

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 06 01 2006 through 06 30 2006

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 Electronically Filed by Robert G. Haskell Date 07 11 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		101871.84
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	112536.30									
(c) Total Receipts (from Line 19) .....	17079.27	107243.73								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	129615.57	209115.57								
7. Total Disbursements (from Line 31) .....	57500.00	137000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	72115.57	72115.57								
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	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	13527.48	63422.88
(i) Itemized (use Schedule A) .....	3551.79	43820.85
(ii) Unitemized .....	17079.27	107243.73
(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) .....	17079.27	107243.73
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)) .....	17079.27	107243.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17079.27	107243.73

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	57500.00	137000.00
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))..	57500.00	137000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	57500.00	137000.00

**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 .....	17079.27	107243.73
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17079.27	107243.73
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 / 63
	<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. KAREN J ALVARADO

Mailing Address 9836 HARBOR POINT CIR

City State Zip Code  
HUNTINGTON BEACH CA 92646-7517

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

Name of Employer Occupation  
PACIFIC LIFE AVP REGULATORY AFFAIRS

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18737

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
MS. JUNE G ARCE

Mailing Address 20050 EMERALD MEADOW DR

City State Zip Code  
WALNUT CA 91789-3506

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

Name of Employer Occupation  
PACIFIC LIFE DIR MKTG COMPLIANCE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18740

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
MR. DENNIS L BAHLMANN

Mailing Address 524 SONOMA AISLE

City State Zip Code  
IRVINE CA 92618-3952

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

Name of Employer Occupation  
PACIFIC LIFE AVP NEW BUSINESS SVCS

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18743

Amount of Each Receipt this Period  
50.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<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 7 / 63
	<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. WENDY B BALDEN

Mailing Address 1844 PORT CHARLES PL

City State Zip Code  
NEWPORT BEACH CA 92660-5320

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

Name of Employer Occupation  
PACIFIC LIFE AVP PORTFOLIO OPS

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18744

Amount of Each Receipt this Period  
35.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
MR. RICHARD S BANNO

Mailing Address 26666 WHITE OAKS DR

City State Zip Code  
LAGUNA HILLS CA 92653-7577

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

Name of Employer Occupation  
PACIFIC LIFE AVP CAPITAL MKTS

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18746

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
MR. DANIEL F BASS

Mailing Address 385 WHITE CAP LN

City State Zip Code  
NEWPORT COAST CA 92657-1096

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

Name of Employer Occupation  
PACIFIC LIFE VP REINSURANCE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18748

Amount of Each Receipt this Period  
80.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	165.00
<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 8 / 63
	<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 H BEARDSLEE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 27612 ESCUNA		<b>Transaction ID: R18750</b>	
City MISSION VIEJO	State CA	Zip Code 92692-1204	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation VP M.C. MKTG&SELECT MKTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00		

Full Name (Last, First, Middle Initial) <b>B. MR. MICHAEL A BELL</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 2 PRECIPICE		<b>Transaction ID: R18751</b>	
City LAGUNA NIGUEL	State CA	Zip Code 92677-5919	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation EVP LIFE INSURANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>C. MR. ANTHONY J BONNO</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 2384 PORTRAIT WAY		<b>Transaction ID: R18758</b>	
City TUSTIN	State CA	Zip Code 92782-4339	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation SR VP HUMAN RESOURCES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	310.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 / 63
	<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 P BORGATTI

Mailing Address 978 BALD CYPRESS DR

City State Zip Code  
MANDEVILLE LA 70448-1087

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

Name of Employer Occupation  
PACIFIC LIFE SR WHOLESALER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18759

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
MR. JEFF J BRADSHAW

Mailing Address 27302 MONDANO DR

City State Zip Code  
MISSION VIEJO CA 92692-5192

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

Name of Employer Occupation  
PACIFIC LIFE AVP IT APPLIC DEV & SUPPT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18760

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
MR. ALAN H BROWN

Mailing Address 505 13TH ST

City State Zip Code  
HUNTINGTON BEACH CA 92648-4037

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

Name of Employer Occupation  
PACIFIC LIFE AVP INFO TECH OPS

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18761

Amount of Each Receipt this Period  
70.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	170.00
<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 10 / 63
	<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. KAREN M BROWN

Mailing Address 11 FOREST HILLS CT

City State Zip Code  
DANA POINT CA 92629-4111

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

Name of Employer Occupation  
PACIFIC LIFE AVP MODEL OFC ANN TECH

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18762

Amount of Each Receipt this Period  
40.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
MS. MARY ANN BROWN

Mailing Address 288 CHIQUITA ST

City State Zip Code  
LAGUNA BEACH CA 92651-1337

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

Name of Employer Occupation  
PACIFIC LIFE SR VP FIN & PROD DEV

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2499.96

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18764

Amount of Each Receipt this Period  
416.66

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM D BURKE

Mailing Address 2216 NELDA WAY

City State Zip Code  
ALAMO CA 94507-2004

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

Name of Employer Occupation  
PACIFIC LIFE REGIONAL VP

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18765

Amount of Each Receipt this Period  
100.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	556.66
<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 11 / 63
	<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. DEWEY P BUSHAW

Mailing Address 29132 ALFIERI ST

City State Zip Code  
LAGUNA NIGUEL CA 92677-4603

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

Name of Employer Occupation  
PACIFIC LIFE SR VP AMF CHF MKTG OFCR

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 840.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18766

Amount of Each Receipt this Period  
140.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL J BUSSARD

Mailing Address 3029 FLAGSTONE DR

City State Zip Code  
FRANKLIN TN 37069-7229

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

Name of Employer Occupation  
PACIFIC LIFE REGIONAL VP

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 437.52

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18767

Amount of Each Receipt this Period  
83.34

Payroll Deduction

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

Mailing Address 17520 PAGE CT

City State Zip Code  
YORBA LINDA CA 92886-3865

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

Name of Employer Occupation  
PACIFIC LIFE SR VP CONT & CHF ACTG OFC

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18768

Amount of Each Receipt this Period  
100.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>323.34</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 12 / 63
	<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. DAVID R CARMICHAEL

Mailing Address 1525 SERENADE TER

City State Zip Code  
CORONA DEL MAR CA 92625-1753

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

Name of Employer Occupation  
PACIFIC LIFE SR VP GEN COUNSEL

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2496.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID: R18771**

Amount of Each Receipt this Period  
416.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
MR. JOSEPH E CELENTANO

