REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 DEC 11 P 2:11

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

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

700 NEWPORT CENTER

CITY, STATE and ZIP CODE

NEWPORT BEACH, CA 92660

2. FEC IDENTIFICATION NUMBER
C00000513

3. [X] 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

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

[X] 30-Day Post-Election Report following the General Election on 11/07/00 in the State of CA.

(b) Is this Report an Amendment? ☐ YES [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/19/2000 through 12/27/2000		
6. (a) Cash on Hand January 1, 20 00		$ 65443.86
(b) Cash on Hand at Beginning of Reporting Period	$ 29064.19	
(c) Total Receipts (from Line 19)	$ 11301.32	$ 115184.06
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 40465.51	$ 180627.92
7. Total Disbursements (from Line 30)	$ 25500.00	$ 165662.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 14965.51	$ 14965.51
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 202-694-1100

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 Designee Assistant Treasurer: Michael McLaughlin

Signature of Treasurer M M McLaughlin

Date 12-7-00

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

FEC FORM 3X
(revised 9/93)

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DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: PACIFIC LIFE INSURANCE COMPANY PAC

REPORT COVERING PERIOD FROM 10/19/2000 TO: 11/27/2000

		COLUMN A Total This Period	COLUMN B Calendar Year	
	I. Receipts			
11.	Contributions (other than loans) From:			
	a. Individual/Persons Other Than Political Committees			
	i. Itemized (use Schedule A)	9822.16	98665.12	11(a)(i)
	ii. Unitemized	1219.54	15196.85	11(a)(ii)
	iii. Total (add i and ii) >	11041.80	113859.97	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 (add a iii, b and c) >	11041.80	113859.97	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.)	339.52	1324.05	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) >	11381.32	115184.06	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	11381.32	115184.06	20
	II. Disbursements			
21.	Operating Expenditures:			
	a. Shared Federal/Non Federal (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	162.41	21(b)
	c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	162.41	21(c)
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	25500.00	165500.00	23
24.	Independent Expenditures (use Schedule F)	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:			
	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) >	25500.00	165662.41	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	25500.00	165662.41	31
	III. NetContributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	11041.80	113859.97	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	11041.80	113859.97	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	162.41	35
36.	Offsets to Operating Expenditures (from line 16)	0.00	0.00	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	0.00	162.41	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 (a) (1)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JUNE G. ARCE 19281 VALLEY VIEW AVE. WEST COVINA, CA 91792-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	10/25/2000	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
B. WENDY B. BALDEN 3019 CORTE PORCOFINO NEWPORT BEACH, CA 92660-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	10/25/2000	$35.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 350.00		
C. JULIE E. BARNARD 3159 SICILY AVE. COSTA MESA, CA 92626	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	10/25/2000	$30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
D. DANIEL F. BAGG 45 CLEARWAY NEWPORT COAST, CA 92657-	PACIFIC LIFE INSURANCE COMPANY ASSISTANT VICE PRESIDENT	10/25/2000	$60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 600.00		
E. ROBERT H. BEARSLEE 27612 ESCONA MISSION VIEJO, CA 92692-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	10/25/2000	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 500.00		
F. MARIANNE BIAT 1720 OCEAN BLVD. NEWPORT BEACH, CA 92661-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	10/25/2000	$40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 400.00		
F. PAULA M BERGER 1633 BOULDER CREEK RD. OCEANSIDE, CA 92056	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	10/25/2000	$60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 600.00		

SUBTOTAL of Receipts This Page (optional) 315.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code DIANA L. SATONTE 1253 RUTLAND ROAD NEWPORT BEACH, CA 92660 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE INC. Occupation: SUPERVISOR Aggregate Year-to-Date $ 250.00	10/25/2000	$25.00
B. Full Name, Mailing Address and ZIP Code [illegible] 98 NAVARRE IRVINE, CA 92612- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 500.00	10/25/2000	$50.00
C. Full Name, Mailing Address and ZIP Code LYNWOOD C. BONDE 15555 [illegible] MISSION VIEJO, CA 92691- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	10/25/2000	$25.00
D. Full Name, Mailing Address and ZIP Code ANTHONY J. [illegible] 15 BAYVIEW IRVINE, CA 92614- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 205.00	10/25/2000	$25.00
E. Full Name, Mailing Address and ZIP Code TIMOTHY J. BRENNAN 16827 CRYSTAL SPRINGS CHESTERFIELD, MO 63005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: WHOLESALER Aggregate Year-to-Date $ 200.00	10/25/2000	$20.00
F. Full Name, Mailing Address and ZIP Code ALAN H BROWN 18081 IVORYCREST LANE HUNTINGTON BEACH, CA 92543-107 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 355.00	10/25/2000	$40.00
F. Full Name, Mailing Address and ZIP Code JUDITH L. BROWN 26001 BLASCOS MISSION VIEJO, CA 92691- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 705.00	10/25/2000	$75.00

SUBTOTAL of Receipts This Page (optional)	260.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 20

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. ROBERT A BRUNO 11198 ST. MICHAELS DRIVE DALLAS, TX 75230 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: NATIONAL SALES MANAGER, AVP Aggregate Year-to-Date $ 600.00	10/25/2000	$100.00
B. DENNY D. BYRNO 29132 ALPIERI STREET LAGUNA NIGUEL, CA 92677- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 400.00	10/25/2000	$40.00
C. MICHAEL J BUSHARD 2137 ALBANY DR. FRANKLIN, TN 37067- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	10/25/2000	$25.00
D. EDWARD R. BYRD 17520 PAGE COURT YORBA LINDA, CA 92886-386 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 570.00	10/25/2000	$50.00
E. LARRY CARR 31755 SEACLIFF DR. LAGUNA BEACH, CA 92677- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 2625.00	10/25/2000	$300.00
F. JOHN E. CARLSON 55 GILLMAN STREET IRVINE, CA 92612 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	10/25/2000	$25.00
F. DAVID R. CARMICHAEL 1525 SERENADE TERRACE CORONA DEL MAR, CA 92625- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 1850.00	10/25/2000	$200.00

