

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Pacific Life Insurance Company Political Action Committee

ADDRESS (number and street) 700 Newport Center Drive

Check if different than previously reported. (ACC)

Newport Beach CA 92660

2. **FEC IDENTIFICATION NUMBER** C00068528

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input checked="" type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 12 01 2007 through 12 31 2007

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

Type or Print Name of Treasurer Robert Haskell

Signature of Treasurer Electronically Filed by Robert Haskell Date 05 05 2008

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

Office Use Only							
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		20761.19
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	77006.43									
(c) Total Receipts (from Line 19) .....	17221.98	218467.22								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	94228.41	239228.41								
7. Total Disbursements (from Line 31) .....	2000.00	147000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	92228.41	92228.41								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	16752.65	166598.60
(i) Itemized (use Schedule A) .....	469.33	51868.62
(ii) Unitemized .....	17221.98	218467.22
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	17221.98	218467.22
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	17221.98	218467.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17221.98	218467.22

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	147000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2000.00	147000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	147000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	17221.98	218467.22
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17221.98	218467.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 6 / 93
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. JUNE G ARCE		Date of Receipt
	Mailing Address 20050 EMERALD MEADOW DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	WALNUT	CA	91789
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10362101554
Name of Employer Pacific Life		Occupation DIR MKTG COMPLIANCE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	<input type="text"/> 50.00
			P/R Deduction (\$50.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. JULIE E TRASK		Date of Receipt
	Mailing Address 181 S CRAIG DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	ORANGE	CA	92869
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10362121554
Name of Employer Pacific Life		Occupation DIR CUSTOMER SERVICE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	<input type="text"/> 40.00
			P/R Deduction (\$40.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. DANIEL F BASS		Date of Receipt
	Mailing Address 531 PROMONTORY DR E		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	NEWPORT BEACH	CA	92660
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10362151554
Name of Employer Pacific Life		Occupation VP REINSURANCE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00	<input type="text"/> 0.00
			P/R Deduction (\$0.00 Monthly)

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) MS. LYNETTE G BONES</p> <p>Mailing Address 23955 WARSAW ST</p> <p>City State Zip Code MISSION VIEJO CA 92691</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Pacific Life      Occupation MGR RET ANN BUS DEV</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span></p> <p><b>Transaction ID:</b> PR10362221554</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">25.00</span></p> <p>P/R Deduction (\$25.00 Monthly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) MR. ANTHONY J BONNO</p> <p>Mailing Address 61 VERNAL SPG</p> <p>City State Zip Code IRVINE CA 92603</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Pacific Life      Occupation SR VP HR, FAC &amp; CORP TECH</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">3900.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span></p> <p><b>Transaction ID:</b> PR10362231554</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">400.00</span></p> <p>P/R Deduction (\$400.00 Monthly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) MR. ALAN H BROWN</p> <p>Mailing Address 505 13TH ST</p> <p>City State Zip Code HUNTINGTON BEACH CA 92648</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Pacific Life      Occupation AVP INFO TECH OPS</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">840.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span></p> <p><b>Transaction ID:</b> PR10362251554</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">70.00</span></p> <p>P/R Deduction (\$70.00 Monthly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">495.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. KATHLEEN N WILSON	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2525 JUANITA WAY	<b>Transaction ID:</b> PR10362271554
	City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$30.00 Monthly)
	Name of Employer Occupation Pacific Life SR PROJECT ANALYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. DEWEY P BUSHAW	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 29132 ALFIERI ST	<b>Transaction ID:</b> PR10362301554
	City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 167.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$167.00 Monthly)
	Name of Employer Occupation Pacific Life SR VP AMF CHF MKTG OFCR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1923.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. MICHAEL J BUSSARD	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 5256 LYSANDER LN	<b>Transaction ID:</b> PR10362311554
	City State Zip Code BRENTWOOD TN 37027	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$83.34 Monthly)
	Name of Employer Occupation Pacific Life REGIONAL VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. EDWARD R BYRD	Date of Receipt
	Mailing Address 17520 PAGE CT	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code YORBA LINDA CA 92886-3865	<b>Transaction ID:</b> PR10362321554
	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 110.00
	Name of Employer Pacific Life Occupation SR VP & CHF ACTG OFCR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1290.00	P/R Deduction (\$110.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. JOHN E CARLSON	Date of Receipt
	Mailing Address 55 GILLMAN ST	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code IRVINE CA 92612	<b>Transaction ID:</b> PR10362351554
	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.00
	Name of Employer Pacific Life Occupation AVP INS CNSL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. DAVID R CARMICHAEL	Date of Receipt
	Mailing Address 1525 SERENADE TER	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code CORONA DEL MAR CA 92625-1753	<b>Transaction ID:</b> PR10362361554
	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 416.00
	Name of Employer Pacific Life Occupation Sr. VP Gen Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4992.00	P/R Deduction (\$416.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JOSEPH E CELENTANO	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 26661 CAMPESINO	<b>Transaction ID:</b> PR10362381554
	City State Zip Code MISSION VIEJO CA 92691	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation SVP PROD & OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. SHARON A CHEEVER	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 33512 VALLE RD	<b>Transaction ID:</b> PR10362401554
	City State Zip Code SAN JUAN CAPISTRAN CA 92675-4838	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation Sr. VP Gen Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1155.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. LAURIE A CHURCH	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 21851 NEWLAND ST SPC 246	<b>Transaction ID:</b> PR10362421554
	City State Zip Code HUNTINGTON BEACH CA 92646	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Monthly)
Name of Employer Pacific Life	Occupation MGR STRUCT STTLMNTS OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 93  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