Mailing Address 26661 CAMPESINO

City State Zip Code  
MISSION VIEJO CA 92691-6048

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

Name of Employer Occupation  
PACIFIC LIFE SR VP PROD MGMT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID: R18773**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
MS. SHARON A CHEEVER

Mailing Address 33512 VALLE RD

City State Zip Code  
SN JUAN CAPISTRANO CA 92675-4838

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

Name of Employer Occupation  
PACIFIC LIFE VP & INVEST COUNSEL

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 435.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID: R18774**

Amount of Each Receipt this Period  
85.00

Payroll Deduction

<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 13 / 63
	<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. LAURIE A CHURCH

Mailing Address 21851 NEWLAND ST SPC 246

City State Zip Code  
HUNTINGTON BEACH CA 92646-7636

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

Name of Employer Occupation  
PACIFIC LIFE MGR STRUCT STTLMNTS OPS

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID: R18777**

Amount of Each Receipt this Period  
40.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
MS. BERNADINE E CHWALEK

Mailing Address 33741 SHACKLETON ISLE

City State Zip Code  
DANA POINT CA 92629-4235

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

Name of Employer Occupation  
PACIFIC LIFE AVP INVEST CNSL

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 630.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID: R18778**

Amount of Each Receipt this Period  
105.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
MR. JACK D CLABOUGH

Mailing Address 1410 TANGLEWOOD DR

City State Zip Code  
CORONA CA 92882-3777

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

Name of Employer Occupation  
PACIFIC LIFE VP & CHIEF LIFE UNDERWRITER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID: R18780**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

<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 14 / 63
	<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 L COBIN

Mailing Address 31558 W NINE DR

City State Zip Code  
LAGUNA NIGUEL CA 92677-2953

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

Name of Employer Occupation  
PACIFIC LIFE AVP CUSTOMER RELS

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18782

Amount of Each Receipt this Period  
60.00

Payroll Deduction

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

Mailing Address 25551 ORCHARD RIM LN

City State Zip Code  
LAKE FOREST CA 92630-2717

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

Name of Employer Occupation  
PACIFIC LIFE AVP PORT MGMT, IG TRADING

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18784

Amount of Each Receipt this Period  
35.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
MR. DENNIS M CORBETT

Mailing Address 15136 TOURAINE WAY

City State Zip Code  
IRVINE CA 92604-3173

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

Name of Employer Occupation  
PACIFIC LIFE VP TAX COMPLIANCE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 510.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18785

Amount of Each Receipt this Period  
85.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	180.00
<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 / 63
	<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. CAMERON COSGROVE

Mailing Address 36 WOODCREST

City IRVINE State CA Zip Code 92603-0220

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

Name of Employer PACIFIC LIFE Occupation VP LIFE CHIEF INFO OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

**Transaction ID:** R18786

Amount of Each Receipt this Period  
85.00

Payroll Deduction

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

Mailing Address 570 EBBECREEK RD #P

City CORONA State CA Zip Code 92880-7713

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

Name of Employer PACIFIC LIFE Occupation SR SOFTWARE ENG-GEN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

**Transaction ID:** R18788

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
MR. DANIEL C CRAIN

Mailing Address 36 WINTERGREEN

City IRVINE State CA Zip Code 92604-2831

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

Name of Employer PACIFIC LIFE Occupation MGR PROD COMPLIANCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

**Transaction ID:** R18789

Amount of Each Receipt this Period  
60.00

Payroll Deduction

<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 16 / 63
	<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. PAUL J CROXTON

Mailing Address 30132 HILLSIDE TER

City State Zip Code  
SN JUAN CAPISTRANO CA 92675-1540

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

Name of Employer Occupation  
PACIFIC LIFE FVP FIELD WHOLESALING

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18791

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
MS. DEBRA CUNNINGHAM HONERKAMP

Mailing Address 2712 LIGHTHOUSE LN

City State Zip Code  
CORONA DEL MAR CA 92625-1314

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

Name of Employer Occupation  
PACIFIC LIFE AVP RE ASSET MGMT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18792

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL R CURRY

Mailing Address 23820 CAPE MONACO RD

City State Zip Code  
BONITA SPRINGS FL 34135-1768

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

Name of Employer Occupation  
PACIFIC LIFE FVP FIELD WHOLESALING

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18793

Amount of Each Receipt this Period  
50.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<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 17 / 63
	<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. STEPHANIE J CURRY

Mailing Address PO BOX 15358

City IRVINE State CA Zip Code 92623-5358

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

Name of Employer PACIFIC LIFE Occupation AVP ADVANCED SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

**Transaction ID:** R18794

Amount of Each Receipt this Period  
80.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
MS. DIANE W DALES

Mailing Address 28 CLERMONT

City NEWPORT COAST State CA Zip Code 92657-1071

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

Name of Employer PACIFIC LIFE Occupation AVP CREDIT ANALYSIS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

**Transaction ID:** R18795

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
MS. LINDA K DAVIS

Mailing Address 8315 ROAD R NW

City QUINCY State WA Zip Code 98848-9607

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

Name of Employer PACIFIC LIFE Occupation AVP IND COMPLIANCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

**Transaction ID:** R18796

Amount of Each Receipt this Period  
90.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	220.00
<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 18 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. PETER S DEERING</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 3314 HILL ST		<b>Transaction ID: R18798</b>	
City State Zip Code SAN DIEGO CA 92106-2415	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE SR VP PSD STRATEGC GRWTH	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MS. CYNTHIA S DILLION</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 7 BODEGA BAY DR		<b>Transaction ID: R18801</b>	
City State Zip Code CORONA DEL MAR CA 92625-1002	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP CLOSING & CONSTRU SVCS	Aggregate Year-to-Date ▼ 900.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MS. PATRICIA S DOUGLASS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 640 SAINT JAMES RD		<b>Transaction ID: R18803</b>	
City State Zip Code NEWPORT BEACH CA 92663-5855	Amount of Each Receipt this Period 205.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP GOVT RELNS	Aggregate Year-to-Date ▼ 1215.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	455.00
<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 19 / 63
	<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. DONALD M DOWNING

Mailing Address 995 QUIVERA ST

City State Zip Code  
LAGUNA BEACH CA 92651-3821

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

Name of Employer Occupation  
PACIFIC LIFE FVP M MKTG

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

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID: R18804**

Amount of Each Receipt this Period  
150.00

Payroll Deduction

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

Mailing Address 9740 E GRANITE PEAK TRL

City State Zip Code  
SCOTTSDALE AZ 85262-3140

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

Name of Employer Occupation  
PACIFIC LIFE FIELD VP MRKTNG AFFILIATE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID: R18806**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

