REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2001 APR 25 P 2:56

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

CITY, STATE and ZIP CODE
NEWPORT BEACH, CA 92660

2. FEC IDENTIFICATION NUMBER
C00068528

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

4. TYPE OF REPORT

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

Monthly Report Due on:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☑ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

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

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

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

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 03/01/2000 through 03/31/2000		
6.	(a) Cash on Hand January 1, 2000		65,443.86
	(b) Cash on Hand at Beginning of Reporting Period	75,605.95	
	(c) Total Receipts (from Line 19)	15,531.79	33,693.88
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	89,137.74	99,137.74
7.	Total Disbursements (from Line 30)	21,000.00	31,000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line7 from Line 6(d))	68,137.74	68,137.74
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

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

Type or Print Name of Treasurer (Asst.)
Mike McLaughlin

Signature of Treasurer (Asst.) M McLaughlin

Date 4-18-00

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

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

NAME OF COMMITTEE
PACIFIC LIFE INSURANCE COMPANY PAC

REPORT COVERING PERIOD
FROM: 03/01/2000 TO: 03/31/2000

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	7,259.66	11,707.98	11(a)(i)
ii. Unitemized	6,272.13	21,907.39	11(a)(ii)
iii. Total	13,531.79	33,615.37	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions	13,531.79	33,615.37	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	78.51	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	13,531.79	33,693.88	19
20. Total Federal Receipts (subtract line 18 from line 19)	13,531.79	33,693.88	20
II. Disbursements			
21. Operating Expenditures			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Party Committees	21,000.00	31,000.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees(2 U.S.C.441a(d))(use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			28
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c)	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	21,000.00	31,000.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	21,000.00	31,000.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	13,531.79	33,615.37	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	13,531.79	33,615.37	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35)	0.00	0.00	37

Use separate schedule(s) for each category of the Detailed Summary Page (09/01/2000 - 06/31/2000)	PAGE 1 OF 5
	FOR LINE NUMBER 11(a)(i)

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. T. SCOTT BEAUESTON 21 CYPRESS TREE LANE IRVINE, CA 92612	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	03/30/2000	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
B. IVAN D. BISHOP 40 CHRISTAKON WEST IRVINE, CA 92620-1835	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	03/30/2000	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 800.00		
C. LARRY CARD 31755 SEACLIFF DR. LAGUNA BEACH, CA 92677	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	275.00 ($275 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 825.00		
D. DAVID R. CARMICHAEL 1525 SERENADE TERRACE CORONA DEL MAR, CA 92625	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	150.00 ($150 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 450.00		
E. JEFFREY R. DEY 14 ROBIN HILL LANE LAGUNA HILLS, CA 92653	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	03/30/2000	840.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 840.00		
F. CYNTHIA S. DILLION 7 BODEGA BAY CORONA DEL MAR, CA 92625	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	105.00 ($105 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 315.00		
G. WILLIAM J. DOOMEY 9 PARADISE COVE LAGUNA NIGUEL, CA 92677-4253	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	100.00 ($100 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		

SUBTOTAL of Receipts This Page (optional)	2,220.00
TOTAL This Period (last page this line number only)	

Use separate schedule(s) for each category of the Detailed Summary Page (03/01/2000 - 03/31/2000)	PAGE 2 OF 5
	FOR LINE NUMBER 11(a)(i)

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. MARK R. FALK 64 SUMMERSTONE IRVINE, CA 92614	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	75.00 ($75 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 225.00		
B. WILLIAM L. FERRIS 1990 PORT EDWARDS CIRCLE NEWPORT BEACH, CA 92660	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	275.00 ($275 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 825.00		
C. STANLEY D HANSEN 8959 A. HARPERS PT. DRIVE CINCINNATI, OH 45249	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	100.00 ($100 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 300.00		
D. ROBERT G. ERSKELL 115 VIA MAZIERS NEWPORT BEACH, CA 92663	PACIFIC LIFE INSURANCE COMPANY SENIOR VICE PRESIDENT	payroll deduction	110.00 ($110 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 330.00		
E. ELAINE M. HAVENS 1723 MYRAMAR DR. NEWPORT BEACH, CA 92661	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	03/30/2000 payroll deduction	1,000.00 75.00 ($75 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 1,225.00		
F. DARYLE G. JOHNSON 5 ALTAIR IRVINE, CA 92612	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	150.00 ($150 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 450.00		
G. MARK J. JOHNSON 1812 LEADBURN ROAD TOWSON, MD 21204	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	100.00 ($100 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 300.00		