**A.**

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

Mailing Address 33741 SHACKLETON ISLE

City State Zip Code  
DANA POINT CA 92629

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

Name of Employer Pacific Life Occupation AVP INVEST CNSL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

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

**Transaction ID:** PR10362431554

Amount of Each Receipt this Period 0.00

P/R Deduction (\$0.00 Monthly)

**B.**

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

Mailing Address 1410 TANGLEWOOD DR

City State Zip Code  
CORONA CA 92882

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

Name of Employer Pacific Life Occupation VP & CHIEF LIFE UNDERWRITER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

**Transaction ID:** PR10362451554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
MS. KATHLEEN A CLUNE

Mailing Address 858 S BLUEBIRD CIR

City State Zip Code  
ANAHEIM CA 92807

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

Name of Employer Pacific Life Occupation AVP ASST TREASURER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** PR10362461554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. GAIL C MOSCOSO		Date of Receipt
	Mailing Address 31558 WEST NINE DR		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	LAGUNA NIGUEL	CA	92677
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Pacific Life		Occupation VP CLIENT SERVICES	<b>Transaction ID:</b> PR10362481554
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 720.00	Amount of Each Receipt this Period <input type="text"/> 60.00
			P/R Deduction (\$60.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. CHRISTINE L KELLERMAN		Date of Receipt
	Mailing Address 26571 VIA CALIFORNIA		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	CAPISTRANO BEACH	CA	92624
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Pacific Life		Occupation APPLIC DEV MGR	<b>Transaction ID:</b> PR10362491554
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 399.96	Amount of Each Receipt this Period <input type="text"/> 33.33
			P/R Deduction (\$33.33 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. BRENDAN L COLLINS		Date of Receipt
	Mailing Address 25551 ORCHARD RIM LN		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	LAKE FOREST	CA	92630
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Pacific Life		Occupation AVP PORT MGMT, IG TRADING	<b>Transaction ID:</b> PR10362501554
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 420.00	Amount of Each Receipt this Period <input type="text"/> 35.00
			P/R Deduction (\$35.00 Monthly)

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 93  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.**