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

Mailing Address 2311 BAYPOINTE DR

City State Zip Code  
NEWPORT BEACH CA 92660-8519

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

Name of Employer Occupation  
PACIFIC LIFE ALM CONSULTANT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID: R18809**

Amount of Each Receipt this Period  
40.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	240.00
<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 20 / 63
	<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. NANCY E ENOMOTO

Mailing Address 2001 BARRANCA

City State Zip Code  
NEWPORT BEACH CA 92660-4529

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

Name of Employer Occupation  
PACIFIC LIFE AVP GUARANTEED ANNUITIES

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID: R18810**

Amount of Each Receipt this Period  
35.00

Payroll Deduction

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

Mailing Address 64 SUMMERSTONE

City State Zip Code  
IRVINE CA 92614-7000

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

Name of Employer Occupation  
PACIFIC LIFE AVP STRATEGIC PROGRAMS

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID: R18811**

Amount of Each Receipt this Period  
125.00

Payroll Deduction

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

Mailing Address 10 CANDELA

City State Zip Code  
IRVINE CA 92620-1823

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

Name of Employer Occupation  
PACIFIC LIFE VP INFO TECH

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID: R18813**

Amount of Each Receipt this Period  
150.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>310.00</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 21 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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 R FINEAR</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 718 K THANGA DR		<b>Transaction ID: R18815</b>	
City State Zip Code CORONA DEL MAR CA 92625-1734	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE AVP RE INVESTMENTS	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>B. MS. MARTHA A GATES</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 31411 MONTEREY ST		<b>Transaction ID: R18819</b>	
City State Zip Code LAGUNA BEACH CA 92651-6963	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP CLIENT SERVICES	Aggregate Year-to-Date ▼ 675.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MR. THOMAS GIBBONS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 45137 BIG CANYON ST		<b>Transaction ID: R18822</b>	
City State Zip Code INDIO CA 92201-0919	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP TAX	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	260.00
<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 22 / 63
	<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. FRANK J GOETZ

Mailing Address 7 SOVENTE

City State Zip Code  
IRVINE CA 92606-0830

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

Name of Employer Occupation  
PACIFIC LIFE DIR LIFE UNDRWRTNG

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 372.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18823

Amount of Each Receipt this Period  
62.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
MR. KEVIN P GOODMAN

Mailing Address 310 ALISO AVE

City State Zip Code  
NEWPORT BEACH CA 92663-5103

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

Name of Employer Occupation  
PACIFIC LIFE ACCUM PROD CONS

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

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18826

Amount of Each Receipt this Period  
40.00

Payroll Deduction

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

Mailing Address 310 ALISO AVE

City State Zip Code  
NEWPORT BEACH CA 92663-5103

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

Name of Employer Occupation  
PACIFIC LIFE AVP ADV & PUB RL TNS

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18827

Amount of Each Receipt this Period  
42.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	144.00
<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 23 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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. C MARLA GRAHAM		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 23672 BRASILIA ST		<b>Transaction ID:</b> R18829	
City MISSION VIEJO	State CA	Zip Code 92691-3012	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation MGR NEXT WAVE PMO/BA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MS. CHARLENE A GRANT		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 3301 SEAVIEW AVE		<b>Transaction ID:</b> R18831	
City CORONA DEL MAR	State CA	Zip Code 92625-3056	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation AVP VAR REG COMPL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MR. ADRIAN S GRIGGS		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 8766 CANARY AVE		<b>Transaction ID:</b> R18834	
City FOUNTAIN VALLEY	State CA	Zip Code 92708-6353	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation VP FINANCE & COMPLIANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<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 24 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. RODERICK P HANSEN

Mailing Address 21612 MARIGOT DR

City BOCA RATON State FL Zip Code 33428-4824

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

Name of Employer PACIFIC LIFE Occupation REGIONAL VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2006

Transaction ID: R18837

Amount of Each Receipt this Period  
100.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
MS. BRENDA K HARDWIG

Mailing Address 13112 EARLHAM ST

City SANTA ANA State CA Zip Code 92705-2139

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

Name of Employer PACIFIC LIFE Occupation COMMUNITY RELTNS COORD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2006

Transaction ID: R18838

Amount of Each Receipt this Period  
40.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
MR. ROBERT G HASKELL

Mailing Address 31735 SEACLIFF DR

City LAGUNA BEACH State CA Zip Code 92651-7001

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

Name of Employer PACIFIC LIFE Occupation SR VP PUBLIC AFFAIRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1999.98

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2006

Transaction ID: R18841

Amount of Each Receipt this Period  
416.66

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	556.66
<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 25 / 63
	<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. MARY M HAWKINS

Mailing Address 6182 S 177TH ST

City State Zip Code  
OMAHA NE 68135-2897

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

Name of Employer Occupation  
PACIFIC LIFE AVP NEB OPS CENTER

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

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18843

Amount of Each Receipt this Period  
45.00

Payroll Deduction

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

Mailing Address 1137 SUNSET CLIFFS BLVD

City State Zip Code  
SAN DIEGO CA 92107-4014

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

Name of Employer Occupation  
PACIFIC LIFE AVP INVEST CNSL

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 444.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18844

Amount of Each Receipt this Period  
74.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
MR. ROBERT J HEMSTEAD

Mailing Address 2335 RANCHO DEL ORO RD UNIT 4

City State Zip Code  
OCEANSIDE CA 92056-1734

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

Name of Employer Occupation  
PACIFIC LIFE AVP & VALUATION ACTUARY

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18846

Amount of Each Receipt this Period  
60.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	179.00
<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 26 / 63
	<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. KEVIN A HENDRA

Mailing Address 58 VIAGGIO LN

City State Zip Code  
FOOTHILL RANCH CA 92610-1925

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

Name of Employer Occupation  
PACIFIC LIFE DIR TAX OPERATIONS

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

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18847

Amount of Each Receipt this Period  
40.00

Payroll Deduction

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

Mailing Address 6700 CAMINO CRESTA

City State Zip Code  
SAN CLEMENTE CA 92673-7103

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

Name of Employer Occupation  
PACIFIC LIFE VP PROGRAM MGMT OFC

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 660.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18849

Amount of Each Receipt this Period  
120.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
MS. CHRISTINA Q HE

Mailing Address 15 ALCOBA

City State Zip Code  
IRVINE CA 92614-8423

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

Name of Employer Occupation  
PACIFIC LIFE AVP ASSET/LIAB STRAT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18845