SUBTOTAL of Receipts This Page (optional)	1,885.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (03/01/2000 - 06/30/2000)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. ANDREW C. KARLIESKI 6 VENTURE AVE., #305 IRVINE, CA 92618 Receipt For: Primary / General / Other (specify):	Name of Employer: A.K. FINANCIAL GROUP Occupation: AGENT Aggregate Year-to-Date > $ 300.00	03/30/2000	100.00
B. FLETCHER C. LARSON 709 AVENIDA MIROLA PALOS VERDES ESTATE, CA 90274 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 225.00	payroll deduction	75.00 ($75 Monthly)
C. DAVID LEVY 135 JASMINE CREEK DRIVE CORONA DEL MAR, CA 92625 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 210.00	payroll deduction	70.00 ($70 Monthly)
D. STEPHEN LI 879 PROSPECT PLACE COSTA MESA, CA 92626 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 210.00	payroll deduction	70.00 ($70 Monthly)
E. JOHN E. MILBERG 33811 DONEGAL LANE S J CAPISTRANO, CA 92675 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	100.00 ($100 Monthly)
F. AUDREY L. MILES 26922 ROCKING HORSE LANE LAGUNA HILLS, CA 92653 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	80.00 ($80 Monthly)
G. LYNN C. MILLER 8 DORCHESTER GREEN LAGUNA NIGUEL, CA 92677 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 252.00	payroll deduction	84.00 ($84 Monthly)

SUBTOTAL of Receipts This Page (optional) > 579.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (01/01/2000-03/31/2000)

PAGE 4 OF 5

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JAMES T. MORRIS 29022 PINTAIL CIRCLE LAGUNA NIGUEL, CA 92677 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	100.00 ($100 Monthly)
B. DARASH M. O'SULLIVAN 177 22ND ST., APT. 5 COSTA MESA, CA 92627-1764 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY ASSISTANT VICE PRESIDENT Aggregate Year-to-Date > $ 252.00	payroll deduction	84.00 ($84 Monthly)
C. W.F. POOLICH 19111 NORWOOD TERRACE IRVINE, CA 92715 Receipt For: Primary General Other (specify):	PJ MCO CEO Aggregate Year-to-Date > $ 1,000.00	03/30/2000	1,000.00
D. MARSHA RUPPERT P.O. BOX 234 SURFSIDE, CA 90743 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE CO. EXECUTIVE Aggregate Year-to-Date > $ 300.00	03/30/2000	300.00
E. GLENN S. SCHAFER 1318 COLONY PLAZA, #139 NEWPORT BEACH, CA 92660 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 1,050.00	payroll deduction	350.00 ($350 Monthly)
F. S. GENE SCHOFIELD 16 LEHIGH AISLE IRVINE, CA 92612 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	60.00 ($60 Monthly)
G. FRANK B. SIMON 21772 HERENCIA MISSION VIEJO, CA 92692 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	80.00 ($80 Monthly)

SUBTOTAL of Receipts This Page (optional) > 1,994.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (03/01/2003 - 06/30/2003)

PAGE 5 OF 5

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. CHRISTIKA M. SUMPTER 10326 FALCON AVENUE FOUNTAIN VALLEY, CA 92708 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	80.00 ($80 Monthly)
B. THOMAS C. SUTTON 111 SHORECLIFF ROAD CORONA DEL MAR, CA 92625 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 1,249.98	payroll deduction	416.66 ($417 Monthly)
C. LEE S. WIRTHLIN 16596 SUGARLOAF FOUNTAIN VALLEY, CA 92708 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 255.00	payroll deduction	85.00 ($85 Monthly)
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	581.66
TOTAL This Period (last page this line number only)	7,259.66

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

Use separate schedule(s) for each category of the Detailed Summary Page (03/01/2000 - 03/31/2000)