SUBTOTAL of Receipts This Page (optional) 750.00

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

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code JOSEPH E. CELENTANO 26661 CAMPEGINO MISSION VIEJO, CA 92691- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 560.00	10/25/2000	$50.00
B. Full Name, Mailing Address and ZIP Code CHARON A. QUEROUD 25721 MIRA VISTA LAGUNA NIGUEL, CA 92677- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 470.00	10/25/2000	$50.00
C. Full Name, Mailing Address and ZIP Code LAURIE CHURCH 21851 NEWLAND ST., #246 HUNTINGTON BEACH, CA 92646- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 220.00	10/25/2000	$25.00
D. Full Name, Mailing Address and ZIP Code BERNADINE E. CHWALEK 31741 KNACKLETON ISLE DANA POINT, CA 92629- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 670.00	10/25/2000	$70.00
E. Full Name, Mailing Address and ZIP Code KATHLEEN A. CLUNE 858 S. BLUEBIRD CIRCLE ANAHEIM HILLS, CA 92807- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 200.00	10/25/2000	$20.00
F. Full Name, Mailing Address and ZIP Code CYNTHIA C. COATES 1109 DELAWARE STREET HUNTINGTON BEACH, CA 92648- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 350.00	10/25/2000	$35.00
F. Full Name, Mailing Address and ZIP Code GAIL L. COBIN 31424 WEST NINE DRIVE LAGUNA NIGUEL, CA 92677- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 400.00	10/25/2000	$40.00

SUBTOTAL of Receipts This Page (optional)	290.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

A. Full Name, Mailing Address and ZIP Code CHRISTINE L. COLCORD 716 1/2 JASMINE AVE. CORONA DEL MAR, CA 92625- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 233.32	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period $33.33
B. Full Name, Mailing Address and ZIP Code DENNIS M. CORBETT 15136 TOURAINE WAY IRVINE, CA 92604- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer PACIFIC LIFE INSURANCE COMPANY Occupation EXECUTIVE Aggregate Year-to-Date $ 500.00	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period $50.00
C. Full Name, Mailing Address and ZIP Code CAMERON COSGROVE 27741 MOTHERLOOR COURT LAGUNA NIGUEL, CA 92677 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer PACIFIC LIFE INSURANCE COMPANY Occupation EXECUTIVE Aggregate Year-to-Date $ 420.00	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period $42.00
D. Full Name, Mailing Address and ZIP Code DANIEL C. CRAIN 36 WINTERGREEN IRVINE, CA 92604- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer PACIFIC LIFE INSURANCE COMPANY Occupation EXECUTIVE Aggregate Year-to-Date $ 305.00	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period $40.00
E. Full Name, Mailing Address and ZIP Code PAUL J. CROXTON 33132 HILLSIDE TERRACE SAN JUAN CAPISTRANO, CA 92675-114 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer PACIFIC LIFE INSURANCE COMPANY Occupation EXECUTIVE Aggregate Year-to-Date $ 400.00	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period $40.00
F. Full Name, Mailing Address and ZIP Code DEBRA J. CUNNINGHAM 2712 LIGHTHOUSE LANE CORONA DEL MAR, CA 92625 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer PACIFIC LIFE INSURANCE COMPANY Occupation EXECUTIVE Aggregate Year-to-Date $ 250.00	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period $25.00
G. Full Name, Mailing Address and ZIP Code MICHAEL A. CURRY 10673 RED BERRY CT. FISHERS, IN 46038- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer PACIFIC LIFE INSURANCE COMPANY Occupation EXECUTIVE Aggregate Year-to-Date $ 500.00	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period $50.00

SUBTOTAL of Receipts This Page (optional) 290.33

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

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code STEPHANIE J. CURRY 136 GREENFIELD IRVINE, CA 92614- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 476.00	10/25/2000	$50.00
B. Full Name, Mailing Address and ZIP Code DIANE W. DALES 28 CLERMONT NEWPORT COAST, CA 92657- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	10/25/2000	$25.00
C. Full Name, Mailing Address and ZIP Code LINDA K. DAVIS 38 A FOREST DRIVE SPRINGFIELD, NJ 07081- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 455.00	10/25/2000	$50.00
D. Full Name, Mailing Address and ZIP Code CYNTHIA E. DILLION 7 BODEGA BAY CORONA DEL MAR, CA 92625- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 1155.00	10/25/2000	$120.00
E. Full Name, Mailing Address and ZIP Code EMILE C. DUROCHER 23961 CORMORANT LANE LAGUNA NIGUEL, CA 92677- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 500.00	10/25/2000	$50.00
F. Full Name, Mailing Address and ZIP Code RICHARD S. EASTLYN 27556 VALLEY RIM CIRCLE SAN JUAN CAPISTRAN, CA 92675- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 600.00	10/25/2000	$60.00
G. Full Name, Mailing Address and ZIP Code NANCY Z. ENOMOTO 2001 BARRANCA NEWPORT BEACH, CA 92660 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 235.00	10/25/2000	$25.00