Amount of Each Receipt this Period  
40.00

Payroll Deduction

<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 27 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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) MR. HOWARD T HIRAKAWA		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 23972 GOLDENEYE DR		<b>Transaction ID:</b> R18852	
City State Zip Code LAGUNA NIGUEL CA 92677-1332	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP INV ADVISOR OPS	Aggregate Year-to-Date ▼ 525.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) MR. STUART A HOLLAND		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 9422 S KENNETH PL		<b>Transaction ID:</b> R18853	
City State Zip Code TEMPE AZ 85284-4104	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE FVP FIELD WHOLESALING	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) MR. DAVID C HONERKAMP		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 2712 LIGHTHOUSE LN		<b>Transaction ID:</b> R18854	
City State Zip Code CORONA DEL MAR CA 92625-1314	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE AVP RE ACQUISITIONS	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	225.00
<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 28 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. ROBERT C HSU

Mailing Address 1121 EBBTIDE RD

City State Zip Code  
CORONA DEL MAR CA 92625-1402

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

Name of Employer Occupation  
PACIFIC LIFE SR VP ANN ADMIN

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18855

Amount of Each Receipt this Period  
125.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
MR. CHRIS M JANOWIAK

Mailing Address 2056 COLUMBUS WAY

City State Zip Code  
VISTA CA 92081-8948

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

Name of Employer Occupation  
PACIFIC LIFE DIR CORP INTERNET STRATEGY

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18859

Amount of Each Receipt this Period  
60.00

Payroll Deduction

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

Mailing Address 2309 162ND ST SE

City State Zip Code  
MILL CREEK WA 98012-7835

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

Name of Employer Occupation  
PACIFIC LIFE REGIONAL VP

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18860

Amount of Each Receipt this Period  
100.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	285.00
<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 29 / 63
	<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. JEFF R JOHNSON

Mailing Address 19542 OCCIDENTAL LN

City State Zip Code  
HUNTINGTON BEACH CA 92646-3423

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

Name of Employer Occupation  
PACIFIC LIFE DIR CORPORATE FINANCE

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

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18862

Amount of Each Receipt this Period  
45.00

Payroll Deduction

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

Mailing Address 25621 DEL NORTE

City State Zip Code  
LAGUNA NIGUEL CA 92677-4424

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

Name of Employer Occupation  
PACIFIC LIFE VP ACTUARIAL & REINS

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18863

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
MR. MARK J JOHNSON

Mailing Address 1812 LEADBURN RD

City State Zip Code  
TOWSON MD 21204-1831

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

Name of Employer Occupation  
PACIFIC LIFE SR WHOLESALER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18864

Amount of Each Receipt this Period  
100.00

Payroll Deduction

<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 30 / 63
	<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. SCOTT E JOHNSON

Mailing Address 906 NEWTON LN

City State Zip Code  
PLACENTIA CA 92870-7505

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

Name of Employer Occupation  
PACIFIC LIFE AVP HR TECHNOLOGY

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

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18865

Amount of Each Receipt this Period  
50.00

Payroll Deduction

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

Mailing Address 5531 STANFORD AVE

City State Zip Code  
GARDEN GROVE CA 92845-2434

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

Name of Employer Occupation  
PACIFIC LIFE IT AUDIT CONSULTANT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18870

Amount of Each Receipt this Period  
60.00

Payroll Deduction

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

Mailing Address 182 STANHOPE RD

City State Zip Code  
SPARTA NJ 07871-2702

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

Name of Employer Occupation  
PACIFIC LIFE REGIONAL VP

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

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18872

Amount of Each Receipt this Period  
50.00

Payroll Deduction

<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 31 / 63
	<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. ANITA KARANJIA

Mailing Address 9 MONTECILO

City State Zip Code  
FOOTHILL RANCH CA 92610-1733

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

Name of Employer Occupation  
PACIFIC LIFE SR BUS ANA

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 345.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID: R18873**

Amount of Each Receipt this Period  
60.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
MR. ANDREW C KARLINSKI

Mailing Address PO BOX 6664

City State Zip Code  
SNOWMASS VILLAGE CO 81615

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

Name of Employer Occupation  
PACIFIC LIFE AGENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID: R19022**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

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

Mailing Address 24611 BENJAMIN CIR

City State Zip Code  
DANA POINT CA 92629-6013

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

Name of Employer Occupation  
PACIFIC LIFE VP & TREASURER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 435.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID: R18878**

Amount of Each Receipt this Period  
75.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	235.00
<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 32 / 63
	<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. JOHN P KONTOS

Mailing Address 547 N LAS PALMAS AVE

City State Zip Code  
LOS ANGELES CA 90004-1017

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

Name of Employer Occupation  
PACIFIC LIFE AVP IND PROD CHANNEL

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 660.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18881

Amount of Each Receipt this Period  
110.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
MS. LINDA L KOTOWICZ

Mailing Address 795 TREPANNY LN

City State Zip Code  
WAYNE PA 19087-1931

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

Name of Employer Occupation  
PACIFIC LIFE FVP M MKTG

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 640.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 14 / 2006

Transaction ID: R18735

Amount of Each Receipt this Period  
280.00

Check

**C.** Full Name (Last, First, Middle Initial)  
MS. LINDA L KOTOWICZ

Mailing Address 795 TREPANNY LN

City State Zip Code  
WAYNE PA 19087-1931

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

Name of Employer Occupation  
PACIFIC LIFE FVP M MKTG

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 640.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18882

Amount of Each Receipt this Period  
60.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<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 33 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. FLETCHER C LARSON

Mailing Address 709 AVENIDA MIROLA

City State Zip Code  
PALOS VERDES EST CA 90274-4307

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

Name of Employer Occupation  
PACIFIC LIFE REGIONAL VP

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18885

Amount of Each Receipt this Period  
100.00

Payroll Deduction

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

Mailing Address 10935 E BERRY AVE

City State Zip Code  
ENGLEWOOD CO 80111-3903

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

Name of Employer Occupation  
PACIFIC LIFE REGIONAL VP

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18886

Amount of Each Receipt this Period  
100.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
MS. JODY L LINNEMAN

Mailing Address 262 S FAIRFIELD LN

City State Zip Code  
ORANGE CA 92869-5907

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

Name of Employer Occupation  
PACIFIC LIFE ATTORNEY CONSULTANT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 320.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18890

Amount of Each Receipt this Period  
60.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	260.00
<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 34 / 63
	<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. REED J LLOYD

