255.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LYNN C. MILLER 8 DORCHESTER GREEN LAGUNA NIGUEL, CA 92677	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	84.00 ($84 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 252.00		
G. 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	payroll deduction	80.00 ($80 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 240.00		

SUBTOTAL of Receipts This Page (optional)	699.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (03/01/96 - 03/31/96)

PAGE 3 OF 3

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. GARY R. PYATT 9450 SISKIN AVENUE FOUNTAIN VALLEY, CA 92708 Receipt For: 1 Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 255.00	payroll deduction	85.00 ($85 Monthly)
B. GLENN S. SCHAFER 24566 SANTA CLARA AVENUE DANA POINT, CA 92629 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 900.00	payroll deduction	300.00 ($300 Monthly)
C. FRANK B. SIMON 21772 HERENCIA MISSION VIEJO, CA 92692 Receipt For: 1 Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 225.00	payroll deduction	75.00 ($75 Monthly)
D. THOMAS C. SUTTON 111 SHORECLIFF ROAD CORONA DEL MAR, CA 92625 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 1,249.98	payroll deduction	416.66 ($417 monthly)
E. WILLIAM K. VINSON 26701 QUAIL CREEK, SUITE 116 LAGUNA HILLS, CA 92655 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 400.00	03/31/96	400.00
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
G. 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) >	1,275.66
TOTAL This Period (last page this line number only) >	5,280.66

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Other Federal Operating Expenses

Use separate schedule(s) for each category of the Detailed Summary Page (03/07/98 - 03/31/98)	PAGE 1 OF 1
	FOR LINE NUMBER 21(b)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date(month, day, year)	Amount of Each Disbursement this Period
Unitemized other federal operating expenses (less than $200) This Period: 03/01/98 - 03/31/98	Federal and State Income taxes Disbursement For: [ ] Primary [ ] General [ ] Other (specify):		185.00
B. 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
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)	185.00
TOTAL This Period (last page this line number only)	185.00

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

Use separate schedule(s) for each category of the Detailed Summary Page (03/01/98 - 03/31/98)

PAGE 1 OF 1
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date(month, day, year)	Amount of Each Disbursement this Period
BECERRA FOR CONGRESS P.O. BOX 75214 WASHINGTON, DC 20013-5214	XAVIER BECERRA HOUSE CA - 30 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	03/06/98	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date(month, day, year)**	**Amount of Each Disbursement this Period**
CRANE FOR CONGRESS COMMITTEE 4451 BROOKFIELD CORPORATE DR., #200 CHANTILLY, VA 20151-1652	PHIL CRANE HOUSE IL - 08 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	03/06/98	1,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date(month, day, year)**	**Amount of Each Disbursement this Period**
HEALTH INSURANCE ASSOCIATION OF AMERICA (HIPAC) 555 13TH ST., N.W., SUITE 600 EAST WASHINGTON, DC 20004-1109	Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	03/06/98	2,500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date(month, day, year)**	**Amount of Each Disbursement this Period**
LIFEPAC 1001 PENNSYLVANIA AVE., N.W. WASHINGTON, DC 20004-2599	Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	03/06/98	2,500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date(month, day, year)**	**Amount of Each Disbursement this Period**
MATSUI FOR CONGRESS COMMITTEE 501 CHEROKEE AVE., SUITE 112 ALEXANDRIA, VA 22312	BOB MATSUI HOUSE CA - 05 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	03/06/98	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date(month, day, year)**	**Amount of Each Disbursement this Period**
NUSSLE FOR CONGRESS P.O. BOX 324 MANCHESTER, IA 52057	JIM NUSSLE HOUSE IA - 02 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	03/06/98	1,000.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date(month, day, year)**	**Amount of Each Disbursement this Period**
RE-ELECT BRIAN BILBRAY FOR CONGRESS 4451 BROOKFIELD CORPORATE DR., #200 CHANTILLY, VA 20151-1652	BRIAN BILBRAY HOUSE CA - 49 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	03/06/98	500.00
H. 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 HOUSE NJ - 05 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	03/06/98	1,000.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date(month, day, year)**	**Amount of Each Disbursement this Period**
THE RICHARD NEAL FOR CONGRESS COMMITTEE P.O. BOX 2984 WASHINGTON, DC 20013	RICHARD NEAL HOUSE MA - 02 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	03/06/98	1,000.00

SUBTOTAL of Disbursements This Page (optional)	11,000.00
TOTAL This Period (last page this line number only)	11,000.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 4/20/98
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

D.A.Q.
PREPARER

4/27/98
DATE PREPARED

(4/98)