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

Mailing Address 15136 TOURAIN WAY

City State Zip Code  
IRVINE CA 92604

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

Name of Employer Occupation  
Pacific Life VP TAX COMPLIANCE

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1155.00

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

Transaction ID: PR10362511554

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. CAMERON COSGROVE

Mailing Address 20455 VIA BURGOS

City State Zip Code  
YORBA LINDA CA 92887

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

Name of Employer Occupation  
Pacific Life VP LIFE CHIEF INFO OFFICER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1020.00

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

Transaction ID: PR10362531554

Amount of Each Receipt this Period  
85.00

P/R Deduction (\$85.00 Monthly)

**C.**

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

Mailing Address 36 WINTERGREEN

City State Zip Code  
IRVINE CA 92604

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

Name of Employer Occupation  
Pacific Life MGR PROD COMPLIANCE

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

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

Transaction ID: PR10362541554

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Monthly)

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

215.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. PAUL J CROXTON		Date of Receipt
	Mailing Address 30132 HILLSIDE TER		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	SN JUAN CAPISTRANO	CA	92675
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10362551554
Name of Employer Pacific Life		Occupation FVP FIELD WHOLESALING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 600.00	<input type="text"/> 50.00
			P/R Deduction (\$50.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. DEBRA CUNNINGHAM HONERKAMP		Date of Receipt
	Mailing Address 2712 LIGHTHOUSE LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	CORONA DEL MAR	CA	92625-1314
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10362561554
Name of Employer Pacific Life		Occupation AVP RE ASSET MGMT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 600.00	<input type="text"/> 50.00
			P/R Deduction (\$50.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. MICHAEL R CURRY		Date of Receipt
	Mailing Address 12162 WICKLOW LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	NAPLES	FL	34120
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10362571554
Name of Employer Pacific Life		Occupation FVP FIELD WHOLESALING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1050.00	<input type="text"/> 100.00
			P/R Deduction (\$100.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. STEPHANIE J CURRY		Date of Receipt	
	Mailing Address PO BOX 15358		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	
	City	State	Zip Code	<b>Transaction ID:</b> PR10362591554
	IRVINE	CA	92623-5358	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		<input type="text"/> 85.00	
Name of Employer Pacific Life		Occupation AVP ADVANCED SALES		P/R Deduction (\$85.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1005.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. DIANE W DALES		Date of Receipt	
	Mailing Address 28 CLERMONT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	
	City	State	Zip Code	<b>Transaction ID:</b> PR10362601554
	NEWPORT COAST	CA	92657	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		<input type="text"/> 50.00	
Name of Employer Pacific Life		Occupation AVP CREDIT ANALYSIS		P/R Deduction (\$50.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 600.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. LINDA D LARSON		Date of Receipt	
	Mailing Address 8315 ROAD R NW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	
	City	State	Zip Code	<b>Transaction ID:</b> PR10362621554
	QUINCY	WA	98848-9607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		<input type="text"/> 90.00	
Name of Employer Pacific Life		Occupation AVP IND COMPLIANCE		P/R Deduction (\$90.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1080.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 225.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 16 / 93  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Mailing Address 9740 E GRANITE PEAK TRL

City State Zip Code  
SCOTTSDALE AZ 85262-3140

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

Name of Employer Pacific Life Occupation FIELD VP MRKTNG AFFILIATE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  /  /

**Transaction ID:** PR10362661554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 2001 BARRANCA

City State Zip Code  
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation DIR IMD OPS RSK MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  /  /

**Transaction ID:** PR10362691554

Amount of Each Receipt this Period 35.00

P/R Deduction (\$35.00 Monthly)

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

Mailing Address 64 SUMMERSTONE

City State Zip Code  
IRVINE CA 92614

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

Name of Employer Pacific Life Occupation AVP STRATEGIC PROGRAMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  /  /