Mailing Address 6 SANDERLING LN

City State Zip Code  
ALISO VIEJO CA 92656-1220

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

Name of Employer Occupation  
PACIFIC LIFE AVP ADVANCED MKTG

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18891

Amount of Each Receipt this Period  
60.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
MR. JOHN W LYLE

Mailing Address 15002 N BOLIVAR DR

City State Zip Code  
SUN CITY AZ 85351-2467

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

Name of Employer Occupation  
PACIFIC LIFE FIELD VICE PRES

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18893

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
MS. LAURENE E MAC ELWEE

Mailing Address 1033 SECRETARIAT CIR

City State Zip Code  
COSTA MESA CA 92626-1620

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

Name of Employer Occupation  
PACIFIC LIFE AVP VARIABLE REG COMPLIANCE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18894

Amount of Each Receipt this Period  
100.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	185.00
<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 35 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. DESMOND G MARSH</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 74 SETON RD		<b>Transaction ID: R18896</b>	
City IRVINE	State CA	Zip Code 92612-2114	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
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 ▼ 720.00		

Full Name (Last, First, Middle Initial) <b>B. MR. THOMAS J MAYS</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 7406 PALOMA DR		<b>Transaction ID: R18897</b>	
City HUNTINGTON BEACH	State CA	Zip Code 92648-6847	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation VP GOVT RELNS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. MS. GAIL H MC INTOSH</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 622 18TH ST		<b>Transaction ID: R18898</b>	
City HUNTINGTON BEACH	State CA	Zip Code 92648-3808	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
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 ▼ 480.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<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 36 / 63
	<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. TRAVIS R MC KAY

Mailing Address 24719 JOLEE CT

City State Zip Code  
PLAINFIELD IL 60544-2449

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

Name of Employer Occupation  
PACIFIC LIFE SR WHOLESALER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18899

Amount of Each Receipt this Period  
100.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
MS. JULIA C MC KINNEY

Mailing Address 207 N ELLERY DR

City State Zip Code  
SAN PEDRO CA 90732-2701

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

Name of Employer Occupation  
PACIFIC LIFE AVP INS CNSL

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

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18900

Amount of Each Receipt this Period  
75.00

Payroll Deduction

**C.** 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 92625-1606

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

Name of Employer Occupation  
PACIFIC LIFE SR VP & CHIEF RISK OFCR

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18903

Amount of Each Receipt this Period  
87.50

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 262.50

**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 37 / 63
	<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. MARY K MCWARD

Mailing Address 2 GLASTONBURY PL

City State Zip Code  
LAGUNA NIGUEL CA 92677-5310

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

Name of Employer Occupation  
PACIFIC LIFE VP MARKETING

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18904

Amount of Each Receipt this Period  
50.00

Payroll Deduction

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

Mailing Address 33811 DONEGAL LN

City State Zip Code  
SN JUAN CAPISTRANO CA 92675-4973

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

Name of Employer Occupation  
PACIFIC LIFE SR VP RISK FIN & IM

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 825.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18905

Amount of Each Receipt this Period  
150.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
MS. AUDREY L MILFS

Mailing Address 26922 ROCKING HORSE LN

City State Zip Code  
LAGUNA HILLS CA 92653-5835

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

Name of Employer Occupation  
PACIFIC LIFE VP & SECRETARY

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18906

Amount of Each Receipt this Period  
200.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>400.00</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 / 63
	<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. JOSE T MISCOLTA

Mailing Address 20 BRYCE CYN

City State Zip Code  
ALISO VIEJO CA 92656-8037

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

Name of Employer Occupation  
PACIFIC LIFE DIR PROD & PORT MKTG

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

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18908

Amount of Each Receipt this Period  
45.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
MR. STEPHAN P MITCHELL

Mailing Address 18111 THEODORA DR

City State Zip Code  
TUSTIN CA 92780-2643

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

Name of Employer Occupation  
PACIFIC LIFE SR PROD & COMPETITION ANA

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18909

Amount of Each Receipt this Period  
45.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
MR. JAMES T MORRIS

Mailing Address 29022 PINTAIL CIR

City State Zip Code  
LAGUNA NIGUEL CA 92677-1366

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

Name of Employer Occupation  
PACIFIC LIFE CHIEF OPERATING OFFICER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2496.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18911

Amount of Each Receipt this Period  
416.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>506.00</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 / 63
	<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. VALERIE MORRIS

Mailing Address 48 W YALE LOOP

City IRVINE State CA Zip Code 92604-3619

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

Name of Employer PACIFIC LIFE Occupation VP EE BEN & ADMIN SVCS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R18912

Amount of Each Receipt this Period  
 75.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
MR. JOHN C MULVIHILL

Mailing Address 27822 HOMESTEAD RD

City LAGUNA NIGUEL State CA Zip Code 92677-3763

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

Name of Employer PACIFIC LIFE Occupation VP RE ASSET MGMT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R18913

Amount of Each Receipt this Period  
 175.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
MR. ROBERT C O'BRIEN

Mailing Address 35 HERITAGE AVE

City ASHLAND State MA Zip Code 01721-1087

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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R18917

Amount of Each Receipt this Period  
 50.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<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 40 / 63
	<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. JOHN F O'DONNELL

Mailing Address 30 BRIAN RD

City State Zip Code  
BRIDGEWATER MA 02324-3000

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

Name of Employer Occupation  
PACIFIC LIFE REGIONAL VP

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18918

Amount of Each Receipt this Period  
100.00

Payroll Deduction

**B.** 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 92627-1764

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

Name of Employer Occupation  
PACIFIC LIFE VP PRODUCT DESIGN

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 780.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18919

Amount of Each Receipt this Period  
150.00

Payroll Deduction

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

Mailing Address 24852 CAMBERWELL ST

City State Zip Code  
LAGUNA HILLS CA 92653-4602

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

Name of Employer Occupation  
PACIFIC LIFE MGR SECURITY SVCS

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18924

Amount of Each Receipt this Period  
50.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<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 41 / 63
	<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. SHARON E PACHECO</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 21611 BLUEJAY ST		<b>Transaction ID: R18926</b>	
City State Zip Code TRABUCO CANYON CA 92679-3469	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP CHIEF COMPLIANCE	Aggregate Year-to-Date ▼ 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MR. DALE W PATRICK</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 6 SUNNYVALE		<b>Transaction ID: R18929</b>	
City State Zip Code IRVINE CA 92602-1067	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE AVP PORT MGMT, IG TRADING	Aggregate Year-to-Date ▼ 285.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MR. TERRY R PERKINS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 25522 SAWMILL LN		<b>Transaction ID: R18932</b>	
City State Zip Code LAKE FOREST CA 92630-4333	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP ADVANCE DESIGN	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<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 42 / 63
	<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. ALYCE PETERSON

