

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Pacific Life Insurance Company Political Action Committee

ADDRESS (number and street) 700 Newport Center Drive  
 Check if different than previously reported. (ACC)  
Newport Beach CA 92660

2. **FEC IDENTIFICATION NUMBER** C00068528  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 09 01 2007 through 09 30 2007

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 Haskell

Signature of Treasurer Electronically Filed by Robert Haskell Date 10 10 2007

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		20761.19
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	56338.49									
(c) Total Receipts (from Line 19) .....	17232.98	166810.28								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	73571.47	187571.47								
7. Total Disbursements (from Line 31) .....	15000.00	129000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	58571.47	58571.47								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	16311.65	116816.65
(i) Itemized (use Schedule A) .....	921.33	49993.63
(ii) Unitemized .....	17232.98	166810.28
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	17232.98	166810.28
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	17232.98	166810.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17232.98	166810.28

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	129000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15000.00	129000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15000.00	129000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	17232.98	166810.28
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17232.98	166810.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS. JUNE GARCE Mailing Address 20050 EMERALD MEADOW DR City WALNUT State CA Zip Code 91789 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10362101292 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 Monthly)
Name of Employer Pacific Life Occupation DIR MKTG COMPLIANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MS. JULIE E TRASK Mailing Address 181 S CRAIG DR City ORANGE State CA Zip Code 92869 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10362121292 Amount of Each Receipt this Period 40.00 P/R Deduction (\$40.00 Monthly)
Name of Employer Pacific Life Occupation MGR CUSTOMER SVC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MR. DANIEL F BASS Mailing Address 531 PROMONTORY DR E City NEWPORT BEACH State CA Zip Code 92660 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10362151292 Amount of Each Receipt this Period 0.00 P/R Deduction (\$0.00 Monthly)
Name of Employer Pacific Life Occupation VP REINSURANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS. LYNETTE G BONES</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 23955 WARSAW ST		<b>Transaction ID: PR10362221292</b>	
City <b>MISSION VIEJO</b>	State <b>CA</b>	Zip Code <b>92691</b>	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>MGR RET ANN BUS DEV</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00		
		P/R Deduction (\$25.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. ANTHONY J BONNO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 61 VERNAL SPG		<b>Transaction ID: PR10362231292</b>	
City <b>IRVINE</b>	State <b>CA</b>	Zip Code <b>92603</b>	Amount of Each Receipt this Period _____ 400.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>SR VP HUMAN RESOURCES</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 2700.00		
		P/R Deduction (\$400.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. ALAN H BROWN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 505 13TH ST		<b>Transaction ID: PR10362251292</b>	
City <b>HUNTINGTON BEACH</b>	State <b>CA</b>	Zip Code <b>92648</b>	Amount of Each Receipt this Period _____ 70.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>AVP INFO TECH OPS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 630.00		
		P/R Deduction (\$70.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>495.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS. KATHLEEN N WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2525 JUANITA WAY		<b>Transaction ID: PR10362271292</b>	
City <b>LAGUNA BEACH</b>	State <b>CA</b>	Zip Code <b>92651</b>	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>SR PROJECT ANALYST</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 270.00		
		P/R Deduction (\$30.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. DEWEY P BUSHAW</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 29132 ALFIERI ST		<b>Transaction ID: PR10362301292</b>	
City <b>LAGUNA NIGUEL</b>	State <b>CA</b>	Zip Code <b>92677</b>	Amount of Each Receipt this Period _____ 167.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>SR VP AMF CHF MKTG OFCR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1422.00		
		P/R Deduction (\$167.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. MICHAEL J BUSSARD</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3029 FLAGSTONE DR		<b>Transaction ID: PR10362311292</b>	
City <b>FRANKLIN</b>	State <b>TN</b>	Zip Code <b>37069</b>	Amount of Each Receipt this Period _____ 83.34
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>REGIONAL VP</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 750.06		
		P/R Deduction (\$83.34 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>280.34</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MR. EDWARD R BYRD

Mailing Address 17520 PAGE CT

City State Zip Code  
YORBA LINDA CA 92886

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

Name of Employer Pacific Life Occupation SR VP CONT & CHF ACTG OFC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

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

**Transaction ID:** PR10362321292

Amount of Each Receipt this Period  
110.00

P/R Deduction (\$110.00 Monthly)

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

Mailing Address 55 GILLMAN ST

City State Zip Code  
IRVINE CA 92612

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

Name of Employer Pacific Life Occupation AVP INS CNSL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

**Transaction ID:** PR10362351292

Amount of Each Receipt this Period  
25.00

P/R Deduction (\$25.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. DAVID R CARMICHAEL

Mailing Address 1525 SERENADE TER

City State Zip Code  
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation SR VP GEN COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3744.00

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

**Transaction ID:** PR10362361292

Amount of Each Receipt this Period  
416.00

P/R Deduction (\$416.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>551.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. JOSEPH E CELENTANO		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 26661 CAMPESINO		<b>Transaction ID:</b> PR10362381292	
City MISSION VIEJO	State CA	Zip Code 92691	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation SR VP PROD MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 900.00		
		P/R Deduction (\$100.00 Monthly)	

<b>B.</b> Full Name (Last, First, Middle Initial) MS. SHARON A CHEEVER		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 33512 VALLE RD		<b>Transaction ID:</b> PR10362401292	
City SN JUAN CAPISTRANO	State CA	Zip Code 92675	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation VP & INVEST COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 855.00		
		P/R Deduction (\$100.00 Monthly)	

<b>C.</b> Full Name (Last, First, Middle Initial) MS. LAURIE A CHURCH		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 21851 NEWLAND ST SPC 246		<b>Transaction ID:</b> PR10362421292	
City HUNTINGTON BEACH	State CA	Zip Code 92646	Amount of Each Receipt this Period _____ 40.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation MGR STRUCT STTLMNTS OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 360.00		
		P/R Deduction (\$40.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>240.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS. BERNADINE E CHWALEK Mailing Address 33741 SHACKLETON ISLE City State Zip Code DANA POINT CA 92629 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362431292 Amount of Each Receipt this Period 0.00 P/R Deduction (\$0.00 Monthly)
Name of Employer Occupation Pacific Life AVP INVEST CNSL Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 420.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MR. JACK D CLABOUGH Mailing Address 1410 TANGLEWOOD DR City State Zip Code CORONA CA 92882 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362451292 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 Monthly)
Name of Employer Occupation Pacific Life VP & CHIEF LIFE UNDERWRITER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 450.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MS. KATHLEEN A CLUNE Mailing Address 858 S BLUEBIRD CIR City State Zip Code ANAHEIM CA 92807 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362461292 Amount of Each Receipt this Period 25.00 P/R Deduction (\$25.00 Monthly)
Name of Employer Occupation Pacific Life AVP ASST TREASURER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>75.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MS. GAIL C MOSCOSO

Mailing Address 31558 WEST NINE DR

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP CLIENT SERVICES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

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

**Transaction ID:** PR10362481292

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$60.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. CHRISTINE L KELLERMAN

Mailing Address 26571 VIA CALIFORNIA

City State Zip Code  
CAPISTRANO BEACH CA 92624

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

Name of Employer Pacific Life Occupation APPLIC DEV MGR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 299.97

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

**Transaction ID:** PR10362491292

Amount of Each Receipt this Period  
33.33

P/R Deduction (\$33.33 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. BRENDAN L COLLINS

Mailing Address 25551 ORCHARD RIM LN

City State Zip Code  
LAKE FOREST CA 92630

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

Name of Employer Pacific Life Occupation AVP PORT MGMT, IG TRADING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

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

**Transaction ID:** PR10362501292

Amount of Each Receipt this Period  
35.00

P/R Deduction (\$35.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>128.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. DENNIS M CORBETT		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362511292	
Mailing Address 15136 TOURAIN WAY		Amount of Each Receipt this Period 100.00	
City IRVINE	State CA	Zip Code 92604	P/R Deduction (\$100.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer Pacific Life	
Occupation VP TAX COMPLIANCE		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 855.00			

<b>B.</b> Full Name (Last, First, Middle Initial) MR. CAMERON COSGROVE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362531292	
Mailing Address 20455 VIA BURGOS		Amount of Each Receipt this Period 85.00	
City YORBA LINDA	State CA	Zip Code 92887	P/R Deduction (\$85.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer Pacific Life	
Occupation VP LIFE CHIEF INFO OFFICER		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 765.00			

<b>C.</b> Full Name (Last, First, Middle Initial) MR. DANIEL C CRAIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362541292	
Mailing Address 36 WINTERGREEN		Amount of Each Receipt this Period 30.00	
City IRVINE	State CA	Zip Code 92604	P/R Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer Pacific Life	
Occupation MGR PROD COMPLIANCE		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 360.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	215.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. PAUL J CROXTON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362551292	
Mailing Address 30132 HILLSIDE TER		Amount of Each Receipt this Period 50.00	
City State Zip Code SN JUAN CAPISTRANO CA 92675	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Pacific Life	Occupation FVP FIELD WHOLESALING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		
		P/R Deduction (\$50.00 Monthly)	

