REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

APR 26 10 58 AM '99

USE FEC MAILING LABEL OR TYPE OR PRINT

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

ADDRESS (number and street) ☐ Check if different than previously reported.
700 NEWPORT CENTER DR.

CITY, STATE and ZIP CODE
NEWPORT BEACH, CA 92660

2. FEC IDENTIFICATION NUMBER
C00068528

3. ☑ This committee has qualified as a multicandidate committee (see FEC FORM 1M)
Prior to 1/1/94

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

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

☐ Termination Report

Monthly Report Due on:

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

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

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

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

SUMMARY

5. Covering Period 03/01/99 through 03/31/99

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1999		27,016.91
(b) Cash on Hand at Beginning of Reporting Period	33,380.43	
(c) Total Receipts (from Line 19)	13,283.12	29,646.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	46,663.55	56,663.55
7. Total Disbursements (from Line 30)	7,791.00	17,791.00
8. Cash on Hand at Close of Reporting Period (subtract Line7 from Line 6(d))	38,872.55	38,872.55
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

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

Type or Print Name of Treasurer
ROBERT G. HASKELL

Signature of Treasurer
M Haskell

Date 4/26/99

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

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

NAME OF COMMITTEE
PACIFIC LIFE INSURANCE COMPANY PAC

REPORT COVERING PERIOD
FROM: 03/01/99 TO: 03/31/99

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	7,683.66	10,596.98	11(a)(i)
ii. Unitemized	5,599.46	18,977.38	11(a)(ii)
iii. Total	13,283.12	29,574.36	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions	13,283.12	29,574.36	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	72.28	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	13,283.12	29,646.64	19
20. Total Federal Receipts (subtract line 18 from line 19)	13,283.12	29,646.64	20
II. Disbursements			
21. Operating Expenditures			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	291.00	291.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	291.00	291.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Party Committees	7,500.00	17,500.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees(2 U.S.C.441a(d))(use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			28
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c)	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	7,791.00	17,791.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	7,791.00	17,791.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	13,283.12	29,574.36	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	13,283.12	29,574.36	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	291.00	291.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35)	291.00	291.00	37

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (CD/DSP-C/D/99)

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT F. BARTHOLOMEW 31 CAPE ANDOVER NEWPORT BEACH, CA 92660	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	03/30/99	2,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	2,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
T. SCOTT BEADLESTON 21 CYPRESS TREE LANE IRVINE, CA 92612	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	03/30/99	225.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	225.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LARRY CARD 31735 SEACLIFF DR. LAGUNA BEACH, CA 92677	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	250.00 ($250 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	750.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DAVID R. CARMICHAEL 1525 SERENADE TERRACE CORONA DEL MAR, CA 92625	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	100.00 ($100 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JEFFREY R. DEY 14 ROBIN HILL LANE LAGUNA HILLS, CA 92653	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	03/30/99	780.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	780.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
CYNTHIA S. DILLION 7 BODEGA BAY CORONA DEL MAR, CA 92625	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	100.00 ($100 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MARK R. FALK 64 SUMMERSTONE IRVINE, CA 92614	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	75.00 ($75 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	225.00	

SUBTOTAL of Receipts This Page (optional) >	3,530.00
TOTAL This Period (last page this line number only) >	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use as many schedules as for each category of the Detailed Summary Page (03/01/96 - 09/31/96)

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM L. FERRIS 1990 PORT EDWARDS CIRCLE NEWPORT BEACH, CA 92660 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 750.00	payroll deduction	250.00 ($250 Monthly)
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
WALTER B. GERKEN 1 POINT LOMA DR. CORONA DEL MAR, CA 92625 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 2,000.00	03/30/99	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
STANLEY D HANSEN 8959 A. HARPERS PT. DRIVE CINCINNATI, OH 45249 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVES Aggregate Year-to-Date > $ 300.00	payroll deduction	100.00 ($100 Monthly)
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT G. HASKELL 115 VIA WAZIERS NEWPORT BEACH, CA 92663 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: SENIOR VICE PRESIDENT Aggregate Year-to-Date > $ 315.00	payroll deduction	105.00 ($105 Monthly)
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JOHN A. JARBOE 4210 PARK NEWPORT, APR.#410 NEWPORT BEACH, CA 92660 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 450.00	payroll deduction	150.00 ($150 Monthly)
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DARYLE G. JOHNSON 5 ALTAIR IRVINE, CA 92612 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 375.00	payroll deduction	125.00 ($125 Monthly)
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ANDREW C. KARLINSKI 6 VENTURE AVE., #305 IRVINE, CA 92618 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: A.K. FINANCIAL GROUP Occupation: AGENT Aggregate Year-to-Date > $ 300.00	03/30/99	100.00