Mailing Address 2908 VIA HIDALGO

City State Zip Code  
SAN CLEMENTE CA 92673-3026

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

Name of Employer Occupation  
PACIFIC LIFE VP MARKETING SVCS

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

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2006

Transaction ID: R18933

Amount of Each Receipt this Period  
75.00

Payroll Deduction

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

Mailing Address 915 STOKE RD

City State Zip Code  
VILLANOVA PA 19085-2023

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

Name of Employer Occupation  
PACIFIC LIFE REGIONAL VP

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2006

Transaction ID: R18934

Amount of Each Receipt this Period  
40.00

Payroll Deduction

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

Mailing Address 20541 VIA EL TAJO

City State Zip Code  
YORBA LINDA CA 92887-3202

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

Name of Employer Occupation  
PACIFIC LIFE VP FINANCIAL CONTROLS

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

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2006

Transaction ID: R18936

Amount of Each Receipt this Period  
35.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<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 43 / 63
	<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. THEODORE A PREMIER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 20 MOLINO		<b>Transaction ID: R18938</b>	
City NEWPORT BEACH	State CA	Zip Code 92660-9116	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation VP COMM MORT PROD		
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. JAMES R RICE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 11 STILLWATER		<b>Transaction ID: R18944</b>	
City IRVINE	State CA	Zip Code 92603-3426	Amount of Each Receipt this Period 110.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation VP M FINANCIAL DISTRIBUTION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00		

Full Name (Last, First, Middle Initial) <b>C. MR. MICHAEL S ROBB</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 27481 VANTAGE CIR		<b>Transaction ID: R18946</b>	
City SN JUAN CAPISTRANO	State CA	Zip Code 92675-1543	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
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 ▼ 1500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	485.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 / 63
	<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. GERALD W ROBINSON

Mailing Address 38347 N 104TH PL

City State Zip Code  
SCOTTSDALE AZ 85262-5115

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

Name of Employer Occupation  
PACIFIC LIFE EXEC VP ANNUITIES

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1605.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18948

Amount of Each Receipt this Period  
275.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
MR. ROBERT D RUSSELL

Mailing Address 51202 EASTCHURCH

City State Zip Code  
CHAPEL HILL NC 27517-8340

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

Name of Employer Occupation  
PACIFIC LIFE AVP RE INVESTMENTS

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18958

Amount of Each Receipt this Period  
75.00

Payroll Deduction

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

Mailing Address 28792 APPLETREE

City State Zip Code  
MISSION VIEJO CA 92692-1089

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

Name of Employer Occupation  
PACIFIC LIFE SR VP SALES OFFICE MKTG

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R18963

Amount of Each Receipt this Period  
100.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<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 45 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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) MR. S GENE SCHOFIELD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 5 CARILLON PL		<b>Transaction ID:</b> R18966	
City FOOTHILL RANCH	State CA	Amount of Each Receipt this Period 150.00	
Zip Code 92610-2612		Payroll Deduction	
FEC ID number of contributing federal political committee. C			
Name of Employer PACIFIC LIFE	Occupation SR VP OPERATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MS. CATHY L SCHWARTZ		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 87 PELICAN CT		<b>Transaction ID:</b> R18969	
City NEWPORT BEACH	State CA	Amount of Each Receipt this Period 100.00	
Zip Code 92660-2930		Payroll Deduction	
FEC ID number of contributing federal political committee. C			
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 ▼ 600.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MS. SONJA V SCOTT		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 16 MCLEAN		<b>Transaction ID:</b> R18971	
City IRVINE	State CA	Amount of Each Receipt this Period 35.00	
Zip Code 92620-6207		Payroll Deduction	
FEC ID number of contributing federal political committee. C			
Name of Employer PACIFIC LIFE	Occupation AVP COMPENSATION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	285.00
<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 46 / 63
	<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. BRADLEY W SHERRELL

Mailing Address 2315 VIA ZAFIRO

City State Zip Code  
SAN CLEMENTE CA 92673-3901

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

Name of Employer Occupation  
PACIFIC LIFE AVP INFO TECHNOLOGY

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18973

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
MS. PENNY S SPARKS

Mailing Address 1661 UTAH CIR

City State Zip Code  
COSTA MESA CA 92626-2239

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

Name of Employer Occupation  
PACIFIC LIFE DIR COMPLIANCE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 435.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18976

Amount of Each Receipt this Period  
75.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
MR. MARVIN C STEAKLEY

Mailing Address 100 HARBOR WOODS PL

City State Zip Code  
NEWPORT BEACH CA 92660-7823

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

Name of Employer Occupation  
PACIFIC LIFE SR SOFTWARE ENG-CS (G)

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R18977

Amount of Each Receipt this Period  
60.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>185.00</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 47 / 63
	<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. CAROL R SUDBECK</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 11 SOMMET		<b>Transaction ID: R18980</b>	
City NEWPORT COAST	State CA	Amount of Each Receipt this Period 50.00	
Zip Code 92657-0104		Payroll Deduction	
FEC ID number of contributing federal political committee. C			
Name of Employer PACIFIC LIFE	Occupation VP CORP AUDIT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. MR. THOMAS C SUTTON</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 111 SHORECLIFF RD		<b>Transaction ID: R18981</b>	
City CORONA DEL MAR	State CA	Amount of Each Receipt this Period 416.66	
Zip Code 92625-2646		Payroll Deduction	
FEC ID number of contributing federal political committee. C			
Name of Employer PACIFIC LIFE	Occupation CHRNMN & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.96		

Full Name (Last, First, Middle Initial) <b>C. MR. RICHARD A TAUBE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 24081 NUTHATCH LN		<b>Transaction ID: R18983</b>	
City LAGUNA NIGUEL	State CA	Amount of Each Receipt this Period 75.00	
Zip Code 92677-1382		Payroll Deduction	
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 ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	541.66
<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 48 / 63
	<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. PHILIP A TEETER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 73 WOODHAVEN DR		<b>Transaction ID: R18985</b>	
City State Zip Code LAGUNA NIGUEL CA 92677-2819	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP ANN TECHNOLOGY	Aggregate Year-to-Date ▼ 525.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MR. JOHN G TORELL</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 355 S LORETTA DR		<b>Transaction ID: R18988</b>	
City State Zip Code ORANGE CA 92869-4633	Amount of Each Receipt this Period 70.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP ACCTG & RPTG	Aggregate Year-to-Date ▼ 405.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MR. STEPHEN J TORETTO</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 22862 ORENSE		<b>Transaction ID: R18989</b>	
City State Zip Code MISSION VIEJO CA 92691-1723	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP & INSURANCE COUNS	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) ..... ▶	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 49 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. KHANH T TRAN