<b>B.</b> Full Name (Last, First, Middle Initial) MS. DEBRA CUNNINGHAM HONERKAMP		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362561292	
Mailing Address 2712 LIGHTHOUSE LN		Amount of Each Receipt this Period 50.00	
City State Zip Code CORONA DEL MAR CA 92625	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Pacific Life	Occupation AVP RE ASSET MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		
		P/R Deduction (\$50.00 Monthly)	

<b>C.</b> Full Name (Last, First, Middle Initial) MR. MICHAEL R CURRY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362571292	
Mailing Address 23820 CAPE MONACO RD		Amount of Each Receipt this Period 100.00	
City State Zip Code BONITA SPRINGS FL 34135	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Pacific Life	Occupation FVP FIELD WHOLESALING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		
		P/R Deduction (\$100.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS. STEPHANIE J CURRY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address PO BOX 15358		<b>Transaction ID: PR10362591292</b>	
City <b>IRVINE</b>	State <b>CA</b>	Zip Code <b>92623</b>	Amount of Each Receipt this Period _____ <b>85.00</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>AVP ADVANCED SALES</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>750.00</b>		
		P/R Deduction (\$85.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MS. DIANE W DALES</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 28 CLERMONT		<b>Transaction ID: PR10362601292</b>	
City <b>NEWPORT COAST</b>	State <b>CA</b>	Zip Code <b>92657</b>	Amount of Each Receipt this Period _____ <b>50.00</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>AVP CREDIT ANALYSIS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>450.00</b>		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MS. LINDA D LARSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8315 ROAD R NW		<b>Transaction ID: PR10362621292</b>	
City <b>QUINCY</b>	State <b>WA</b>	Zip Code <b>98848</b>	Amount of Each Receipt this Period _____ <b>90.00</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>AVP IND COMPLIANCE</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>810.00</b>		
		P/R Deduction (\$90.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>225.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MR. EMILE C DUROCHER

Mailing Address 9740 E GRANITE PEAK TRL

City State Zip Code  
SCOTTSDALE AZ 85262

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

Name of Employer Pacific Life Occupation FIELD VP MRKTNG AFFILIATE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

**Transaction ID:** PR10362661292

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. NANCY E ENOMOTO

Mailing Address 2001 BARRANCA

City State Zip Code  
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation DIR IMD OPS RSK MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

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

**Transaction ID:** PR10362691292

Amount of Each Receipt this Period  
35.00

P/R Deduction (\$35.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. MARK R FALK

Mailing Address 64 SUMMERSTONE

City State Zip Code  
IRVINE CA 92614

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

Name of Employer Pacific Life Occupation AVP STRATEGIC PROGRAMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

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

**Transaction ID:** PR10362711292

Amount of Each Receipt this Period  
125.00

P/R Deduction (\$125.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>210.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR. PETER S FIEK</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 22 ARCADE		<b>Transaction ID: PR10362771292</b>	
City IRVINE	State CA	Zip Code 92603	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation AVP PORTFOLIO MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00		
		P/R Deduction (\$25.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. DAVID R FINEAR</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 718 K THANGA DR		<b>Transaction ID: PR10362781292</b>	
City CORONA DEL MAR	State CA	Zip Code 92625	Amount of Each Receipt this Period _____ 35.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation AVP RE INVESTMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 315.00		
		P/R Deduction (\$35.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. MARTIN J FLEISCHMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2915 CALLE GUADALAJARA		<b>Transaction ID: PR10362791292</b>	
City SAN CLEMENTE	State CA	Zip Code 92673	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation AVP SEPARATE ACCTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 270.00		
		P/R Deduction (\$30.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS. MARTHA A GATES</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 31411 MONTEREY ST		<b>Transaction ID: PR10362861292</b>	
City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period _____ 150.00		
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation Pacific Life SR VP OPERATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1275.00		
		P/R Deduction (\$150.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. FRANK J GOETZ</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7 SOVENTE		<b>Transaction ID: PR10362901292</b>	
City State Zip Code IRVINE CA 92606	Amount of Each Receipt this Period _____ 70.00		
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation Pacific Life AVP NEW BUSINESS SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 606.00		
		P/R Deduction (\$70.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. KEVIN P GOODMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 310 ALISO AVE		<b>Transaction ID: PR10362911292</b>	
City State Zip Code NEWPORT BEACH CA 92663	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation Pacific Life ACCUM PROD CONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 360.00		
		P/R Deduction (\$40.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>260.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 310 ALISO AVE

City State Zip Code  
NEWPORT BEACH CA 92663

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

Name of Employer Pacific Life Occupation AVP ADV & PUB RLNS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

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

**Transaction ID:** PR10362921292

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 37 LANTANA

City State Zip Code  
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation VP OPERATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

**Transaction ID:** PR10362931292

Amount of Each Receipt this Period  
25.00

P/R Deduction (\$25.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. C MARLA GRAHAM

Mailing Address 23672 BRASILIA ST

City State Zip Code  
MISSION VIEJO CA 92691

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

Name of Employer Pacific Life Occupation MGR NEXT WAVE PMO/BA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

**Transaction ID:** PR10362941292

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>125.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 20 / 89  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM C GREEN

Mailing Address 12889 RALSTON CIR

City State Zip Code  
SAN DIEGO CA 92130

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

Name of Employer Pacific Life Occupation SR CASH COLLTRL COORD

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
Transaction ID: PR10362951292

Amount of Each Receipt this Period  
25.00

P/R Deduction (\$25.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. ADRIAN S GRIGGS

Mailing Address 8766 CANARY AVE

City State Zip Code  
FOUNTAIN VALLEY CA 92708

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

Name of Employer Pacific Life Occupation VP FINANCE & COMPLIANCE

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
Transaction ID: PR10362961292

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. IRENE L HALLETT

Mailing Address 60 PALATINE APT 223

City State Zip Code  
IRVINE CA 92612

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

Name of Employer Pacific Life Occupation NATL ACCOUNTS SUPR

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
Transaction ID: PR10362991292

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 105.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. MS. BRENDA K HARDWIG</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 13112 EARLHAM ST		<b>Transaction ID: PR10363031292</b>	
City State Zip Code SANTA ANA CA 92705	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$40.00 Monthly)		
Name of Employer Pacific Life Occupation COMMUNITY RELTNS COORD	Aggregate Year-to-Date ▼ _____ 360.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MR. ROBERT G HASKELL</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 31735 SEACLIFF DR		<b>Transaction ID: PR10363061292</b>	
City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period _____ 416.66		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$416.66 Monthly)		
Name of Employer Pacific Life Occupation SR VP PUBLIC AFFAIRS	Aggregate Year-to-Date ▼ _____ 3749.94		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MR. DALE E HAWLEY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1137 SUNSET CLIFFS BLVD		<b>Transaction ID: PR10363071292</b>	
City State Zip Code SAN DIEGO CA 92107	Amount of Each Receipt this Period _____ 74.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$74.00 Monthly)		
Name of Employer Pacific Life Occupation AVP INVEST CNSL	Aggregate Year-to-Date ▼ _____ 666.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>530.66</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. ROBERT J HEMSTEAD</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2335 RANCHO DEL ORO RD UNIT 4		<b>Transaction ID: PR10363101292</b>	
City OCEANSIDE	State CA	Zip Code 92056	Amount of Each Receipt this Period _____ 85.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation AVP & VALUATION ACTUARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 690.00		
		P/R Deduction (\$85.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. KEVIN A HENDRA</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 58 VIAGGIO LN		<b>Transaction ID: PR10363111292</b>	
City FOOTHILL RANCH	State CA	Zip Code 92610	Amount of Each Receipt this Period _____ 40.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation DIR TAX OPERATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 360.00		
		P/R Deduction (\$40.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. WILLIAM L HEZZELWOOD</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6700 CAMINO CRESTA		<b>Transaction ID: PR10363131292</b>	
City SAN CLEMENTE	State CA	Zip Code 92673	Amount of Each Receipt this Period _____ 0.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation VP PROGRAM MGMT OFC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 360.00		
		P/R Deduction (\$0.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>125.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR. DAVID L HICKS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 25391 REMESA DR		<b>Transaction ID: PR10363141292</b>	
City <b>MISSION VIEJO</b>	State <b>CA</b>	Zip Code <b>92691</b>	Amount of Each Receipt this Period _____ <b>36.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>SR NETWORK MGMT ENGR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>312.00</b>		
		P/R Deduction (\$36.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. HOWARD T HIRAKAWA</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 23972 GOLDENEYE DR		<b>Transaction ID: PR10363161292</b>	
City <b>LAGUNA NIGUEL</b>	State <b>CA</b>	Zip Code <b>92677</b>	Amount of Each Receipt this Period _____ <b>100.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>VP INV ADVISOR OPS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>900.00</b>		
		P/R Deduction (\$100.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. MARK W HOLMLUND</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address PO BOX 2108		<b>Transaction ID: PR10363181292</b>	
City <b>RANCHO SANTA FE</b>	State <b>CA</b>	Zip Code <b>92067</b>	Amount of Each Receipt this Period _____ <b>0.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>EVP &amp; CHIEF INVESTMENT OFFICER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>5000.00</b>		
		P/R Deduction (\$0.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>136.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS. MARYBETH HUGHES</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2283 WATERMAN WAY		<b>Transaction ID: PR10363201292</b>	
City State Zip Code COSTA MESA CA 92627	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation CORP RISK MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 330.00		
		P/R Deduction (\$40.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MS. MARY K MCWARD</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2 GLASTONBURY PL		<b>Transaction ID: PR10363211292</b>	
City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period _____ 60.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation VP MARKETING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 510.00		
		P/R Deduction (\$60.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. CHRIS M JANOWIAK</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2056 COLUMBUS WAY		<b>Transaction ID: PR10363231292</b>	
City State Zip Code VISTA CA 92081	Amount of Each Receipt this Period _____ 60.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation DIR CORP INTERNET STRATEGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 540.00		
		P/R Deduction (\$60.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>160.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MS. CAROL A JENSEN