SUBTOTAL of Receipts This Page (optional) $80.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. MARK R. FALK 64 SUMMERSTONE IRVINE, CA 92614-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE $ 750.00	10/25/2000	$75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
B. CURTIS S. FARRELL 860 NEWPORT CENTER DR. NEWPORT BEACH, CA 92660-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE $ 250.00	11/25/2000	$25.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):			
C. STEVEN T. FATICONE 6510 CONTINENTAL CLUB PLACE BRADENTON, FL 34202-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE $ 300.00	10/25/2000	$30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
D. MICHAEL P. FENTON 4 CEDARLAKE IRVINE, CA 92614-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE $ 500.00	10/25/2000	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
E. RICHARD P. FERNANDEZ 1535 TERRENO AVENUE D-1 LONG BEACH, CA 90804-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE $ 250.00	10/25/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
F. WILLIAM L. FERRIS 1990 PORT EDWARDS CIRCLE NEWPORT BEACH, CA 92660-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE $ 2925.00	10/25/2000	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
G. DAVID R. FIKSAR 718 X TSANGA CORONA DEL MAR, CA 92625-172	PACIFIC LIFE INSURANCE COMPANY ASSISTANT VICE PRESIDENT $ 250.00	10/25/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code MARTIN J. FLEISCHMAN 2315 CALLE GUADALAJARA SAN CLEMENTE, CA 92673 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 200.00	10/25/2000	$20.00
B. Full Name, Mailing Address and ZIP Code MARC S. FRANKLIN 1942 PORT ALBANS PLACE NEWPORT BEACH, CA 92660- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer PACIFIC LIFE INSURANCE COMPANY Occupation EXECUTIVE Aggregate Year-to-Date $ 420.00	10/25/2000	$42.00
C. Full Name, Mailing Address and ZIP Code JOHN D. FRICK, Jr. 11471 KEARNEY WAY GARDEN GROVE, CA 92840- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer PACIFIC LIFE INSURANCE COMPANY Occupation EXECUTIVE Aggregate Year-to-Date $ 200.00	10/25/2000	$20.00
D. Full Name, Mailing Address and ZIP Code LOUIS A GARDNER 8 KLAMATH IRVINE, CA 92612-222 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer PACIFIC LIFE INSURANCE COMPANY Occupation EXECUTIVE Aggregate Year-to-Date $ 400.00	10/25/2000	$38.00
E. Full Name, Mailing Address and ZIP Code DAVID W. GARTLEY 3 KLAMATH IRVINE, CA 92612- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer PACIFIC LIFE INSURANCE COMPANY Occupation EXECUTIVE Aggregate Year-to-Date $ 300.00	10/25/2000	$30.00
F. Full Name, Mailing Address and ZIP Code MARTHA A. GATES 31411 MONTEREY LAGUNA, CA 92677 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer PACIFIC LIFE INSURANCE COMPANY Occupation EXECUTIVE Aggregate Year-to-Date $ 470.00	10/25/2000	$50.00
F. Full Name, Mailing Address and ZIP Code BRIAN F. GOEBEL 818 SAN NICOLAS CIRCLE HUNTINGTON BEACH, CA 92648- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer PACIFIC LIFE INSURANCE COMPANY Occupation EXECUTIVE Aggregate Year-to-Date $ 600.00	10/25/2000	$60.00

SUBTOTAL of Receipts This Page (optional)	280.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC.

A. Full Name, Mailing Address and ZIP Code FRANK J GOSTE 7 SOVENTO IRVINE, CA 92606-	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period $35.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE		
	Aggregate Year-to-Date $ 335.00		
B. Full Name, Mailing Address and ZIP Code KEVIN P. GOODMAN 310 ALISO AVE. NEWPORT BEACH, CA 92663-	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period $30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE		
	Aggregate Year-to-Date $ 300.00		
C. Full Name, Mailing Address and ZIP Code ELLEN C. GOODMAN 310 ALISO AVE. NEWPORT BEACH, CA 92663-	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period $30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE		
	Aggregate Year-to-Date $ 300.00		
D. Full Name, Mailing Address and ZIP Code KARLA C. GRAHAM 23841 ROSEWOOD MISSION VIEJO, CA 92691-	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period $30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE		
	Aggregate Year-to-Date $ 300.00		
E. Full Name, Mailing Address and ZIP Code ADRIAN S. ORTEGA 8766 CANARY AVE. FOUNTAIN VALLEY, CA 92708	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period $40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE		
	Aggregate Year-to-Date $ 400.00		
F. Full Name, Mailing Address and ZIP Code IRENE L. HALLETT 26020 WOOD CANYON DR. ALISO VIEJO, CA 92656-	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period $30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE		
	Aggregate Year-to-Date $ 339.00		
F. Full Name, Mailing Address and ZIP Code STANLEY E HANSEN 8959 A. HARRIS PT. DRIVE CINCINNATI, OH 45249-	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period $125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE		
	Aggregate Year-to-Date $ 1175.00		

SUBTOTAL of Receipts This Page (optional) 315.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. BRENDA K. BARWIG 1311 BARLIGN ST. SANTA ANA, CA 92705- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	10/25/2000	$25.00
B. JERR R. HARRISON 59 BENNINGTON IRVINE, CA 9260 - Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 525.00	10/25/2000	$25.00
C. NANCY R. HARRIS 300 EAST COAST HWY #26 NEWPORT BEACH, CA 92660- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 225.00	10/25/2000	$25.00
D. ROBERT S. HASKELL 115 VIA WAZIERE NEWPORT BEACH, CA 92663 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: SENIOR VICE PRESIDENT Aggregate Year-to-Date $ 1130.00	10/25/2000	Amount of Each Receipt this Period $115.00
E. ELAINE M. HAVENS 2723 MIRAMAR DR. NEWPORT BEACH, CA 92662- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 1225.00	10/25/2000	$0.00
F. DALE R. HANLEY 1137 SUNSET CLIFFS BLVD. SAN DIEGO, CA 92107- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 593.00	10/25/2000	Amount of Each Receipt this Period $58.00
F. YVONNE R. HAYWARD 28424 PUEBLO DRIVE TRABUCO CANYON, CA 92679- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	10/25/2000	Amount of Each Receipt this Period $20.00