SUBTOTAL of Receipts This Page (optional)	1,830.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (03/2000-03/2001)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. FLETCHER C. LARSON 709 AVENIDA MIROLA PALOS VERDES ESTATE, CA 90274 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 225.00	payroll deduction	75.00 ($75 Monthly)
B. JOHN E. MILBERG 33811 DONEGAL LANE S J CAPISTRANO, CA 92675 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	100.00 ($100 Monthly)
C. AUDREY L. MILES 26922 ROCKING HORSE LANE LAGUNA HILLS, CA 92653 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 225.00	payroll deduction	75.00 ($75 Monthly)
D. LYNN C. MILLER 8 DORCHESTER GREEN LAGUNA NIGUEL, CA 92677 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 252.00	payroll deduction	84.00 ($84 Monthly)
E. JAMES T. MORRIS 29022 PINTAIL CIRCLE LAGUNA NIGUEL, CA 92677 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 270.00	payroll deduction	90.00 ($90 Monthly)
F. DARAGH M. O'SULLIVAN 177 22ND ST., APT. 4 COSTA MESA, CA 92627-1764 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY ASSISTANT VICE PRESIDENT Aggregate Year-to-Date > $ 252.00	payroll deduction	84.00 ($84 Monthly)
G. GARY R. PYATT 9450 SISKIN AVENUE FOUNTAIN VALLEY, CA 92708 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 270.00	payroll deduction	90.00 ($90 Monthly)

SUBTOTAL of Receipts This Page (optional) >	598.00
TOTAL This Period (last page this line number only) >	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (03/30/99 - 03/31/99)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. GLENN S. SCHAFER 1318 COLONY PLAZA #139 NEWPORT BEACH, CA 92660 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $	payroll deduction 1,050.00	350.00 ($350 Monthly)
B. WILLIAM R. SCHMIDT 24772 RITTENHOUSE CIRCLE LAGUNA HILLS, CA 92653 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $	payroll deduction 225.00	75.00 ($75 Monthly)
C. FRANK B. SIMON 21772 HERENCIA MISSION VIEJO, CA 92692 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $	payroll deduction 225.00	75.00 ($75 Monthly)
D. THOMAS C. SUTTON 111 SHORECLIFF ROAD CORONA DEL MAR, CA 92625 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $	payroll deduction 1,249.98	416.66 ($417 Monthly)
E. EDWARD E. UCKER, JR. 16190 BIXINI LANE HUNTINGTON BEACH, CA 92649 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $	payroll deduction 252.00	84.00 ($84 Monthly)
F. WILLIAM K. VINSON 26701 QUAIL CREEK, SUITE 116 LAGUNA HILLS, CA 92656 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $	03/30/99 400.00	400.00
G. JILL MARIE WALSH 120 SOUTH CALLE DIAZ ANAHEIM HILLS, CA 92807-3907 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: SR. PLANNING ANALYST Aggregate Year-to-Date > $	03/30/99 250.00	250.00

SUBTOTAL of Receipts This Page (optional)	1,650.66
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (3/04/99)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
LEE R. WIRTHLIN 16596 SUGARLOAF FOUNTAIN VALLEY, CA 92708	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	75.00 ($75 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 225.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	7,683.66

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Other Federal Operating Expenses

Use separate schedule(s) for each category of the Detailed Summary Page (FEC-425 - 03/31/99)

FOR LINE NUMBER 21(b)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code PACIFIC LIFE FEDERAL CREDIT UNION 700 NEWPORT CENTER DR. NEWPORT BEACH, CA 92660	Purpose of Disbursement: FEDERAL TAXES Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 03/15/99	Amount of Each Disbursement this Period 232.00
B. Full Name, Mailing Address and ZIP Code Unitemized other federal operating expenses [less than $200] This Period: 03/01/99 - 03/31/99	Purpose of Disbursement CA State Taxes Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period 59.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement: Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement: Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement: Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement: Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement: Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	291.00
TOTAL This Period (last page this line number only)	291.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Contribution to Federal Candidates/Committees and Other Party Committees

Use separate schedule(s) for each category of the Detailed Summary Page (03/01/99 - 06/31/99)

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date(month, day, year)	Amount of Each Disbursement this Period
DAVE CAMP FOR CONGRESS 4451 BROOKFIELD CORPORATE DR., #200 CHANTILLY, VA 20151	DAVE CAMP HOUSE CD - 04 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	03/08/99	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date(month, day, year)	Amount of Each Disbursement this Period
ED ROYCE CAMPAIGN COMMITTEE P.O. BOX 6765 FULLERTON, CA 92834	ED ROYCE HOUSE CD - 39 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	03/23/99	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date(month, day, year)	Amount of Each Disbursement this Period
FRIENDS OF J.C. WATTS P.O. BOX 720445 NORMAN, OK 73070	J.C. WATTS HOUSE CD - 4 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	03/23/99	2,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date(month, day, year)	Amount of Each Disbursement this Period
LIFEPAC 1001 PENNSYLVANIA AVE., N.W. WASHINGTON, DC 20004-2599	Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	03/08/99	2,500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date(month, day, year)	Amount of Each Disbursement this Period
PETE STARK RE-ELECTION COMMITTEE P.O. BOX 75214 WASHINGTON, DC 20013-5214	PETE STARK HOUSE CD - 13 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	03/23/99	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date(month, day, year)	Amount of Each Disbursement this Period
RE-ELECT NANCY JOHNSON TO CONGRESS P.O. BOX 1986 NEW BRITAIN, CT 06050	NANCY JOHNSON HOUSE CT - 05 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	03/15/99	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date(month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: [ ] Primary [ ] General [ ] Other (specify):		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date(month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: [ ] Primary [ ] General [ ] Other (specify):		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date(month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: [ ] Primary [ ] General [ ] Other (specify):		

SUBTOTAL of Disbursements This Page (optional)	7,500.00
TOTAL This Period (last page this line number only)	7,500.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
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☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER	4-26-99 DATE PREPARED

(4/98)