Mailing Address 8554 202ND STREET SW

City State Zip Code  
EDMONDS WA 98026

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

Name of Employer Pacific Life Occupation DIVISION VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

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

**Transaction ID:** PR10363241292

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. JEFF R JOHNSON

Mailing Address 1 SAND OAKS RD.

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation TREASURER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

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

**Transaction ID:** PR10363251292

Amount of Each Receipt this Period  
45.00

P/R Deduction (\$45.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. KENT R JOHNSON

Mailing Address 25621 DEL NORTE

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP ACTUARIAL & REINS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

**Transaction ID:** PR10363261292

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>195.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. MARK J JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1812 LEADBURN RD		<b>Transaction ID: PR10363271292</b>	
City State Zip Code TOWSON MD 21204	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation FVP FIELD WHOLESALING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 900.00		P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MR. SCOTT E JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 906 NEWTON LN		<b>Transaction ID: PR10363281292</b>	
City State Zip Code PLACENTIA CA 92870	Amount of Each Receipt this Period _____ 75.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation VP CORP APPL SYSTEMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00		P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MS. LORI A JOHNSTONE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 27 GRAY STONE WAY		<b>Transaction ID: PR10363291292</b>	
City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation AVP HIGH YIELD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 270.00		P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>205.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5531 STANFORD AVE

City State Zip Code  
GARDEN GROVE CA 92845

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

Name of Employer Pacific Life Occupation IT AUDIT CONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

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

**Transaction ID:** PR10363321292

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$60.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. ANITA KARANJIA

Mailing Address 9 MONTECILO

City State Zip Code  
FOOTHILL RANCH CA 92610

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

Name of Employer Pacific Life Occupation BUSINESS CONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

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

**Transaction ID:** PR10363331292

Amount of Each Receipt this Period  
65.00

P/R Deduction (\$65.00 Monthly)

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

Mailing Address 24611 BENJAMIN CIR

City State Zip Code  
DANA POINT CA 92629

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

Name of Employer Pacific Life Occupation VP & TREASURER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 705.00

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

**Transaction ID:** PR10363371292

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$80.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>205.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS. JUNE E KNUTH Mailing Address 30862 PASEO DEL NIGUEL City LAGUNA NIGUEL State CA Zip Code 92677 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10363381292 Amount of Each Receipt this Period 30.00 P/R Deduction (\$30.00 Monthly)
Name of Employer Pacific Life Occupation VP & INVEST COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MR. JOHN P KONTOS Mailing Address 6307 CAMINO MARINERO City SAN CLEMENTE State CA Zip Code 92673 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10363421292 Amount of Each Receipt this Period 110.00 P/R Deduction (\$110.00 Monthly)
Name of Employer Pacific Life Occupation VP KEY ACCOUNT MKTG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 990.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MS. JODY L LINNEMAN Mailing Address 262 S FAIRFIELD LN City ORANGE State CA Zip Code 92869 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10363451292 Amount of Each Receipt this Period 60.00 P/R Deduction (\$60.00 Monthly)
Name of Employer Pacific Life Occupation AVP INVEST CNSL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR. FLETCHER C LARSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 709 AVENIDA MIROLA		<b>Transaction ID: PR10363471292</b>		
City State Zip Code PALOS VERDES EST CA 90274	Amount of Each Receipt this Period _____ 150.00		P/R Deduction (\$150.00 Monthly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Name of Employer Occupation Pacific Life REGIONAL VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1200.00			

Full Name (Last, First, Middle Initial) <b>B. MR. DAVID LAWS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 10935 E BERRY AVE		<b>Transaction ID: PR10363481292</b>		
City State Zip Code ENGLEWOOD CO 80111	Amount of Each Receipt this Period _____ 100.00		P/R Deduction (\$100.00 Monthly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Name of Employer Occupation Pacific Life REGIONAL VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 900.00			

Full Name (Last, First, Middle Initial) <b>C. MS. TERESA M LORD</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 16432 CAMINO CANADA LN		<b>Transaction ID: PR10363541292</b>		
City State Zip Code HUNTINGTON BEACH CA 92649	Amount of Each Receipt this Period _____ 30.00		P/R Deduction (\$30.00 Monthly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Name of Employer Occupation Pacific Life SR SYSTEMS ANALYST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 270.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>280.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS. LAURENE E MAC ELWEE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1033 SECRETARIAT CIR		<b>Transaction ID: PR10363561292</b>	
City <b>COSTA MESA</b>	State <b>CA</b>	Zip Code <b>92626</b>	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>AVP VARIABLE REG COMPLIANCE</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 900.00		
		P/R Deduction (\$100.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MS. STEPHANIE J BABKOW</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 9901 OCEANCREST DR		<b>Transaction ID: PR10363581292</b>	
City <b>HUNTINGTON BEACH</b>	State <b>CA</b>	Zip Code <b>92646</b>	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>AVP CLIENT SVCS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00		
		P/R Deduction (\$25.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. DESMOND G MARSH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 74 SETON RD		<b>Transaction ID: PR10363591292</b>	
City <b>IRVINE</b>	State <b>CA</b>	Zip Code <b>92612</b>	Amount of Each Receipt this Period _____ 120.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>AVP ANNUITY APPLIC</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1080.00		
		P/R Deduction (\$120.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>245.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. THOMAS J MAYS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7406 PALOMA DR		<b>Transaction ID: PR10363601292</b>	
City State Zip Code HUNTINGTON BEACH CA 92648	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$50.00 Monthly)		
Name of Employer Pacific Life Occupation VP GOVT RELNS	Aggregate Year-to-Date ▼ _____ 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MS. GAIL H MC INTOSH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 622 18TH ST		<b>Transaction ID: PR10363611292</b>	
City State Zip Code HUNTINGTON BEACH CA 92648	Amount of Each Receipt this Period _____ 80.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$80.00 Monthly)		
Name of Employer Pacific Life Occupation AVP INS CNSL	Aggregate Year-to-Date ▼ _____ 720.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MS. JULIA C MC KINNEY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 207 N ELLERY DR		<b>Transaction ID: PR10363631292</b>	
City State Zip Code SAN PEDRO CA 90732	Amount of Each Receipt this Period _____ 75.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$75.00 Monthly)		
Name of Employer Pacific Life Occupation AVP INS CNSL	Aggregate Year-to-Date ▼ _____ 675.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>205.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MR. MORGAN C MC KNIGHT

Mailing Address 1217 HIGHCREST DR

City State Zip Code  
BURLESON TX 76028

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

Name of Employer Pacific Life Occupation APPLIC DEV CONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

**Transaction ID:** PR10363641292

Amount of Each Receipt this Period  
25.00

P/R Deduction (\$25.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. HENRY M MC MILLAN

Mailing Address 4006 INLET ISLE DR

City State Zip Code  
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation SR VP & CHIEF RISK OFCR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 862.50

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

**Transaction ID:** PR10363661292

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 33811 DONEGAL LN

City State Zip Code  
SN JUAN CAPISTRANO CA 92675

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

Name of Employer Pacific Life Occupation SR VP RISK FIN & IM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