FOR LINE NUMBER 23

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

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
A. ANNA ESHOO FOR CONGRESS P.O. BOX 2884 WASHINGTON, DC 20013	ANNA ESHOO CA/14 Disbursement For: [ ] Primary [X] General [ ] Other (specify):	03/27/2000	500.00
B. CARDIN FOR CONGRESS 540 BELEVEDERE AVENUE, SUITE 201 BALTIMORE, MD 21212	2020 CARDIN MD/3 Disbursement For: [ ] Primary [X] General [ ] Other (specify):	03/27/2000	500.00
C. CONGRESSMAN BART GORDON COMMITTEE 4491 MACARTHUR BLVD., N.W. #201 WASHINGTON, DC 20007	BART GORDON TN/6 Disbursement For: [ ] Primary [X] General [ ] Other (specify):	03/27/2000	500.00
D. FRIENDS OF CLAY SHAW 4451 BROOKFIELD CORPORATE DR., STE. 200 CHANTILLY, VA 20151	CLAY SHAW, JR FL/22 Disbursement For: [ ] Primary [X] General [ ] Other (specify):	03/01/2000	1,000.00
E. FRIENDS OF JOHN TANNER 700 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660	JOHN TANNER TN/8 Disbursement For: [ ] Primary [X] General [ ] Other (specify):	03/30/2000	1,000.00
F. FRIENDS OF KENT CONRAD 110 B EAST BROAD ST. FALLS CHURCH, VA 22046	KENT CONRAD SENATE - ND Disbursement For: [ ] Primary [X] General [ ] Other (specify):	03/27/2000	1,000.00
G. FRIENDS OF SHERROD BROWN 111 EDGEFIELD DR. ELYRIA, OH 44035	SHERROD BROWN OH/13 Disbursement For: [ ] Primary [X] General [ ] Other (specify):	03/27/2000	500.00
H. GRASSLEY COMMITTEE P.O. BOX 1000 DES MOINES, IA 50304	CHARLES GRASSLEY SENATE - IA Disbursement For: [ ] Primary [X] General [ ] Other (specify):	03/27/2000	1,000.00
I. HIPAC 39201 SEVEN MILE ROAD LIVONIA, MI 48152-1094	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	03/01/2000	5,000.00

SUBTOTAL of Disbursements This Page (optional) 11,000.00

TOTAL This Period (last page this line number only)

Use separate schedule(s) for each category of the Detailed Summary Page (03/01/2000 - 03/31/2000)	PAGE 2 OF 2
	FOR LINE NUMBER 23

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

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NAME OF COMMITTEE (in Full)
PACIFIC LIFE INSURANCE COMPANY PAC C00065528

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
A. J.D. HAYWORTH FOR CONGRESS 700 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660	J.D. HAYWORTH AZ/06 Primary [ ] General [X] Other (specify):	03/01/2000	1,000.00
B. JOHN DINGELL FOR CONGRESS COMMITTEE P.O. BOX 75214 WASHINGTON, DC 20013-5214	JOHN DINGELL MI/06 Primary [ ] General [X] Other (specify):	03/27/2000	1,000.00
C. LEWIS FOR CONGRESS P.O. BOX 307 ELIZABETH TOWN, KY 42702	JOHN LEWIS KY/02 Primary [ ] General [X] Other (specify):	03/01/2000	1,000.00
D. LIFEPAC 1001 PENNSYLVANIA AVE., N.W. WASHINGTON, DC 20004-2599	Purpose of Disbursement Primary [ ] General [ ] Other (specify):	03/01/2000	5,000.00
E. PELOSI FOR CONGRESS 44 CANAL CENTER PLAZA, SUITE 400 ALEXANDRIA, VA 22314	NANCY PELOSI CA/8 Primary [ ] General [X] Other (specify):	03/03/2000	500.00
F. PEOPLE FOR ENGLISH P.O. BOX 10274 ALEXANDRIA, VA 22310	MEL ENGLISH PA/21 Primary [ ] General [X] Other (specify):	03/27/2000	500.00
G. WALLY HERGER FOR CONGRESS P.O. BOX 16021 ALEXANDRIA, VA 22302	WALLY HERGER CA/2 Primary [ ] General [X] Other (specify):	03/27/2000	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Primary [ ] General [ ] Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Primary [ ] General [ ] Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	10,000.00
TOTAL This Period (last page this line number only)	21,000.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 4-19-00
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	
	JKI PREPARER	4-25-00 DATE PREPARED

(4/98)