SUBTOTAL of Receipts This Page (optional) 293.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 11 OF 27

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. ALBERT E. DEILES 408 AVONLEA COURT GIBSONIA, PA 15044- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 440.00	10/25/2000	$25.00
B. ROBERT J. HEMSTRAD 2335 RANCHO DEL ORO RD. 4 OCEANSIDE, CA 92056- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 500.00	10/25/2000	$50.00
C. KEVIN A. KENDRA 58 VIAGGIO LANE FOOTHILL RANCH, CA 92610- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 220.00	10/25/2000	$25.00
D. ANTHONY P. KENSLER 862 ROLLINGWOOD DR. VILLA HILLS, KY 41017- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 470.00	10/25/2000	$47.00
E. WILLIAM L. HEADELWOOD 23981 CATBIRD COURT LAGUNA NIGUEL, CA 92677- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 500.00	10/25/2000	$50.00
F. DAVID L. HICKS, III 25331 RENDERA MISSION VIEJO, CA 92691- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 310.00	10/25/2000	$31.00
F. HOWARD T. HIRAKANA 7 SANDERLING LANE ALISO VIEJO, CA 92656- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 340.00	10/25/2000	$40.00

SUBTOTAL of Receipts This Page (optional) 268.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code KAY M. HUGHES 17189 SANTA LUCIA ST. FOUNTAIN VALLEY, CA 92708- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 230.00	10/25/2000	$20.00
B. Full Name, Mailing Address and ZIP Code MARYBETH HUGHES 7283 WATERMAN WAY COSTA MESA, CA 92627- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	10/25/2000	$30.00
C. Full Name, Mailing Address and ZIP Code KENNETH E. JACK P. O. BOX 15193 NEWPORT BEACH, CA 92659- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 540.00	10/25/2000	$60.00
D. Full Name, Mailing Address and ZIP Code CAROL A. JENSEN 700 FIFTH AVENUE SEATTLE, WA 98104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 238.00	10/25/2000	$25.00
E. Full Name, Mailing Address and ZIP Code DARYLE G. JOHNSON 5 ALTAIR IRVINE, CA 92612- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 1850.00	10/25/2000	$200.00
F. Full Name, Mailing Address and ZIP Code KENT R. JOHNSON 25621 DEL NORTE LAGUNA NIGUEL, CA 92677- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 850.00	10/25/2000	$25.00
F. Full Name, Mailing Address and ZIP Code MARK J. JOHNSON 1817 LEADBURN ROAD TOWSON, MD 21204- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 1000.00	10/25/2000	$100.00

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FORM LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code ROGER D. KAHLE 11659 SYMMERS CREEK DR. LOVELAND, OH 45140-934 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 200.00	10/25/2000	$20.00
B. Full Name, Mailing Address and ZIP Code JOHN KALIANOV 24683 AVENIDA RIVIERA LAGUNA NIGUEL, CA 92677- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 200.00	10/25/2000	$20.00
C. Full Name, Mailing Address and ZIP Code SUZANNE T. KAMPA 5531 STANFORD AVENUE GARDEN GROVE, CA 92845- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 320.00	10/25/2000	$35.00
D. Full Name, Mailing Address and ZIP Code ANITA KARANJIA 9 MONTECILO PROVIDE RANCH, CA 92610 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 335.00	10/25/2000	$35.00
E. Full Name, Mailing Address and ZIP Code ANDREW C. KARLINSKI 5 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 $ 900.00	11/25/2000	$100.00
F. Full Name, Mailing Address and ZIP Code ROBERT D. KEHRER 31 ENSUENO WEST IRVINE, CA 92620- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 500.00	10/25/2000	$50.00
F. Full Name, Mailing Address and ZIP Code BRIAN D. KLEMENS 24611 BENJAMIN CIRCLE DANA POINT, CA 92629- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 400.00	10/25/2000	$40.00

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FORM INF NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

A. Full Name, Mailing Address and ZIP Code GENE E. KNUTH 30642 PASEO DEL NORTE LAGUNA NIGUEL, CA 92677- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer PACIFIC LIFE INSURANCE COMPANY Occupation EXECUTIVE Aggregate Year-to-Date $ 200.00	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period $20.00
B. Full Name, Mailing Address and ZIP Code EUGENE E. KOLASNY 8350 EARS COVE BURR RIDGE, IL 60521- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer PACIFIC LIFE INSURANCE COMPANY Occupation EXECUTIVE Aggregate Year-to-Date $ 300.00	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period $30.00
C. Full Name, Mailing Address and ZIP Code JANETTE KOLEGA 31879 CIRCLE DRIVE LAGUNA BEACH, CA 92677- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer PACIFIC LIFE INSURANCE COMPANY Occupation EXECUTIVE Aggregate Year-to-Date $ 250.00	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period $25.00
D. Full Name, Mailing Address and ZIP Code JAMES B. KUENNERT 2770 MENDOZA DRIVE COSTA MESA, CA 92626- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer PACIFIC LIFE INSURANCE COMPANY Occupation EXECUTIVE Aggregate Year-to-Date $ 450.00	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period $45.00
E. Full Name, Mailing Address and ZIP Code FLETCHER C. LARSON 707 AVENIDA MIRMAR PALOS VERDES, CA 90274- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer PACIFIC LIFE INSURANCE COMPANY Occupation EXECUTIVE Aggregate Year-to-Date $ 750.00	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period $75.00
F. Full Name, Mailing Address and ZIP Code WAYNE D. LEHMAN 3570 PECAN IRVINE, CA 92606- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer PACIFIC LIFE INSURANCE COMPANY Occupation EXECUTIVE Aggregate Year-to-Date $ 315.00	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period $35.00
F. Full Name, Mailing Address and ZIP Code 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 $ 700.00	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period $70.00