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

**Transaction ID:** PR10363701292

Amount of Each Receipt this Period  
175.00

P/R Deduction (\$175.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS. AUDREY L MILFS Mailing Address 26922 ROCKING HORSE LN City LAGUNA HILLS State CA Zip Code 92653 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10363711292 Amount of Each Receipt this Period 250.00 P/R Deduction (\$250.00 Monthly)
Name of Employer Pacific Life Occupation VP & SECRETARY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MR. JOSE T MISCOLTA Mailing Address 20 BRYCE CYN City ALISO VIEJO State CA Zip Code 92656 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10363751292 Amount of Each Receipt this Period 65.00 P/R Deduction (\$65.00 Monthly)
Name of Employer Pacific Life Occupation AVP PROD & PORT MKTG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MS. ELIZABETH A MOORE Mailing Address 6412 N 159TH ST City OMAHA State NE Zip Code 68116 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10363761292 Amount of Each Receipt this Period 45.00 P/R Deduction (\$45.00 Monthly)
Name of Employer Pacific Life Occupation SYSTEMS ANALYSIS CONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>360.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. JAMES T MORRIS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 29022 PINTAIL CIR		<b>Transaction ID: PR10363791292</b>	
City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period _____ 416.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation PRESIDENT & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 3744.00		P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MR. JOHN C MULVIHILL</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 27822 HOMESTEAD RD		<b>Transaction ID: PR10363801292</b>	
City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period _____ 175.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation VP RE ASSET MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1575.00		P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MS. MICHELE A MYSZKA</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 26206 SANZ AVE		<b>Transaction ID: PR10363841292</b>	
City State Zip Code MISSION VIEJO CA 92691	Amount of Each Receipt this Period _____ 10.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation COMMUNITY RELTNS DIR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		P/R Deduction (\$10.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>601.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MR. DARAGH M O'SULLIVAN

Mailing Address 177 22ND ST APT 14

City State Zip Code  
COSTA MESA CA 92627

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

Name of Employer Pacific Life Occupation VP PRODUCT DESIGN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1650.00

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

**Transaction ID:** PR10363901292

Amount of Each Receipt this Period  
200.00

P/R Deduction (\$200.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. RICHARD P OLSON

Mailing Address 24852 CAMBERWELL ST

City State Zip Code  
LAGUNA HILLS CA 92653

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

Name of Employer Pacific Life Occupation DIR SECURITY SVCS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

**Transaction ID:** PR10363931292

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. HEATHER A PAIGE

Mailing Address 29352 BOBOLINK DR

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation AVP IMD OPS & COMPL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

**Transaction ID:** PR10363961292

Amount of Each Receipt this Period  
25.00

P/R Deduction (\$25.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>275.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS. JOYCE J PEAD Mailing Address 25 SUNRISE City IRVINE State CA Zip Code 92603 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10364001292 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 Monthly)
Name of Employer Pacific Life Occupation AVP HR CONSULTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MS. ALYCE PETERSON Mailing Address 2908 VIA HIDALGO City SAN CLEMENTE State CA Zip Code 92673 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10364021292 Amount of Each Receipt this Period 75.00 P/R Deduction (\$75.00 Monthly)
Name of Employer Pacific Life Occupation VP MARKETING SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 675.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MR. B P PILLION Mailing Address 915 STOKE RD City VILLANOVA State PA Zip Code 19085 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10364041292 Amount of Each Receipt this Period 40.00 P/R Deduction (\$40.00 Monthly)
Name of Employer Pacific Life Occupation REGIONAL VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>165.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. YVES F PINKOWITZ</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 20541 VIA EL TAJO		<b>Transaction ID: PR10364051292</b>	
City <b>YORBA LINDA</b>	State <b>CA</b>	Zip Code <b>92887</b>	Amount of Each Receipt this Period _____ <b>37.00</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>VP FINANCIAL CONTROLS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>327.00</b>		

P/R Deduction (\$37.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MR. THEODORE A PREMIER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 20 MOLINO		<b>Transaction ID: PR10364081292</b>	
City <b>NEWPORT BEACH</b>	State <b>CA</b>	Zip Code <b>92660</b>	Amount of Each Receipt this Period _____ <b>150.00</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>VP COMM MORT PROD</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>1275.00</b>		

P/R Deduction (\$150.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MR. JOSEPH A PUM</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 33 BOLERO		<b>Transaction ID: PR10364091292</b>	
City <b>MISSION VIEJO</b>	State <b>CA</b>	Zip Code <b>92692</b>	Amount of Each Receipt this Period _____ <b>35.00</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>INTERNAL AUDIT DIR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>315.00</b>		

P/R Deduction (\$35.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>222.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 11 STILLWATER

City State Zip Code  
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation VP M FINANCIAL DISTRIBUTION

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 990.00

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

**Transaction ID:** PR10364141292

Amount of Each Receipt this Period  
110.00

P/R Deduction (\$110.00 Monthly)

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

Mailing Address 38347 N 104TH PL

City State Zip Code  
SCOTTSDALE AZ 85262

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

Name of Employer Pacific Life Occupation EXEC VP ANNUITIES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2625.00

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

**Transaction ID:** PR10364181292

Amount of Each Receipt this Period  
300.00

P/R Deduction (\$300.00 Monthly)

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

Mailing Address 19 GLEN ELLEN

City State Zip Code  
IRVINE CA 92602

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

Name of Employer Pacific Life Occupation VP & TAX COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

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

**Transaction ID:** PR10364201292

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>440.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. ROBERT D RUSSELL</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 51202 EASTCHURCH		<b>Transaction ID: PR10364231292</b>	
City State Zip Code CHAPEL HILL NC 27517	Amount of Each Receipt this Period _____ 75.00		P/R Deduction (\$75.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life Occupation AVP RE INVESTMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ _____ 675.00			

Full Name (Last, First, Middle Initial) <b>B. MR. RICHARD J SCHINDLER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 28792 APPLETREE		<b>Transaction ID: PR10364261292</b>	
City State Zip Code MISSION VIEJO CA 92692	Amount of Each Receipt this Period _____ 125.00		P/R Deduction (\$125.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life Occupation SR VP LIFE CHF MKTG OFCR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ _____ 1050.00			

Full Name (Last, First, Middle Initial) <b>C. MS. KIMBERLY K SCHULTZ</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 28392 CALLE PINON		<b>Transaction ID: PR10364301292</b>	
City State Zip Code SN JUAN CAPISTRANO CA 92675	Amount of Each Receipt this Period _____ 25.00		P/R Deduction (\$25.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life Occupation SR WHOLESALER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ _____ 225.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>225.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
MS. GATHY L SCHWARTZ

Mailing Address 87 PELICAN CT

City State Zip Code  
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation AVP CREDIT ANALYSIS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

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

**Transaction ID:** PR10364311292

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. ALAN L SCHWITZGEBEL

Mailing Address 18612 MORONGO ST

City State Zip Code  
FOUNTAIN VALLEY CA 92708

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

Name of Employer Pacific Life Occupation SR HR COORDINATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

**Transaction ID:** PR10364321292

Amount of Each Receipt this Period  
25.00

P/R Deduction (\$25.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. SONJA V SCOTT

Mailing Address 30 CANYONWOOD

City State Zip Code  
IRVINE CA 92620

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

Name of Employer Pacific Life Occupation AVP COMPENSATION

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

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

**Transaction ID:** PR10364331292

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **165.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. BRADLEY W SHERRELL</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2315 VIA ZAFIRO		<b>Transaction ID: PR10364351292</b>	
City State Zip Code SAN CLEMENTE CA 92673	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation AVP INFO TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 450.00		P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MS. PENNY S SPARKS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1661 UTAH CIR		<b>Transaction ID: PR10364441292</b>	
City State Zip Code COSTA MESA CA 92626	Amount of Each Receipt this Period _____ 75.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation DIR COMPLIANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 675.00		P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MR. WILLIAM E STODDART</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2413 W 123RD TER		<b>Transaction ID: PR10364471292</b>	
City State Zip Code LEAWOOD KS 66209	Amount of Each Receipt this Period _____ 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation REGIONAL VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00		P/R Deduction (\$25.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR. ROBERT S STREVELL</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1213 25TH ST		<b>Transaction ID: PR10364491292</b>	
City <b>GALVESTON</b>	State <b>TX</b>	Zip Code <b>77550</b>	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>SR WHOLESALER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00		
		P/R Deduction (\$25.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MS. CAROL R SUDBECK</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 11 SOMMET		<b>Transaction ID: PR10364501292</b>	
City <b>NEWPORT COAST</b>	State <b>CA</b>	Zip Code <b>92657</b>	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>VP CORP AUDIT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 450.00		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. THOMAS C SUTTON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 111 SHORECLIFF RD		<b>Transaction ID: PR10364521292</b>	
City <b>CORONA DEL MAR</b>	State <b>CA</b>	Zip Code <b>92625</b>	Amount of Each Receipt this Period _____ 0.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>CHRMN &amp; CEO</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 4999.96		
		P/R Deduction (\$0.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>75.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS. ALICE P TERLECKY		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2130 CAMINO LAUREL		<b>Transaction ID:</b> PR10364571292	
City State Zip Code SAN CLEMENTE CA 92673	Amount of Each Receipt this Period _____ 25.00		
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation Pacific Life AVP NEW BUSINESS SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00		
		P/R Deduction (\$25.00 Monthly)	

<b>B.</b> Full Name (Last, First, Middle Initial) MR. JOHN G TORELL		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 355 S LORETTA DR		<b>Transaction ID:</b> PR10364581292	
City State Zip Code ORANGE CA 92869	Amount of Each Receipt this Period _____ 75.00		
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation Pacific Life VP ACCTG & RPTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 660.00		
		P/R Deduction (\$75.00 Monthly)	