**Transaction ID:** PR10362711554

Amount of Each Receipt this Period 125.00

P/R Deduction (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **210.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. PETER S FIEK		Date of Receipt
	Mailing Address 22 ARCADE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	IRVINE	CA	92603
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10362771554
Name of Employer Pacific Life		Occupation AVP PORT MGMT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 25.00
			P/R Deduction (\$25.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. DAVID R FINEAR		Date of Receipt
	Mailing Address 718 K THANGA DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	CORONA DEL MAR	CA	92625
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10362781554
Name of Employer Pacific Life		Occupation AVP RE INVESTMENTS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 420.00	<input type="text"/> 35.00
			P/R Deduction (\$35.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. MARTIN J FLEISCHMAN		Date of Receipt
	Mailing Address 2915 CALLE GUADALAJARA		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	SAN CLEMENTE	CA	92673
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10362791554
Name of Employer Pacific Life		Occupation AVP SEPARATE ACCTS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 360.00	<input type="text"/> 30.00
			P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. MARTHA A GATES	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 31411 MONTEREY ST	<b>Transaction ID:</b> PR10362861554
	City State Zip Code LAGUNA BEACH CA 92651-6963	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$150.00 Monthly)
	Name of Employer Occupation Pacific Life SR VP OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1725.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. FRANK J GOETZ	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 7 SOVENTE	<b>Transaction ID:</b> PR10362901554
	City State Zip Code IRVINE CA 92606	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$70.00 Monthly)
	Name of Employer Occupation Pacific Life AVP NEW BUSINESS SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 816.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. KEVIN P GOODMAN	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 310 ALISO AVE	<b>Transaction ID:</b> PR10362911554
	City State Zip Code NEWPORT BEACH CA 92663	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Monthly)
	Name of Employer Occupation Pacific Life ACCUM PROD CONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

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

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

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

FOR LINE NUMBER: PAGE 19 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 310 ALISO AVE

City State Zip Code  
NEWPORT BEACH CA 92663

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

Name of Employer Pacific Life Occupation AVP ADV & PUB RLNS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  /  /

**Transaction ID:** PR10362921554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 37 LANTANA

City State Zip Code  
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation VP OPERATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  /  /

**Transaction ID:** PR10362931554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 23672 BRASILIA ST

City State Zip Code  
MISSION VIEJO CA 92691

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  /  /

**Transaction ID:** PR10362941554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 12889 RALSTON CIR

City State Zip Code  
SAN DIEGO CA 92130

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation SR CONSTR LOAN ACCT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** PR10362951554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 8766 CANARY AVE

City State Zip Code  
FOUNTAIN VALLEY CA 92708-6353

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation SVP FINANCE & COMPL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

**Transaction ID:** PR10362961554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 60 PALATINE APT 223

City State Zip Code  
IRVINE CA 92612

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation NATL ACCOUNTS SUPR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

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

**Transaction ID:** PR10362991554

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 93  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Pacific Life Insurance Company Political Action Committee

**A.**

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

Mailing Address 13112 EARLHAM ST

City State Zip Code  
SANTA ANA CA 92705-2139

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

Name of Employer Pacific Life Occupation COMMUNITY RELTNS COORD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

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

**Transaction ID:** PR10363031554

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

**B.**

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

Mailing Address 31735 SEACLIFF DR

City State Zip Code  
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation SR VP PUBLIC AFFAIRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.92

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

**Transaction ID:** PR10363061554

Amount of Each Receipt this Period 416.66

P/R Deduction (\$416.66 Monthly)

**C.**

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

Mailing Address 1137 SUNSET CLIFFS BLVD

City State Zip Code  
SAN DIEGO CA 92107

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

Name of Employer Pacific Life Occupation AVP INVEST CNSL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 888.00