SUBTOTAL of Receipts This Page (optional) 300.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEPHEN LE 879 PROSPECT PLACE COSTA MESA, CA 92626-	PACIFIC LIFE INSURANCE COMPANY	10/25/2000	$75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date $ 735.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE T. LONNYEAR 17992 ATHENS AVENUE VILLA PARK, CA 92861-	PACIFIC LIFE INSURANCE COMPANY	10/25/2000	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date $ 500.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS J. LOSEE 145 CARIBE ISLE NEWPORT, CA 92649-	PACIFIC LIFE INSURANCE COMPANY	10/25/2000	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date $ 300.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES C. MALES 31671 VIA PATO TRABUCO CANYON, CA 92679-	PACIFIC LIFE INSURANCE COMPANY	10/25/2000	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date $ 370.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DESMOND G. MARSH 74 SETON RD. IRVINE, CA 92612-	PACIFIC LIFE INSURANCE COMPANY	10/25/2000	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date $ 500.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS T. MAYS 6472 DEEPCLIFF DRIVE HUNTINGTON BEACH, CA 92648-	PACIFIC LIFE INSURANCE COMPANY	10/25/2000	$35.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date $ 335.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GAIL H. MC INTOSH 622 18TH STREET HUNTINGTON BEACH, CA 92648-	PACIFIC LIFE INSURANCE COMPANY	10/25/2000	$45.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date $ 450.00		

SUBTOTAL of Receipts This Page (optional)	335.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code JULIA E. MC KINNEY 207 N. ELLERY DR. SAN PEDRO, CA 90732-270 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	10/25/2000	$25.00
B. Full Name, Mailing Address and ZIP Code HENRY M. MC MILLAN 4006 INLET ISLE CORONA DEL MAR, CA 92625- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 625.00	10/25/2000	$65.00
C. Full Name, Mailing Address and ZIP Code DAVID L. MEEKER, JR. 698 RUSTIC VALLEY DALLWIN, MO 63021- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 200.00	10/25/2000	$20.00
D. Full Name, Mailing Address and ZIP Code IOANNIS K. MERAS 1820 GRACE AVENUE SAN JOSE, CA 95125- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 500.00	10/25/2000	$50.00
E. Full Name, Mailing Address and ZIP Code CAROLYN J MIDDLEBROOKS 2024 E. OCEAN BLVD. BALBOA, CA 92661-152 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	10/25/2000	$25.00
F. Full Name, Mailing Address and ZIP Code 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 $ 1000.00	10/25/2000	$100.00
F. Full Name, Mailing Address and ZIP Code 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 $ 870.00	10/25/2000	$90.00

SUBTOTAL of Receipts This Page (optional) $75.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
KIMBERLEY S. MILLER 21902 JINETES MISSION VIEJO, CA 92691-	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	10/25/2000	$30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
LYNN C. MILLER 6 DORCHESTER GREEN LAGUNA NIGUEL, CA 92677-	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 840.00	10/25/2000	$84.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
JOSE T. MESCOLTA JR. 32417 AVE. DE LOS NINOS LAGUNA NIGUEL, CA 92677-3[illegible]	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	10/25/2000	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
MARY E. MORGAN [illegible] DUFFOUR RIDGE IRVINE, CA 92606-	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 670.00	10/25/2000	$70.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
JAMES T. MORRIS 29022 PINTAIL CIRCLE LAGUNA NIGUEL, CA 92677-	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 1070.00	10/25/2000	$110.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
JOHN G. MULVIHILL 2106 COLINA VISTA CT. COSTA MESA, CA 92627-	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	10/25/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
JOHN D. MURRAY 916 SANDCASTLE DRIVE CORONA DEL MAR, CA 92625-	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 500.00	10/25/2000	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional) 297.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 18	OF 37
	FOR LINE NUMBER 11(a)(i)	

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code MICHELE A. KYSZKA 26206-D SANZ MISSION VIEJO, CA 92691- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 200.00	10/25/2000	$10.00
B. Full Name, Mailing Address and ZIP Code EDWARD T. NILSEN 16 PAPPAGALLO PT. ALISO VIEJO, CA 92656- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: SUPERVISOR Aggregate Year-to-Date $ 237.49	10/25/2000	$25.00
C. Full Name, Mailing Address and ZIP Code FRANK H NORTON II 18619 CITRONIA ST. NORTHRIDGE, CA 91324- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 392.50	10/25/2000	$40.00
D. Full Name, Mailing Address and ZIP Code LAURA L. OLDER 3100 N. ELM ST., #382 GREENSBORO, NC 27408- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: BRANCH MANAGER Aggregate Year-to-Date $ 416.70	10/25/2000	$41.67
E. Full Name, Mailing Address and ZIP Code DARAGH M. O'SULLIVAN 177 22ND ST., APT. 4 COSTA MESA, CA 92627-176 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: ASSISTANT VICE PRESIDENT Aggregate Year-to-Date $ 840.00	10/25/2000	$84.00
F. Full Name, Mailing Address and ZIP Code WALTER OLIVARES 3410 MEADOW BROOK COSTA MESA, CA 92626- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 235.00	10/25/2000	$25.00
F. Full Name, Mailing Address and ZIP Code ROBERT L. OLSEN 15083 HUMPHREY CIRCLE IRVINE, CA 92604 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 850.00	10/25/2000	$100.00