<b>C.</b> Full Name (Last, First, Middle Initial) MR. STEPHEN J TORETTO		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 22862 ORENSE		<b>Transaction ID:</b> PR10364591292	
City State Zip Code MISSION VIEJO CA 92691	Amount of Each Receipt this Period _____ 55.00		
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation Pacific Life VP & INSURANCE COUNS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 465.00		
		P/R Deduction (\$55.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>155.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. KHANH T TRAN		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 47 VERNAL SPG		<b>Transaction ID:</b> PR10364601292	
City IRVINE	State CA	Zip Code 92603	Amount of Each Receipt this Period 416.66
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation EXEC VP CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3749.94		
		P/R Deduction (\$416.66 Monthly)	

<b>B.</b> Full Name (Last, First, Middle Initial) MS. SUSAN L TULLY		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 6929 N HAYDEN RD PMB 157		<b>Transaction ID:</b> PR10364611292	
City SCOTTSDALE	State AZ	Zip Code 85250	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation SR WHOLESALER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		
		P/R Deduction (\$60.00 Monthly)	

<b>C.</b> Full Name (Last, First, Middle Initial) MR. EDDIE D TUNG		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address PO BOX 10386		<b>Transaction ID:</b> PR10364621292	
City NEWPORT BEACH	State CA	Zip Code 92658	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation AVP REGULATORY PROD ACCTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		
		P/R Deduction (\$60.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	536.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS. GATHRYN L VAN WEY Mailing Address 41974 CARSON CT City MURRIETA State CA Zip Code 92562 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10364631292 Amount of Each Receipt this Period 30.00 P/R Deduction (\$30.00 Monthly)
Name of Employer Pacific Life Occupation DIR BROKER DEALER SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MS. MELANIE G WAGNER Mailing Address 1842 MOORPARK DR City BREA State CA Zip Code 92821 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10364641292 Amount of Each Receipt this Period 30.00 P/R Deduction (\$30.00 Monthly)
Name of Employer Pacific Life Occupation DIR HR & PR SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MR. JOHN M WALDECK Mailing Address 67 LAURELHURST DR City LADERA RANCH State CA Zip Code 92694 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10364651292 Amount of Each Receipt this Period 100.00 P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life Occupation AVP RE UNDERWRITING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 855.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>160.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS. NANCY A WEBB		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 36 BLACK HAWK		<b>Transaction ID:</b> PR10364701292	
City IRVINE	State CA	Zip Code 92603	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation VP FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		
		P/R Deduction (\$100.00 Monthly)	

<b>B.</b> Full Name (Last, First, Middle Initial) MR. JOHN WHITE		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 32122 VIA CARLOS		<b>Transaction ID:</b> PR10364741292	
City SN JUAN CAPISTRANO	State CA	Zip Code 92675	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation VP INTERNAL WHLSLNG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 645.00		
		P/R Deduction (\$75.00 Monthly)	

<b>C.</b> Full Name (Last, First, Middle Initial) MS. KAREN S WILEY		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 2921 PLAYER LANE		<b>Transaction ID:</b> PR10364751292	
City TUSTIN	State CA	Zip Code 92782	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation DIR COMMUNICATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		
		P/R Deduction (\$20.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	195.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. ALAN D WUEST</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 32 COLORIDO		<b>Transaction ID: PR10364801292</b>	
City <b>RCHO STA MARGARITA</b>	State <b>CA</b>	Zip Code <b>92688</b>	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>DIR OPS SUPPORT SERVICES</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		
		P/R Deduction (\$25.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MS. ROBIN S YONIS</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 8 CASTLEBAR		<b>Transaction ID: PR10364821292</b>	
City <b>IRVINE</b>	State <b>CA</b>	Zip Code <b>92618</b>	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>VP VAR REGULATORY COMPL</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MS. MARIA ZAMBELLI-DOUGHERTY</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 525 LOMBARDY RD		<b>Transaction ID: PR10364831292</b>	
City <b>DREXEL HILL</b>	State <b>PA</b>	Zip Code <b>19026</b>	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>SUPR OPERATIONS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		
		P/R Deduction (\$25.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL J WAUTERS

Mailing Address 2942 COPA DE ORO DR

City State Zip Code  
LOS ALAMITOS CA 90720

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

Name of Employer Pacific Life Occupation AVP FIN REPTG & PLNG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

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

**Transaction ID:** PR10365121292

Amount of Each Receipt this Period  
55.00

P/R Deduction (\$55.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL A BELL

Mailing Address 2 PRECIPICE

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation EVP LIFE INSURANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

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

**Transaction ID:** PR10365141292

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 Monthly)

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

Mailing Address 44 RABANO

City State Zip Code  
RCHO STA MARGARITA CA 92688

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

Name of Employer Pacific Life Occupation PROD & COMPETITION CONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** PR10365201292

Amount of Each Receipt this Period  
35.00

P/R Deduction (\$35.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>340.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR. REED J LLOYD</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6 SANDERLING LN		<b>Transaction ID: PR10365211292</b>	
City <b>ALISO VIEJO</b>	State <b>CA</b>	Zip Code <b>92656</b>	Amount of Each Receipt this Period _____ <b>65.00</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>AVP ADVANCED MKTG</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>570.00</b>		
		P/R Deduction (\$65.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. REX A OLSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1963 PORT LAURENT PL		<b>Transaction ID: PR10365221292</b>	
City <b>NEWPORT BEACH</b>	State <b>CA</b>	Zip Code <b>92660</b>	Amount of Each Receipt this Period _____ <b>25.00</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>SR MANAGING DIR, PAM</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>225.00</b>		
		P/R Deduction (\$25.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. SAMUEL TANG</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 9 KEMPTON LN		<b>Transaction ID: PR10365231292</b>	
City <b>LADERA RANCH</b>	State <b>CA</b>	Zip Code <b>92694</b>	Amount of Each Receipt this Period _____ <b>30.00</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>PRINCIPAL PAC TRIGUARD COO</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>270.00</b>		
		P/R Deduction (\$30.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>120.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS. CAROLYN DEAN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address PO BOX 3051		<b>Transaction ID: PR10365341292</b>	
City <b>DANA POINT</b>	State <b>CA</b>	Zip Code <b>92629</b>	Amount of Each Receipt this Period _____ 40.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>DIR FINANCIAL RPTG</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		
		P/R Deduction (\$40.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MS. CAROL E RUMSEY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 25221 SPINDLEWOOD		<b>Transaction ID: PR10365451292</b>	
City <b>LAGUNA NIGUEL</b>	State <b>CA</b>	Zip Code <b>92677</b>	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>COMPLIANCE MGR (FUNDS)</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00		
		P/R Deduction (\$25.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. PHILIP A TEETER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 73 WOODHAVEN DR		<b>Transaction ID: PR10365471292</b>	
City <b>LAGUNA NIGUEL</b>	State <b>CA</b>	Zip Code <b>92677</b>	Amount of Each Receipt this Period _____ 125.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>VP ANN TECHNOLOGY</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1050.00		
		P/R Deduction (\$125.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>190.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. RICHARD BAUDOUIN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 12 INDIAN SPRING RD		<b>Transaction ID: PR10365491292</b>	
City <b>NORWALK</b>	State <b>CT</b>	Zip Code <b>06853</b>	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>MNG DIR &amp; CPTL MKTS PRTFL MGMT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00		
		P/R Deduction (\$25.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. BENJAMIN JUNG</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 115 VIA KORON		<b>Transaction ID: PR10365511292</b>	
City <b>NEWPORT BEACH</b>	State <b>CA</b>	Zip Code <b>92663</b>	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>MANAGING DIR &amp; COO</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00		
		P/R Deduction (\$25.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. RICHARD G CHERNEY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 27835 HOMESTEAD RD		<b>Transaction ID: PR10365541292</b>	
City <b>LAGUNA NIGUEL</b>	State <b>CA</b>	Zip Code <b>92677</b>	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>EXEC VP GLOBAL MARKETING</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 375.00		
		P/R Deduction (\$50.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS. KAREN S WALL</b>		Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address 1811 RIVERFORD RD		<b>Transaction ID: PR10365581292</b>		
City State Zip Code TUSTIN CA 92780	Amount of Each Receipt this Period 50.00		P/R Deduction (\$50.00 Monthly)	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Pacific Life	Occupation APPLIC DEV DIR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00			

Full Name (Last, First, Middle Initial) <b>B. MR. TENNYSON S OYLER</b>		Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address 112 CLEARBROOK		<b>Transaction ID: PR10365611292</b>		
City State Zip Code IRVINE CA 92614	Amount of Each Receipt this Period 35.00		P/R Deduction (\$35.00 Monthly)	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Pacific Life	Occupation PUBLIC AFFAIRS MGR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00			