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

**Transaction ID:** PR10363071554

Amount of Each Receipt this Period 74.00

P/R Deduction (\$74.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **530.66**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. ROBERT J HEMSTEAD	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 310 E MCCOY LN	<b>Transaction ID:</b> PR10363101554
	City State Zip Code SANTA MARIA CA 93455	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$85.00 Monthly)
	Name of Employer Pacific Life Occupation AVP & VALUATION ACTUARY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 945.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. KEVIN A HENDRA	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 58 VIAGGIO LN	<b>Transaction ID:</b> PR10363111554
	City State Zip Code FOOTHILL RANCH CA 92610	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Monthly)
	Name of Employer Pacific Life Occupation CORP TAX DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. WILLIAM L HEZZELWOOD	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 6700 CAMINO CRESTA	<b>Transaction ID:</b> PR10363131554
	City State Zip Code SAN CLEMENTE CA 92673	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$0.00 Monthly)
	Name of Employer Pacific Life Occupation VP PROGRAM MGMT OFC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

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

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

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

FOR LINE NUMBER: PAGE 23 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. DAVID L HICKS

Mailing Address 25391 REMESA DR

City MISSION VIEJO State CA Zip Code 92691

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

Name of Employer Pacific Life Occupation SR NETWORK MGMT ENGR

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 348.00

Date of Receipt: M M / D D / Y Y Y Y Y  
**Transaction ID:** PR10363141554

Amount of Each Receipt this Period: 0.00

P/R Deduction (\$0.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. HOWARD T HIRAKAWA

Mailing Address 23972 GOLDENEYE DR

City LAGUNA NIGUEL State CA Zip Code 92677

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

Name of Employer Pacific Life Occupation VP INV ADVISOR OPS

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M / D D / Y Y Y Y Y  
**Transaction ID:** PR10363161554

Amount of Each Receipt this Period: 100.00

P/R Deduction (\$100.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. MARK W HOLMLUND

Mailing Address PO BOX 2108

City RANCHO SANTA FE State CA Zip Code 92067

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

Name of Employer Pacific Life Occupation EVP & CHIEF INVESTMENT OFFICER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: M M / D D / Y Y Y Y Y  
**Transaction ID:** PR10363181554

Amount of Each Receipt this Period: 0.00

P/R Deduction (\$0.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. MARYBETH HUGHES		Date of Receipt
	Mailing Address 2283 WATERMAN WAY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	COSTA MESA	CA	92627
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10363201554
Name of Employer Pacific Life		Occupation CORP RISK MANAGER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text"/> 40.00
			P/R Deduction (\$40.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. MARY K MCWARD		Date of Receipt
	Mailing Address 2 GLASTONBURY PL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LAGUNA NIGUEL	CA	92677
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10363211554
Name of Employer Pacific Life		Occupation VP MARKETING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 690.00	<input type="text"/> 60.00
			P/R Deduction (\$60.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. CHRIS M JANOWIAK		Date of Receipt
	Mailing Address 1260 CLEVELAND AVE APT C227		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	SAN DIEGO	CA	92103
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10363231554
Name of Employer Pacific Life		Occupation DIR CORP INTERNET STRATEGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 720.00	<input type="text"/> 60.00
			P/R Deduction (\$60.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 25 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 8554 202ND STREET SW

City State Zip Code  
EDMONDS WA 98026

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

Name of Employer Pacific Life Occupation DIVISION VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  /  /

**Transaction ID:** PR10363241554

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 1 SAND OAKS RD.

City State Zip Code  
LAGUNA NIGUEL CA 92677-5720

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

Name of Employer Pacific Life Occupation AVP TREASURER PAF

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt  /  /

**Transaction ID:** PR10363251554

Amount of Each Receipt this Period 45.00

P/R Deduction (\$45.00 Monthly)

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

Mailing Address 25621 DEL NORTE

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP ACTUARIAL & REINS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  /  /