SUBTOTAL of Receipts This Page (optional)	325.67
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. RICHARD P. OLSON 24852 CAMBERWELD LAGUNA HILLS, CA 92653-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE $ 250.00	10/25/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
B. CHRISTA R. OSTO [illegible] MISSION VIEJO, CA 92692-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE $ 285.00	10/25/2000	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
C. ELAINE S. OWENS 24252 LYSANDA DRIVE MISSION VIEJO, CA 92691	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE $ 375.00	10/25/2000	$40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
D. HEATHER A. PAIGE 23152 BOROLINK DR. LAGUNA NIGUEL, CA 92677-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE $ 250.00	10/25/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
E. PETER R. PASTRE 1954 FORT ALBANY PLACE NEWPORT BEACH, CA 92660-	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE $ 450.00	10/25/2000	$45.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
F. TIM M. PATTERSON 17561 ANGLIN LANE TIFTON, GA 31793-392	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE $ 250.00	10/25/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
F. DONALD W. PEARSON P. O. BOX 1397 TIFTON, GA 31793	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE $ 225.00	10/25/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional) 215.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code ALYCE PETERSON 2906 VIA HIDALGO SAN CLEMENTE, CA 92673- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: ASSISTANT VICE PRESIDENT Aggregate Year to Date $ 690.00	10/25/2000	$45.00
B. Full Name, Mailing Address and ZIP Code D.P. PILLION 915 STORE RD VILLANOVA, PA 19085-202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 400.00	10/25/2000	$40.00
C. Full Name, Mailing Address and ZIP Code YVES F. PINKOWITZ 5831 FURNACE CREEK YORBA LINDA, CA 92886- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 421.00	10/25/2000	$43.00
D. Full Name, Mailing Address and ZIP Code THOMAS P. PISTOLE SR. 447 LEXINGTON CIRCLE OCEANSIDE, CA 92057 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 205.00	10/25/2000	$25.00
E. Full Name, Mailing Address and ZIP Code THEODORE A. PREMER 337 CHERRY TREE LANE NEWPORT BEACH, CA 92660- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 440.00	10/25/2000	$50.00
F. Full Name, Mailing Address and ZIP Code JOSEPH A. PUM 33 BOLERO MISSION VIEJO, CA 92692- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	10/25/2000	$30.00
F. Full Name, Mailing Address and ZIP Code NORMAN QUONG 601 VAN NESS AVE. SAN FRANCISCO, CA 94102- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 200.00	10/25/2000	$20.00

SUBTOTAL of Receipts This Page (optional) 253.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code LESTER F. REAGAN 1318 LAWRENCE ROAD MOLENA, GA 30258- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 500.00	10/25/2000	$50.00
B. Full Name, Mailing Address and ZIP Code JAMES R. RICE 11 STILLWATER IRVINE, CA 92612- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 550.00	10/25/2000	$55.00
C. Full Name, Mailing Address and ZIP Code KRIS M. RESH 1500 SUNSET RD. #F-1 WARDON COUNCIL, FL 32680 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 229.00	10/25/2000	$25.00
D. Full Name, Mailing Address and ZIP Code GERALD W. ROBINSON 32 CANYON RIDGE IRVINE, CA 92612- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 650.00	10/25/2000	$65.00
E. Full Name, Mailing Address and ZIP Code THOMAS M. RONCE 33 PALAEMO IRVINE, CA 92614- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: ASSISTANT VICE PRESIDENT-TAX Aggregate Year-to-Date $ 300.00	10/25/2000	$30.00
F. Full Name, Mailing Address and ZIP Code WARNELL B. ROSENBERG 11161 YARMOUTH ROAD SANTA ANA, CA 92705- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 400.00	10/25/2000	$40.00
F. Full Name, Mailing Address and ZIP Code MICHAEL D. RUSSELL 209 DIAMOND AVE. BALDOA ISLAND, CA 92662- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 226.00	10/25/2000	$25.00

SUBTOTAL of Receipts This Page (optional)	290.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code ROBERT D. RUSSELL 51202 EASTCHURCH CHAPEL HILL, NC 27514- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 425.00	10/25/2000	$50.00
B. Full Name, Mailing Address and ZIP Code GLENN B. BLAAFER 1316 COLONY PLAZA, #139 NEWPORT BEACH, CA 92660- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 3500.00	10/25/2000	$250.00
C. Full Name, Mailing Address and ZIP Code RICHARD J SCHINDLER 12530 SUMMIT KANSAS CITY, MO 64145-119 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 400.00	10/25/2000	$40.00
D. Full Name, Mailing Address and ZIP Code PEGGY L. SCHMIDT 9 ALBA EAST IRVINE, CA 92620- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	10/25/2000	$20.00
E. Full Name, Mailing Address and ZIP Code GENE S. SCHOFIELD 16 LEHIGH AISLE IRVINE, CA 92612- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 824.50	10/25/2000	$83.50
F. Full Name, Mailing Address and ZIP Code KIMBERLY K. SCHULTZ 20392 CALL PINON SAN JUAN CAPISTRANO Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 350.00	10/25/2000	$50.00
F. Full Name, Mailing Address and ZIP Code CATHY L. SCHWARTZ 4230 PARK NEWPORT #303 NEWPORT BEACH, CA 92660- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	10/25/2000	$25.00