Full Name (Last, First, Middle Initial) <b>C. MR. WILLIAM D COTTON</b>		Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address 703 KAHN PL		<b>Transaction ID: PR10365621292</b>		
City State Zip Code ALEXANDRIA VA 22314	Amount of Each Receipt this Period 50.00		P/R Deduction (\$50.00 Monthly)	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Pacific Life	Occupation SR WHOLESALER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	135.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1121 EBBTIDE RD

City State Zip Code  
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation SR VP ANN ADMIN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1155.00

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

**Transaction ID:** PR10365661292

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$130.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. VALERIE MORRIS

Mailing Address 48 W YALE LOOP

City State Zip Code  
IRVINE CA 92604

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

Name of Employer Pacific Life Occupation VP HR PRGMS & SVCS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 735.00

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

**Transaction ID:** PR10365681292

Amount of Each Receipt this Period  
85.00

P/R Deduction (\$85.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. PATRICIA S DOUGLASS

Mailing Address 640 SAINT JAMES RD

City State Zip Code  
NEWPORT BEACH CA 92663

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

Name of Employer Pacific Life Occupation VP GOVT RELNS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1905.00

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

**Transaction ID:** PR10365731292

Amount of Each Receipt this Period  
215.00

P/R Deduction (\$215.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>430.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. NORM AKHAMLICH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 24321 AUGUSTIN ST		<b>Transaction ID: PR10365751292</b>	
City <b>MISSION VIEJO</b>	State <b>CA</b>	Zip Code <b>92691</b>	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>MGR BUILDING OPERATIONS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00		
		P/R Deduction (\$25.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. WILLIAM D BURKE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2216 NELDA WAY		<b>Transaction ID: PR10365781292</b>	
City <b>ALAMO</b>	State <b>CA</b>	Zip Code <b>94507</b>	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>REGIONAL VP</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 900.00		
		P/R Deduction (\$100.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. DAMIAN DELL'OSO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1A DERICKSON DR		<b>Transaction ID: PR10365811292</b>	
City <b>WILMINGTON</b>	State <b>DE</b>	Zip Code <b>19808</b>	Amount of Each Receipt this Period _____ 0.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>SR WHOLESALER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 290.00		
		P/R Deduction (\$0.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>125.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. DONALD M DOWNING		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 995 QUIVERA ST		<b>Transaction ID:</b> PR10365831292	
City LAGUNA BEACH	State CA	Zip Code 92651	Amount of Each Receipt this Period _____ 165.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation FVP M MKTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1440.00		P/R Deduction (\$165.00 Monthly)

<b>B.</b> Full Name (Last, First, Middle Initial) MR. SILAS K DUNN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 14 ELDERWOOD		<b>Transaction ID:</b> PR10365841292	
City IRVINE	State CA	Zip Code 92614	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation AVP PSD COMPLIANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00		P/R Deduction (\$25.00 Monthly)

<b>C.</b> Full Name (Last, First, Middle Initial) MR. RODERICK P HANSEN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 21612 MARIGOT DR		<b>Transaction ID:</b> PR10365851292	
City BOCA RATON	State FL	Zip Code 33428	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation REGIONAL VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 900.00		P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>290.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. CHARLES W HARVEY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 411 1/2 POINSETTIA AVE		<b>Transaction ID: PR10365861292</b>	
City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period _____ 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation SR SYSTEMS ADMINR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00		P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MS. CHRISTINA Q HE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 16625 SONORA STREET		<b>Transaction ID: PR10365871292</b>	
City State Zip Code TUSTIN CA 92782	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation AVP ASSET/LIAB STRAT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 360.00		P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MR. RONALD S KLINGE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 995 QUIVERA ST		<b>Transaction ID: PR10365921292</b>	
City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period _____ 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation SR PRODUCT ANA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00		P/R Deduction (\$25.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS. JULIET A PINKERTON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 22 N PALMIERA CIR		<b>Transaction ID: PR10365991292</b>	
City State Zip Code THE WOODLANDS TX 77382	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life Occupation REGIONAL VP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1590.00		P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MR. PHILLIP L SALEMNO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 47 BETSY LN		<b>Transaction ID: PR10366031292</b>	
City State Zip Code AMBLER PA 19002	Amount of Each Receipt this Period _____ 25.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life Occupation SALES MANAGER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00		P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MR. RICHARD A TAUBE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 24081 NUTHATCH LN		<b>Transaction ID: PR10366041292</b>	
City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period _____ 75.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life Occupation AVP ACCUM PRODUCTS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 675.00		P/R Deduction (\$75.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR. TRAVIS R MC KAY

Mailing Address 24719 JOLEE CT

City State Zip Code  
PLAINFIELD IL 60544

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

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

**Transaction ID:** PR10366061292

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. KATHARINE B YOUNG

Mailing Address 18647 SANTA ISADORA ST

City State Zip Code  
FOUNTAIN VALLEY CA 92708

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

Name of Employer Pacific Life Occupation AVP VALUATION & RPTG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

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

**Transaction ID:** PR10366101292

Amount of Each Receipt this Period  
75.00

P/R Deduction (\$75.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. DALE W PATRICK

Mailing Address 6 SUNNYVALE

City State Zip Code  
IRVINE CA 92602

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

Name of Employer Pacific Life Occupation AVP PORT MGMT, IG TRADING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** PR10366141292

Amount of Each Receipt this Period  
25.00

P/R Deduction (\$25.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. CHRISTOPHER VAN MIERLO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 400 EL VUELO		<b>Transaction ID: PR10366151292</b>	
City State Zip Code SAN CLEMENTE CA 92672	Amount of Each Receipt this Period _____ 55.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation VP NATL ACCOUNTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 480.00		P/R Deduction (\$55.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MR. DOUGLAS J URATA</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 28202 MILLWOOD RD		<b>Transaction ID: PR10366161292</b>	
City State Zip Code TRABUCO CANYON CA 92679	Amount of Each Receipt this Period _____ 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation SR PROJECT COORD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00		P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MR. MICHAEL S ROBB</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 27481 VANTAGE CIRCLE		<b>Transaction ID: PR10366191292</b>	
City State Zip Code SN JUAN CAPISTRANO CA 92675	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation EXEC VP RE INVEST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 2250.00		P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>330.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MS. JANE K WONG-HSU

Mailing Address 1121 EBBTIDE RD

City State Zip Code  
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation VP QUANTITATIVE STRAT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

**Transaction ID:** PR10366211292

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM B ARMSTRONG

Mailing Address 5322 LAIRD RD

City State Zip Code  
LOOMIS CA 95650

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

Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

**Transaction ID:** PR10366221292

Amount of Each Receipt this Period  
25.00

P/R Deduction (\$25.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL P BORGATTI

Mailing Address 978 BALD CYPRESS DR

City State Zip Code  
MANDEVILLE LA 70448

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

**Transaction ID:** PR10366241292

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **125.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. RAYMOND S GETTINS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 218 WORTHINGTON AVE		<b>Transaction ID: PR10366251292</b>	
City State Zip Code WYOMING OH 45215	Amount of Each Receipt this Period _____ 25.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life Occupation SR WHOLESALER	Aggregate Year-to-Date ▼ _____ 225.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MR. RICHARD M WILKES</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7124 HAWKSBEARD DR		<b>Transaction ID: PR10366271292</b>	
City State Zip Code WESTERVILLE OH 43082	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life Occupation SR WHOLESALER	Aggregate Year-to-Date ▼ _____ 900.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MR. RICHARD S BANNO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 26666 WHITE OAKS DR		<b>Transaction ID: PR10366281292</b>	
City State Zip Code LAGUNA HILLS CA 92653	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life Occupation AVP CAPITAL MKTS	Aggregate Year-to-Date ▼ _____ 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>175.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. THOMAS C BILELLO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 17812 BIGELOW PARK		<b>Transaction ID: PR10366291292</b>	
City State Zip Code TUSTIN CA 92780	Amount of Each Receipt this Period _____ 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation AVP IND COMP & TRANS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00		
		P/R Deduction (\$25.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. STEPHEN M BOLLINGER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 17345 FLAME TREE CIR		<b>Transaction ID: PR10366301292</b>	
City State Zip Code FOUNTAIN VALLEY CA 92708	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation AVP E-COMMERCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 270.00		
		P/R Deduction (\$30.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MS. MARY ANN BROWN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 288 CHIQUITA ST		<b>Transaction ID: PR10366311292</b>	
City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period _____ 416.66		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation SR VP CORP DEVELPMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 3749.94		
		P/R Deduction (\$416.66 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>471.66</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS. LORI K CARRASCO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2742 PORTOLA DR		<b>Transaction ID: PR10366321292</b>	
City <b>COSTA MESA</b>	State <b>CA</b>	Zip Code <b>92626</b>	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>SR PARALEGAL ANALYST</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00		
		P/R Deduction (\$25.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. EDWARD T CREECH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 168 HIGH HILLS DR		<b>Transaction ID: PR10366331292</b>	
City <b>MOORESVILLE</b>	State <b>NC</b>	Zip Code <b>28117</b>	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>SR WHOLESALER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00		
		P/R Deduction (\$25.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. JEFFREY D DZIADZIOLA</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2917 CHALFONT LN		<b>Transaction ID: PR10366341292</b>	
City <b>PLANO</b>	State <b>TX</b>	Zip Code <b>75023</b>	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>SR WHOLESALER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00		
		P/R Deduction (\$25.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>75.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MR. SIMON S FENG