Mailing Address 2 IRIS

City IRVINE State CA Zip Code 92620-2212

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

Name of Employer PACIFIC LIFE Occupation EXEC VP CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.96

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2006

**Transaction ID:** R18990

Amount of Each Receipt this Period  
 416.66

Payroll Deduction

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

Mailing Address 181 S CRAIG DR

City ORANGE State CA Zip Code 92869-3731

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

Name of Employer PACIFIC LIFE Occupation MGR CUSTOMER SVC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2006

**Transaction ID:** R18991

Amount of Each Receipt this Period  
 40.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
MS. SUSAN L TULLY

Mailing Address 6929 N HAYDEN RD PMB 157

City SCOTTSDALE State AZ Zip Code 85250-7978

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 ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2006

**Transaction ID:** R18992

Amount of Each Receipt this Period  
 60.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>516.66</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 50 / 63
	<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. EDDIE D TUNG</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address PO BOX 10386		<b>Transaction ID: R18993</b>	
City <b>NEWPORT BEACH</b>	State <b>CA</b>	Zip Code <b>92658-0386</b>	Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation AVP REGULTRY PROD ACCTG		
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>B. MR. CHRISTOPHER VAN MIERLO</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 400 EL VUELO		<b>Transaction ID: R18996</b>	
City <b>SAN CLEMENTE</b>	State <b>CA</b>	Zip Code <b>92672-7513</b>	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction	
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 ▼ 285.00		

Full Name (Last, First, Middle Initial) <b>C. MR. JOHN M WALDECK</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 67 LAURELHURST DR		<b>Transaction ID: R19000</b>	
City <b>LADERA RANCH</b>	State <b>CA</b>	Zip Code <b>92694-0204</b>	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction	
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 ▼ 435.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	190.00
<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 51 / 63
	<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. KAREN S WALL

Mailing Address 1811 RIVERFORD RD

City State Zip Code  
TUSTIN CA 92780-3949

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

Name of Employer Occupation  
PACIFIC LIFE DIR DATA WHSE & DB ADMIN

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R19001

Amount of Each Receipt this Period  
50.00

Payroll Deduction

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

Mailing Address 36 BLACK HAWK

City State Zip Code  
IRVINE CA 92603-0311

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

Name of Employer Occupation  
PACIFIC LIFE VP FINANCE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R19007

Amount of Each Receipt this Period  
100.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
MS. PATRICIA L WELLS

Mailing Address 511 POINSETTIA AVE

City State Zip Code  
CORONA DEL MAR CA 92625-2529

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

Name of Employer Occupation  
PACIFIC LIFE SR IMD RESEARCH & LEGAL ANA

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 540.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R19008

Amount of Each Receipt this Period  
40.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	190.00
<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 52 / 63
	<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. JOHN WHITE

Mailing Address 32122 VIA CARLOS

City State Zip Code  
SN JUAN CAPISTRANO CA 92675-3927

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

Name of Employer Occupation  
PACIFIC LIFE VP INTERNAL WHLSLNG

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 345.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R19011

Amount of Each Receipt this Period  
65.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
MR. RICHARD M WILKES

Mailing Address 7124 HAWKSBEARD DR

City State Zip Code  
WESTERVILLE OH 43082-9577

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

Name of Employer Occupation  
PACIFIC LIFE SR WHOLESALER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R19013

Amount of Each Receipt this Period  
100.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
MR. JEFFREY R WILT

Mailing Address 1 DORCHESTER DR

City State Zip Code  
SUSSEX NJ 07461-4918

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

Name of Employer Occupation  
PACIFIC LIFE FIELD VICE PRES

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 310.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R19015

Amount of Each Receipt this Period  
55.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	220.00
<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 / 63
	<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 92625-1402

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

Name of Employer Occupation  
PACIFIC LIFE VP QUANTITATIVE STRAT

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

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R19016

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
MR. KYLE R WOODDELL

Mailing Address 137 KNIPPENBERG DR

City State Zip Code  
SAINT LOUIS MO 63129-5013

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

Name of Employer Occupation  
PACIFIC LIFE SR WHOLESALER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R19017

Amount of Each Receipt this Period  
75.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
MS. ROBIN S YONIS

Mailing Address 8 CASTLEBAR

City State Zip Code  
IRVINE CA 92618-4043

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

Name of Employer Occupation  
PACIFIC LIFE VP VAR REGULATORY COMPL

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** R19019

Amount of Each Receipt this Period  
50.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	175.00
<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:		PAGE 54 / 63	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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)  
MS. KATHARINE B YOUNG

Mailing Address 18647 SANTA ISADORA ST

City State Zip Code  
FOUNTAIN VALLEY CA 92708-6232

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

Name of Employer Occupation  
PACIFIC LIFE AVP STMT & VALTN

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 435.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: R19020

Amount of Each Receipt this Period  
75.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	13527.48

# 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. Barney Frank for Congress Committee</b>		<b>Transaction ID: D1539</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address P O Box 260		Amount of Each Disbursement this Period 3000.00
City Newtonville State MA Zip Code 02460	Category/ Type	
Purpose of Disbursement Contrib: Barney Frank (MA-4-D)		
Candidate Name Barney Frank		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cardin for Congress</b>		<b>Transaction ID: D1538</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 38 Ivy Street, SE		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20003	Category/ Type	
Purpose of Disbursement Contrib: Ben L. Cardin (MD-3-D)		
Candidate Name Benjamin L. Cardin		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. ERICPAC</b>		<b>Transaction ID: D1552</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 209 Pennsylvania Avenue, SE		Amount of Each Disbursement this Period 4000.00
City Washington State DC Zip Code 20003	Category/ Type	
Purpose of Disbursement Contb: Every Republican is Crucial PAC		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. First State PAC</b>		<b>Transaction ID: D1532</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 426 C Street, NE		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement Contrib: First State PAC		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Gordon Smith</b>		<b>Transaction ID: D1558</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 1331 H Street, 12th Floor		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20005	Category/ Type	
Purpose of Disbursement Contrib: Gordon H. Smith (OR-R)		
Candidate Name Gordon H. Smith		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Joe Lieberman</b>		<b>Transaction ID: D1540</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 236 Massachusetts Ave NE Suite 206		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement Contrib: Joe Lieberman (CT-D)		
Candidate Name Joseph I. Lieberman		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<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. Friends of John Tanner</b>		<b>Transaction ID: D1536</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 236 Massachusetts Ave., NE Suite 508		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Contrib: John S. Tanner (TN-8-D) Candidate Name John S. Tanner Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Friends of Mary Landrieu</b>		<b>Transaction ID: D1553</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 10 G Street, NE, Suite 470		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Contrib: Mary L. Landrieu (LA-D) Candidate Name Mary L. Landrieu Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:		
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. Ken Calvert for Congress</b>		<b>Transaction ID: D1537</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address PO Box 20123		Amount of Each Disbursement this Period 1000.00
City Riverside State CA Zip Code 92516	Purpose of Disbursement Contrib: Ken Calvert (CA-44-R) Candidate Name Ken Calvert Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 44		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 58 / 63