**Transaction ID:** PR10363261554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **195.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. MARK J JOHNSON	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1812 LEADBURN RD	<b>Transaction ID:</b> PR10363271554
	City State Zip Code TOWSON MD 21204-1831	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$100.00 Monthly)
	Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. SCOTT E JOHNSON	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 906 NEWTON LN	<b>Transaction ID:</b> PR10363281554
	City State Zip Code PLACENTIA CA 92870-7505	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$75.00 Monthly)
	Name of Employer Pacific Life Occupation VP CORP APPL SYSTEMS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 825.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. LORI A JOHNSTONE	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 27 GRAY STONE WAY	<b>Transaction ID:</b> PR10363291554
	City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$30.00 Monthly)
	Name of Employer Pacific Life Occupation AVP HIGH YIELD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. SUZANNE T KAMPA	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 5531 STANFORD AVE	<b>Transaction ID:</b> PR10363321554
	City State Zip Code GARDEN GROVE CA 92845	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$60.00 Monthly)
	Name of Employer Pacific Life      Occupation IT AUDIT CONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. ANITA KARANJIA	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 9 MONTECILO	<b>Transaction ID:</b> PR10363331554
	City State Zip Code FOOTHILL RANCH CA 92610-1733	Amount of Each Receipt this Period 65.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$65.00 Monthly)
	Name of Employer Pacific Life      Occupation BUSINESS CONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. BRIAN D KLEMENS	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 24611 BENJAMIN CIR	<b>Transaction ID:</b> PR10363371554
	City State Zip Code DANA POINT CA 92629	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$80.00 Monthly)
	Name of Employer Pacific Life      Occupation VP CORPORATE CONTROLLER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 945.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 93  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
MS. JUNE E KNUTH

Mailing Address 30862 PASEO DEL NIGUEL

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP & INVEST COUNSEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

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

**Transaction ID:** PR10363381554

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. JOHN P KONTOS

Mailing Address 6307 CAMINO MARINERO

City State Zip Code  
SAN CLEMENTE CA 92673-7106

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

Name of Employer Pacific Life Occupation VP KEY ACCOUNT MKTG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1320.00

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

**Transaction ID:** PR10363421554

Amount of Each Receipt this Period 110.00

P/R Deduction (\$110.00 Monthly)

**C.**

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

Mailing Address 262 S FAIRFIELD LN

City State Zip Code  
ORANGE CA 92869-5907

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

Name of Employer Pacific Life Occupation AVP INVEST CNSL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

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

**Transaction ID:** PR10363451554

Amount of Each Receipt this Period 60.00

P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. FLETCHER C LARSON	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 709 AVENIDA MIROLA	<b>Transaction ID:</b> PR10363471554
	City PALOS VERDES ESTAT State CA Zip Code 90274-4307	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$150.00 Monthly)
	Name of Employer Pacific Life Occupation REGIONAL VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. DAVID LAWS	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 10935 E BERRY AVE	<b>Transaction ID:</b> PR10363481554
	City ENGLEWOOD State CO Zip Code 80111	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$100.00 Monthly)
	Name of Employer Pacific Life Occupation REGIONAL VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. TERESA M LORD	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 16432 CAMINO CANADA LN	<b>Transaction ID:</b> PR10363541554
	City HUNTINGTON BEACH State CA Zip Code 92649	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$30.00 Monthly)
	Name of Employer Pacific Life Occupation SR SYSTEMS ANALYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A.**

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

Mailing Address 1033 SECRETARIAT CIR

City State Zip Code  
COSTA MESA CA 92626

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

Name of Employer Occupation  
Pacific Life AVP VARIABLE REG COMPL

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

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

Transaction ID: PR10363561554

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MS. STEPHANIE J BABKOW

Mailing Address 9901 OCEANCREST DR

City State Zip Code  
HUNTINGTON BEACH CA 92646

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

Name of Employer Occupation  
Pacific Life AVP CLIENT SVCS

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

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

Transaction ID: PR10363581554

Amount of Each Receipt this Period  
25.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
MR. DESMOND G MARSH