Mailing Address 10 CANDELA

City State Zip Code  
IRVINE CA 92620

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

Name of Employer Pacific Life      Occupation VP INFO TECH

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1350.00

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

**Transaction ID:** PR10366351292

Amount of Each Receipt this Period  
150.00

P/R Deduction (\$150.00 Monthly)

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

Mailing Address 45137 BIG CANYON ST

City State Zip Code  
INDIO CA 92201

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

Name of Employer Pacific Life      Occupation VP TAX

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      900.00

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

**Transaction ID:** PR10366361292

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. PAM M HAUK

Mailing Address 88 CALLE DE FELICIDAD

City State Zip Code  
RCHO STA MARGARITA CA 92688

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

Name of Employer Pacific Life      Occupation M MARKETING DIR

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      225.00

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

**Transaction ID:** PR10366381292

Amount of Each Receipt this Period  
25.00

P/R Deduction (\$25.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	275.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. GREGORY L KEELING</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 406 1/2 HELIOTROPE AVE		<b>Transaction ID: PR10366421292</b>	
City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life Occupation AVP FINANCE	Aggregate Year-to-Date ▼ _____ 255.00		P/R Deduction (\$30.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MS. MICHAELE S NOZAKI</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 24441 CASWELL CT		<b>Transaction ID: PR10366431292</b>	
City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period _____ 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life Occupation AVP INFO SECURITY	Aggregate Year-to-Date ▼ _____ 225.00		P/R Deduction (\$25.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MR. JOSEPH W KRUM</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 43 LEMANS		<b>Transaction ID: PR10366441292</b>	
City State Zip Code NEWPORT COAST CA 92657	Amount of Each Receipt this Period _____ 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life Occupation VP STRATEGIC PROGRAMS	Aggregate Year-to-Date ▼ _____ 225.00		P/R Deduction (\$25.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>80.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS. DARCY L LEWIS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366451292	
Mailing Address 7322 RESIDENCIA		Amount of Each Receipt this Period 25.00	
City NEWPORT BEACH	State CA	Zip Code 92660	P/R Deduction (\$25.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation AVP CREDIT ANALYSIS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MR. STEPHAN P MITCHELL		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366461292	
Mailing Address 18111 THEODORA DR		Amount of Each Receipt this Period 45.00	
City TUSTIN	State CA	Zip Code 92780	P/R Deduction (\$45.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation SR PROD & COMPETITION ANA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MR. TERRY R PERKINS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366471292	
Mailing Address 25522 SAWMILL LN		Amount of Each Receipt this Period 50.00	
City LAKE FOREST	State CA	Zip Code 92630	P/R Deduction (\$50.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation VP ADVANCE DESIGN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	120.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MR. CHAD A ROSS

Mailing Address 851 VIA BARQUERO

City State Zip Code  
SAN MARCOS CA 92069

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

Name of Employer Pacific Life Occupation KEY ACCOUNT SUPR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

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

**Transaction ID:** PR10366491292

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. DAVID K ROSUCK

Mailing Address 20 SAINT JOHN DR

City State Zip Code  
HAWTHORN WOODS IL 60047

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

Name of Employer Pacific Life Occupation FIELD VICE PRES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

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

**Transaction ID:** PR10366501292

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. CARRIE A SALVINO

Mailing Address 2394 WESTMINSTER AVE

City State Zip Code  
COSTA MESA CA 92627

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

Name of Employer Pacific Life Occupation PROJECT MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

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

**Transaction ID:** PR10366511292

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS. PATRICIA A SANDBERG		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366521292	
Mailing Address 400 FLINT AVE		Amount of Each Receipt this Period 25.00	
City LONG BEACH	State CA	Zip Code 90814	P/R Deduction (\$25.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation AVP INVEST CNSL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MS. ELIZABETH H SKINNER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366551292	
Mailing Address 57 CORAL LK		Amount of Each Receipt this Period 25.00	
City IRVINE	State CA	Zip Code 92614	P/R Deduction (\$25.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation AVP TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MS. CHERYL L TOBIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366571292	
Mailing Address 24426 PEACOCK ST		Amount of Each Receipt this Period 25.00	
City LAKE FOREST	State CA	Zip Code 92630	P/R Deduction (\$25.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation AVP INS CNSL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. MR. CHRISTOPHER E ULRICH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 152 TROFELLO LN		<b>Transaction ID: PR10366581292</b>	
City <b>ALISO VIEJO</b>	State <b>CA</b>	Zip Code <b>92656</b>	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>INTRNL WHLSLR SUPR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00		
		P/R Deduction (\$25.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. KYLE R WOODDELL</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2500 CHRISTOPHER OAKS CT		<b>Transaction ID: PR10366591292</b>	
City <b>SAINT LOUIS</b>	State <b>MO</b>	Zip Code <b>63129</b>	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>SR WHOLESALER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 825.00		
		P/R Deduction (\$100.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MS. CATHLEEN H PULFORD</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 33742 PEQUITO DR		<b>Transaction ID: PR10366611292</b>	
City <b>DANA POINT</b>	State <b>CA</b>	Zip Code <b>92629</b>	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>REG RPTG &amp; ANA CONS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00		
		P/R Deduction (\$25.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. DENNIS L BAHLMANN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6052 MEADOW VIEW CT		<b>Transaction ID: PR10366621292</b>	
City <b>JOHNSTON</b>	State <b>IA</b>	Zip Code <b>50131</b>	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>AVP NEW BUSINESS SVCS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 450.00		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. KEVIN W BERWALD</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 9030 NORTHAMPTON DR		<b>Transaction ID: PR10366631292</b>	
City <b>PLYMOUTH</b>	State <b>MI</b>	Zip Code <b>48170</b>	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>SR WHOLESALER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00		
		P/R Deduction (\$25.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. GEORGE A PAULIK</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2990 WINDSTONE CIR		<b>Transaction ID: PR10366651292</b>	
City <b>MARIETTA</b>	State <b>GA</b>	Zip Code <b>30062</b>	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>FVP FIELD WHOLESALING</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00		
		P/R Deduction (\$25.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. JEFF J BRADSHAW		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366671292	
Mailing Address 27302 MONDANO DR		Amount of Each Receipt this Period 50.00	
City MISSION VIEJO	State CA	Zip Code 92692	P/R Deduction (\$50.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation AVP BUSINESS DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MS. DEBORAH K JOHNSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366681292	
Mailing Address 3019 SAN ANSELIN AVE		Amount of Each Receipt this Period 50.00	
City LONG BEACH	State CA	Zip Code 90808	P/R Deduction (\$50.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation SYSTEMS ANALYSIS SUPR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MS. KAREN M BROWN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366691292	
Mailing Address 11 FOREST HILLS CT		Amount of Each Receipt this Period 40.00	
City DANA POINT	State CA	Zip Code 92629	P/R Deduction (\$40.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation AVP MODEL OFC ANN TECH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	140.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. KENNETH W COX</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 570 EBBCREEK DR APT P		<b>Transaction ID: PR10366701292</b>	
City <b>CORONA</b>	State <b>CA</b>	Zip Code <b>92880</b>	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>APPLIC DEV CONS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 450.00		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. STEVEN R ELDER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 37936 19TH AVE S		<b>Transaction ID: PR10366721292</b>	
City <b>FEDERAL WAY</b>	State <b>WA</b>	Zip Code <b>98003</b>	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>SR WHOLESALER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 450.00		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. STEPHEN K ENG</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2311 BAYPOINTE DR		<b>Transaction ID: PR10366731292</b>	
City <b>NEWPORT BEACH</b>	State <b>CA</b>	Zip Code <b>92660</b>	Amount of Each Receipt this Period _____ 40.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>ALM CONSULTANT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 360.00		
		P/R Deduction (\$40.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS. CHARLENE A GRANT</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3311 SEAVIEW AVE		<b>Transaction ID: PR10366751292</b>	
City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period _____ 35.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$35.00 Monthly)		
Name of Employer Pacific Life Occupation AVP VAR REG COMPL	Aggregate Year-to-Date ▼ _____ 565.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MR. DAVID C HONERKAMP</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2712 LIGHTHOUSE LN		<b>Transaction ID: PR10366761292</b>	
City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$50.00 Monthly)		
Name of Employer Pacific Life Occupation AVP RE ACQUISITIONS	Aggregate Year-to-Date ▼ _____ 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MR. JEFF A JOLLEY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 54 ASHBROOK		<b>Transaction ID: PR10366771292</b>	
City State Zip Code IRVINE CA 92604	Amount of Each Receipt this Period _____ 25.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$25.00 Monthly)		
Name of Employer Pacific Life Occupation VP AMF CHIEF ACTUARY	Aggregate Year-to-Date ▼ _____ 225.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>110.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) MS. KRISTINA L KENNEDY		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 6 CAMARIN ST		Transaction ID: PR10366781292	
City FOOTHILL RANCH	State CA	Zip Code 92610	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation AVP IMD ACTUARIAL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		
		P/R Deduction (\$25.00 Monthly)	