SUBTOTAL of Receipts This Page (optional)	618.50
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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. SONJA V. SCOTT 16 MCLEAN IRVINE, CA 92620 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	10/25/2000	$25.00
B. WILLIAM G. SHARP 28256 CONTIER MISSION VIEJO, CA 92692- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 500.00	10/25/2000	$50.00
C. CHRISTY C SHERRELL 2315 VIA MATRO SAN CLEMENTE, CA 92673 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 205.00	10/25/2000	$25.00
D. STEVEN P. SHORTER 15 LINDSES NEWPORT COAST, CA 92657- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	10/25/2000	$25.00
E. FRANK S. SIMON 21772 HERENCIA MISSION VIEJO, CA 92692- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 835.00	10/25/2000	$85.00
F. SUSAN E. SIMPSON 250 S. SILVERWOOD CIRCLE ANAHEIM HILLS, CA 92807- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 264.00	10/25/2000	$30.00
F. THOMAS L. SIPPL 29752 CHARRERDAS LAGUNA NIGUEL, CA 92677 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 285.00	10/25/2000	$30.00

SUBTOTAL of Receipts This Page (optional) 270.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code ARTHUR K. SOBCZAK III 14718 CAMDEN DRIVE STRONGSVILLE, OH 44136- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 450.00	10/25/2000	$45.00
B. Full Name, Mailing Address and ZIP Code JOSEPH A. SONSINI 50 RUSHINGWIND IRVINE, CA 92614- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 200.00	10/25/2000	$20.00
C. Full Name, Mailing Address and ZIP Code JOSEPH W. SPADARO 27 TOULON LAGUNA NIGUEL, CA 92677- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: MANAGER RISK MGMT. Aggregate Year-to-Date $ 205.00	10/25/2000	$25.00
D. Full Name, Mailing Address and ZIP Code PENNY S. SPARKS 1661 UTAH CIRCLE COSTA MESA, CA 92626-223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 285.00	10/25/2000	$30.00
E. Full Name, Mailing Address and ZIP Code MARVIN C. STEAKLEY JR. 100 HARBOR WOODS PLACE NEWPORT BEACH, CA 92660- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 335.00	10/25/2000	$35.00
F. Full Name, Mailing Address and ZIP Code WILLIAM B. STOBBART 12561 SENSON OVERLAND PARK, KS 66213- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: SALES DIRECTOR Aggregate Year-to-Date $ 300.00	10/25/2000	$30.00
F. Full Name, Mailing Address and ZIP Code ROBERT S. STREVELL 4303 BRIGHTWOOD HOUSTON, TX 77068- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	10/25/2000	$35.00

SUBTOTAL of Receipts This Page (optional)	210.00
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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code CAROL R. SUDBECK 17 FECAMP NEWPORT COAST, CA 92657- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	10/25/2000	$25.00
B. Full Name, Mailing Address and ZIP Code CHRISTINA M. SUMPTER 10306 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 $ 800.00	10/25/2000	$80.00
C. Full Name, Mailing Address and ZIP Code 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 $ 4166.60	10/25/2000	$416.66
D. Full Name, Mailing Address and ZIP Code WILLIAM K. TACHIKI 975 LANSING LANE COSTA MESA, CA 92626- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 355.00	10/25/2000	$40.00
E. Full Name, Mailing Address and ZIP Code STEVEN R. TANIHANA 2707 SALEROSO DRIVE ROWLAND HEIGHTS, CA 91748- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	10/25/2000	$30.00
F. Full Name, Mailing Address and ZIP Code ALICE P. TERLECKY 2130 CAMINO LAUREL SAN CLEMENTE, CA 92673-563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	10/25/2000	$25.00
F. Full Name, Mailing Address and ZIP Code JOHN G. CORELL 355 S. LORETTA DRIVE ORANGE, CA 92869- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 285.00	10/25/2000	$30.00

SUBTOTAL of Receipts This Page (optional)	665.66
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code KHANH T. TRAN 36 MONTECILLO IRVINE, CA 92620- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 200.00	10/25/2000	$20.00
B. Full Name, Mailing Address and ZIP Code SUSAN L. COLLY PMB 157, 6929 N. HAYDEN RD. SCOTTSDALE, AZ 85250- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 420.00	10/25/2000	$60.00
C. Full Name, Mailing Address and ZIP Code WILLIAM VINSON 26701 QUAIL CREEK NO. 116 LAGUNA HILLS, CA 92656 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $ 400.00	10/25/2000	$400.00
D. Full Name, Mailing Address and ZIP Code JOHN E WALDECK 10 COLUMBIA IRVINE, CA 92612- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	10/25/2000	$25.00
E. Full Name, Mailing Address and ZIP Code [illegible] & WALLACE P.O. BOX 2463 NEWPORT BEACH, CA 92659-146 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	10/25/2000	$25.00
F. Full Name, Mailing Address and ZIP Code CATHERINE C. WALLACH 28 GEARLUFF NEWPORT BEACH, CA 92660- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	10/25/2000	$25.00
F. Full Name, Mailing Address and ZIP Code NANCY A. WEBB 12266 CIRCULA PANORAMA SANTA ANA, CA 92705- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 500.00	10/25/2000	$50.00