<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. Mark Pryor for US Senate Committee</b>		<b>Transaction ID: D1533</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 420 C Street, NE		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Contrib: Mark Pryor (AR-D) Candidate Name Mark Lunsford Pryor 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: AR District:	
Category/Type		
State: AR District:		

Full Name (Last, First, Middle Initial) <b>B. Mark Pryor for US Senate Committee</b>		<b>Transaction ID: D1556</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 420 C Street, NE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Contrib: Mark L. Pryor (AR-D) Candidate Name Mark Lunsford Pryor 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: AR District:	
Category/Type		
State: AR District:		

Full Name (Last, First, Middle Initial) <b>C. McCrery for Congress</b>		<b>Transaction ID: D1554</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 52956		Amount of Each Disbursement this Period 2500.00
City Shreveport State LA Zip Code 71135-2956	Purpose of Disbursement Contrib: Jim McCrery (LA-4-R) Candidate Name Jim McCrery Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 04	
Category/Type		
State: LA District: 04		

<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

<b>A. Mike Thompson for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address 236 Massachusetts Avenue, NE Suite 508 City Washington State DC Zip Code 20002 Purpose of Disbursement Contrib: Mike Thompson (CA-1-D) Candidate Name Mike Thompson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D1544</b> Date of Disbursement 06 / 20 / 2006 Amount of Each Disbursement this Period 3000.00
---	--	--

<b>B. Pomeroy for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 75214 City Washington State DC Zip Code 20013-5214 Purpose of Disbursement Contrib: Earl Pomeroy (ND-1-D) Candidate Name Earl Pomeroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D1535</b> Date of Disbursement 06 / 14 / 2006 Amount of Each Disbursement this Period 1000.00
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<b>C. Rangel for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 5577 Manhattanville Station City New York State NY Zip Code 10027 Purpose of Disbursement Contrib: Charles B. Rangel (NY-15-D) Candidate Name Charles B. Rangel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D1549</b> Date of Disbursement 06 / 20 / 2006 Amount of Each Disbursement this Period 2500.00
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<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. Reynolds for Congress</b>		<b>Transaction ID: D1557</b> Date of Disbursement 06 / 28 / 2006
Mailing Address PO Box 15388		Amount of Each Disbursement this Period 3000.00
City Rochester	State NY Zip Code 14615	
Purpose of Disbursement Contb: Thomas M. Reynolds (NY-26-R)		
Candidate Name Thomas M. Reynolds		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 26		

Full Name (Last, First, Middle Initial) <b>B. Richard E Neal for Congress Committee</b>		<b>Transaction ID: D1555</b> Date of Disbursement 06 / 28 / 2006
Mailing Address 76 Magnolia Terrace		Amount of Each Disbursement this Period 3000.00
City Springfield	State MA Zip Code 01108	
Purpose of Disbursement Contrib: Richard E. Neal (MA-2-D)		
Candidate Name Richard E. Neal		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA District: 02		

Full Name (Last, First, Middle Initial) <b>C. Salazar for Senate</b>		<b>Transaction ID: D1541</b> Date of Disbursement 06 / 16 / 2006
Mailing Address 426 C Street, NE		Amount of Each Disbursement this Period 1000.00
City Washington	State DC Zip Code 20002	
Purpose of Disbursement Contrib: Ken L. Salazar (CO-D)		
Candidate Name Ken L. Salazar		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<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. Sherman for Congress</b>		<b>Transaction ID: D1542</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 4570 Van Nuys Blvd., #270		Amount of Each Disbursement this Period 1000.00
City Sherman Oaks State CA Zip Code 91403	Category/ Type	
Purpose of Disbursement Contrib: Brad Sherman (CA-27-D)		
Candidate Name Brad Sherman		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 27	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Stephanie Tubbs Jones for US Congress</b>		<b>Transaction ID: D1548</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address 918 Beverly Drive		Amount of Each Disbursement this Period 2500.00
City Alexandria State VA Zip Code 22302	Category/ Type	
Purpose of Disbursement Contrib: Stephanie Tubbs Jones (OH-11-D)		
Candidate Name Stephanie Tubbs Jones		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. TOMPAC</b>		<b>Transaction ID: D1546</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 16488		Amount of Each Disbursement this Period 3000.00
City Arlington State VA Zip Code 22215	Category/ Type	
Purpose of Disbursement Contrib: Together for Our Majority PAC		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<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. Team Sununu</b>		<b>Transaction ID: D1534</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 1331 H Street, NW 12th Floor		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20005		
Purpose of Disbursement Contrib: John E. Sununu (NH-R)	Category/ Type	
Candidate Name John E. Sununu		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	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. Team Sununu</b>		<b>Transaction ID: D1559</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 1331 H Street, NW 12th Floor		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20005		
Purpose of Disbursement Contrib: John E. Sununu (NH-R)	Category/ Type	
Candidate Name John E. Sununu		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	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. Tim Johnson for South Dakota, Inc.</b>		<b>Transaction ID: D1550</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address 420 C Street, NE Lower Level		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement Contrib: Tim Johnson (SD-D)	Category/ Type	
Candidate Name Tim Johnson		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<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)

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

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Washington Senate Victory

Mailing Address 1602 Belle View Blvd., #510

City Alexandria State VA Zip Code 22307

Purpose of Disbursement  
Contrib: Washington Senate Victory (D)

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D1543

Date of Disbursement

06 / 16 / 2006

Amount of Each Disbursement this Period

2500.00

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

2500.00

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

57500.00