B. Full Name (Last, First, Middle Initial) MS. LINDA L KOTOWICZ		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 795 TREPANNY LN		Transaction ID: PR10366791292	
City WAYNE	State PA	Zip Code 19087	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation FVP M MKTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		
		P/R Deduction (\$60.00 Monthly)	

C. Full Name (Last, First, Middle Initial) MR. ROBERT C O'BRIEN		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 35 HERITAGE AVE		Transaction ID: PR10366811292	
City ASHLAND	State MA	Zip Code 01721	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation SR WHOLESALER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		
		P/R Deduction (\$50.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	135.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. STUART A HOLLAND</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4931 CAREFREE TRAIL		<b>Transaction ID: PR10366911292</b>
City State Zip Code PARKER CO 80134	Amount of Each Receipt this Period _____ 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 675.00	P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MR. BRANDON J CAGE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 19211 HIGHLAND VIEW LN		<b>Transaction ID: PR10366951292</b>
City State Zip Code PORTOLA HILLS CA 92679	Amount of Each Receipt this Period _____ 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Pacific Life Occupation ATTORNEY CONSULTANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00	P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MR. PETER S DEERING</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3314 HILL ST		<b>Transaction ID: PR10366961292</b>
City State Zip Code SAN DIEGO CA 92106	Amount of Each Receipt this Period _____ 0.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Pacific Life Occupation SR VP PSD STRATEGC GRWTH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	P/R Deduction (\$0.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MR. CHIN H KIM

Mailing Address 24 TAOS

City State Zip Code  
RCHO STA MARGARITA CA 92688

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

Name of Employer Pacific Life Occupation DIR ADVD MKTG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

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

**Transaction ID:** PR10367021292

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. RACHELLE E REGEHR

Mailing Address 20822 CATAMARAN LN

City State Zip Code  
HUNTINGTON BEACH CA 92646

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

Name of Employer Pacific Life Occupation INTERNAL WHOLESALER I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

**Transaction ID:** PR10367071292

Amount of Each Receipt this Period  
25.00

P/R Deduction (\$25.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. JAMES M RUGGERIO

Mailing Address 449 SAINT ANNES DR

City State Zip Code  
BIRMINGHAM AL 35244

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

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

**Transaction ID:** PR10367081292

Amount of Each Receipt this Period  
65.00

P/R Deduction (\$65.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>120.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. ROBERT J HUNT</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 20130 NE 28TH PL		<b>Transaction ID: PR10367161292</b>	
City State Zip Code SAMMAMISH WA 98074	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$40.00 Monthly)		
Name of Employer Pacific Life Occupation SR WHOLESALER	Aggregate Year-to-Date ▼ _____ 360.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MR. STEVEN H GOLDBERG</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 23411 SUMMERFIELD		<b>Transaction ID: PR10367181292</b>	
City State Zip Code ALISO VIEJO CA 92656	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$50.00 Monthly)		
Name of Employer Pacific Life Occupation DIR ANNUITIES PRODUCT DEVELOPMT	Aggregate Year-to-Date ▼ _____ 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MR. JASON T TODD</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 59 LAURELHURST DR		<b>Transaction ID: PR10371991292</b>	
City State Zip Code LADERA RANCH CA 92694	Amount of Each Receipt this Period _____ 25.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$25.00 Monthly)		
Name of Employer Pacific Life Occupation CREDIT ANALYSIS MGR	Aggregate Year-to-Date ▼ _____ 225.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>115.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. CARLETON J MUENCH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 510 SAN NICHOLAS CT		<b>Transaction ID: PR10614831292</b>	
City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period _____ 45.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$45.00 Monthly)		
Name of Employer Pacific Life Occupation AVP INVESTMENT OVERSIGHT	Aggregate Year-to-Date ▼ _____ 270.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MR. PATRICK J O'BRIEN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1112 LAS POSAS		<b>Transaction ID: PR10614841292</b>	
City State Zip Code SAN CLEMENTE CA 92673	Amount of Each Receipt this Period _____ 35.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$35.00 Monthly)		
Name of Employer Pacific Life Occupation AVP SPECIALIZED MRKTS	Aggregate Year-to-Date ▼ _____ 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MR. ALEX M RUIZ</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address PO BOX 7312		<b>Transaction ID: PR10614861292</b>	
City State Zip Code NEWPORT BEACH CA 92658	Amount of Each Receipt this Period _____ 35.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$35.00 Monthly)		
Name of Employer Pacific Life Occupation ACTUARIAL CONSULTANT	Aggregate Year-to-Date ▼ _____ 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>115.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 28 STONE PNE

City State Zip Code  
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation AVP MARKETING OPS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

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

**Transaction ID:** PR10614871292

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 120 BONITA DR

City State Zip Code  
HOMEWOOD AL 35209

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

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

**Transaction ID:** PR10614921292

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	16311.65

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Max Baucus</b>		<b>Transaction ID:</b> 4146170 Date of Disbursement 09 / 11 / 2007
Mailing Address 818 Connecticut Avenue, NW Suite 1100		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20006	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Max Baucus		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MT District:		

Full Name (Last, First, Middle Initial) <b>B. Friends of Max Baucus</b>		<b>Transaction ID:</b> 4146179 Date of Disbursement 09 / 11 / 2007
Mailing Address 818 Connecticut Avenue, NW Suite 1100		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20006	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Max Baucus		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MT District:		

Full Name (Last, First, Middle Initial) <b>C. Ken Calvert for Congress</b>		<b>Transaction ID:</b> 4146183 Date of Disbursement 09 / 11 / 2007
Mailing Address PO Box 20123		Amount of Each Disbursement this Period 1000.00
City Riverside State CA Zip Code 92516	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Ken Calvert		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 44		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Dave Camp for Congress</b>		Transaction ID: 4162801 Date of Disbursement 09 / 26 / 2007
Mailing Address 139 Ashman Road		Amount of Each Disbursement this Period 2000.00 Contribution
City Midland State MI Zip Code 48640	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name David Camp	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 4		

Full Name (Last, First, Middle Initial) <b>B. Tim Johnson for South Dakota, Inc.</b>		Transaction ID: 4146185 Date of Disbursement 09 / 11 / 2007
Mailing Address 420 C Street, NE Lower Level		Amount of Each Disbursement this Period 1000.00 Contribution
City Washington State DC Zip Code 20002	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Tim Johnson	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SD District:		

Full Name (Last, First, Middle Initial) <b>C. Pomeroy for Congress</b>		Transaction ID: 4146186 Date of Disbursement 09 / 11 / 2007
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 2500.00 Contribution
City Washington State DC Zip Code 20013	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Earl Pomeroy	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 1		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Pomeroy for Congress</b>		<b>Transaction ID:</b> 4146255 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address PO Box 75214		Amount of Each Disbursement this Period -2500.00
City Washington State DC Zip Code 20013	Purpose of Disbursement Void - Pomeroy for Congress Candidate Name Earl Pomeroy Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Pomeroy for Congress

Full Name (Last, First, Middle Initial) <b>B. Rangel for Congress</b>		<b>Transaction ID:</b> 4162794 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address PO Box 5577 Manhattanville Station		Amount of Each Disbursement this Period 2500.00
City New York State NY Zip Code 10027	Purpose of Disbursement Contribution Candidate Name Charles Rangel Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

Full Name (Last, First, Middle Initial) <b>C. The Reed Committee</b>		<b>Transaction ID:</b> 4162800 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address PO Box 8358		Amount of Each Disbursement this Period 2000.00
City Cranston State RI Zip Code 02920	Purpose of Disbursement Contribution Candidate Name Jack Reed Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Royce Campaign Committee</b>		Transaction ID: 4146187 Date of Disbursement 09 / 11 / 2007
Mailing Address PO Box 2525		Amount of Each Disbursement this Period 2000.00 Contribution
City Orange State CA Zip Code 92859	Purpose of Disbursement Contribution	
Candidate Name Edward Royce	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. SCHIFF FOR CONGRESS</b>		Transaction ID: 4162799 Date of Disbursement 09 / 26 / 2007
Mailing Address 38 Ivy Street, S.E.		Amount of Each Disbursement this Period 1000.00 Contribution
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution	
Candidate Name Adam Schiff	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Team Sununu</b>		Transaction ID: 4162802 Date of Disbursement 09 / 26 / 2007
Mailing Address 1331 H Street, NW 12th Floor		Amount of Each Disbursement this Period 1000.00 Contribution
City Washington State DC Zip Code 20005	Purpose of Disbursement Contribution	
Candidate Name John Sununu	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	15000.00