SUBTOTAL of Receipts This Page (optional)	605.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. PATRICIA L. WELLS 2203 PACIFIC DRIVE CORONA DEL MAR, CA 92625-280 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 250.00	10/25/2000	$25.00
B. JOHN WELLS 19 SUNFLOWER IRVINE, CA 92604- Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 400.00	10/25/2000	$40.00
C. KAREN S. WILEY 2342 COVENTRY CIRCLE FULLERTON, CA 92833- Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 345.00	10/25/2000	$40.00
D. LEE R. MITCHELL 16556 SUGARLOAF FOUNTAIN VALLEY, CA 92708- Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 850.00	10/25/2000	$85.00
E. ALAN D. WIRST 32 COLORIDO RN SN MARGARITA, CA 92690- Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 200.00	10/25/2000	$20.00
F. CLAYTON M. YOKOTA 34632 CALLE LA PRIMAVERA DANA POINT, CA 92629 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year to Date $ 500.00	10/25/2000	$50.00
F. Full Name, Mailing Address and ZIP Code Receipt For: Primary General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 350.00

TOTAL This Period (last page this line number only) 9822.16

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF _

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

A. Full Name, Mailing Address and ZIP Code PACIFIC LIFE FEDERAL CREDIT UNION 700 NEWPORT CENTER DR. NEWPORT BEACH, CA 92660 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1124.03	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period $339.52
B. 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
C. 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
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
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

SUBTOTAL of Receipts This Page (optional)	339.52
TOTAL This Period (last page this line number only)	339.52

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full name, Mailing Address and ZIP code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. ABRAHAM SENATE 2000 26555 EVERGREEN ROAD, #[illegible] SOUTHFIELD, MI 48075	SPENCER ABRAHAM US SENATE; STATE: MI Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/25/2000	$2,000.00
B. CHRISTOPHER COX CONGRESSIONAL COMMITTEE P.O. BOX 8089-C NEWPORT BEACH, CA 92658	CHRISTOPHER COX US HOUSE; STATE: CA; DIST: 48 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/23/2000	$2,000.00
C. COMMITTEE TO RE-ELECT CONGRESSMAN ROHRABACHER P.O. BOX 822 HUNTINGTON BEACH, CA 92648	ROHRABACHER US HOUSE; STATE: CA; DIST: 45 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/23/2000	$500.00
D. DOOLEY FOR CONGRESS 501 CAPITOL COURT, N.E., SUITE 200 WASHINGTON, DC 20002	CAL DOOLEY US HOUSE; STATE: CA; DIST: 20 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/25/2000	$1,000.00
E. ELLEN TAUSCHER FOR CONGRESS 503 CAPITOL CENTER, N.E., SUITE 10 WASHINGTON, DC 20002	ELLEN TAUSCHER US HOUSE; STATE: CA; DIST: 10 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/25/2000	$1,000.00
F. ENSIGN FOR U.S. SENATE 1650 MARKET ST., 57TH FL. PHILADELPHIA, PA 19314	JOHN ENSIGN US SENATE; STATE: NV Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/25/2000	$1,000.00
G. FRIENDS OF CLAY SHAW 4451 BROOKFIELD CORPORATE DR., STE CHANTILLY, VA 20151	CLAY SHAW US HOUSE; STATE: FL; DIST: 22 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/25/2000	$1,000.00
H. FRIENDS OF JOHN TANNER 700 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660	JOHN TANNER US HOUSE; STATE: TN; DIST: 8 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/25/2000	$2,000.00
I. FRIENDS OF LOIS CAPPS 36 IVY ST., SE WASHINGTON, DC 20003	LOIS CAPPS US HOUSE; STATE: CA; DIST: 22 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/25/2000	$1,500.00

SUBTOTAL of Disbursements This Page (optional) 14000.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

A. Full name, Mailing Address and ZIP code JEFFORDS FOR VERMONT 507 CAPITOL COURT, NE, STE. 100 WASHINGTON, DC 20002	Purpose of Disbursement: JIM JEFFORDS US SENATE, STATE: VT Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period $2,000.00
B. Full name, Mailing Address and ZIP code NELSON FOR U.S. SENATE 10030 REGENCY CIRCLE OMAHA, NE 68114	Purpose of Disbursement BEN NELSON US SENATE, STATE: NE Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period $2,000.00
C. Full name, Mailing Address and ZIP code BILL NELSON P.O.BOX 10962 TALLAHASSEE, FL 32302	Purpose of Disbursement US SENATE: STATE: FL Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period $2,000.00
D. Full name, Mailing Address and ZIP code RE-ELECT BRIAN BILBRAY FOR CONGRESS 3622 DEL MAR HEIGHTS ROAD, STE. 36 SAN DIEGO, CA 92130	Purpose of Disbursement BRIAN BILBRAY US HOUSE: STATE: CA; DIST. 49 Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period $2,500.00
E. Full name, Mailing Address and ZIP code WALLY HERGER FOR CONGRESS P.O. BOX 16021 ALEXANDRIA, VA 22302	Purpose of Disbursement WALLY HERGER US HOUSE: STATE: CA; DIST. 2 Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period $1,000.00
F. Full name, Mailing Address and ZIP code ZELL MILLER FOR SENATE 1100 SPRING STREET SUITE 410 ATLANTA, GA 30309	Purpose of Disbursement ZELL MILLER US SENATE: STATE: GA Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period $2,000.00
G. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	11500.00
TOTAL This Period (last page this line number only)	25500.00

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 (R/C) 12-7-02
☐	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	

JM | J
PREPARER

12-11-02
DATE PREPARED

(6/2000)