Mailing Address 74 SETON RD

City State Zip Code  
IRVINE CA 92612

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

Name of Employer Occupation  
Pacific Life AVP ANNUITY APPS ADMIN

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1440.00

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

Transaction ID: PR10363591554

Amount of Each Receipt this Period  
120.00

P/R Deduction (\$120.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

245.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. THOMAS J MAYS

Mailing Address 7406 PALOMA DR

City State Zip Code  
HUNTINGTON BEACH CA 92648

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

Name of Employer Pacific Life Occupation VP GOVT RELNS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  /  /

**Transaction ID:** PR10363601554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. GAIL H MC INTOSH

Mailing Address 622 18TH ST

City State Zip Code  
HUNTINGTON BEACH CA 92648

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

Name of Employer Pacific Life Occupation AVP INS CNSL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt  /  /

**Transaction ID:** PR10363611554

Amount of Each Receipt this Period 80.00

P/R Deduction (\$80.00 Monthly)

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

Mailing Address 207 N ELLERY DR

City State Zip Code  
SAN PEDRO CA 90732

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

Name of Employer Pacific Life Occupation AVP INS CNSL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  /  /

**Transaction ID:** PR10363631554

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **205.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. MORGAN C MC KNIGHT

Mailing Address 1217 HIGHCREST DR

City

BURLESON

State

TX

Zip Code

76028

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation

APPLIC DEV CONS

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363641554

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. HENRY M MC MILLAN

Mailing Address 4006 INLET ISLE DR

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation

SR VP & CHIEF RISK OFCR

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1162.50

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363661554

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN E MILBERG

Mailing Address 33811 DONEGAL LN

City

SN JUAN CAPISTRANO

State

CA

Zip Code

92675

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation

SR VP RISK FIN & IM

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

2025.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363701554

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 33 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 26922 ROCKING HORSE LN

City State Zip Code  
LAGUNA HILLS CA 92653

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

Name of Employer Pacific Life Occupation VP & SECRETARY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2850.00

Date of Receipt  /  /

**Transaction ID:** PR10363711554

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. JOSE T MISCOLTA

Mailing Address 20 BRYCE CYN

City State Zip Code  
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation AVP PROD & PORT MKTG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt  /  /

**Transaction ID:** PR10363751554

Amount of Each Receipt this Period 65.00

P/R Deduction (\$65.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. ELIZABETH A MOORE

Mailing Address 6412 N 159TH ST

City State Zip Code  
OMAHA NE 68116

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

Name of Employer Pacific Life Occupation SYSTEMS ANALYSIS CONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt  /  /

**Transaction ID:** PR10363761554

Amount of Each Receipt this Period 45.00

P/R Deduction (\$45.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **360.00**

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

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

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

FOR LINE NUMBER: PAGE 34 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 29022 PINTAIL CIR

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation PRESIDENT & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4992.00

Date of Receipt  /  /

**Transaction ID:** PR10363791554

Amount of Each Receipt this Period 416.00

P/R Deduction (\$416.00 Monthly)

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

Mailing Address 27822 HOMESTEAD RD

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP RE ASSET MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt  /  /

**Transaction ID:** PR10363801554

Amount of Each Receipt this Period 175.00

P/R Deduction (\$175.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. MICHELE A MYSZKA

Mailing Address 26206 SANZ AVE

City State Zip Code  
MISSION VIEJO CA 92691-7816

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

Name of Employer Pacific Life Occupation Community Rels Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  /  /

**Transaction ID:** PR10363841554

Amount of Each Receipt this Period 10.00

P/R Deduction (\$10.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **601.00**

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

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

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

FOR LINE NUMBER: PAGE 35 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 177 22ND ST APT 14

City State Zip Code  
COSTA MESA CA 92627-1764

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

Name of Employer Pacific Life Occupation VP PRODUCT DESIGN

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00

Date of Receipt  /  /

**Transaction ID:** PR10363901554

Amount of Each Receipt this Period 200.00

P/R Deduction (\$200.00 Monthly)

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

Mailing Address 24852 CAMBERWELL ST

City State Zip Code  
LAGUNA HILLS CA 92653

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

Name of Employer Pacific Life Occupation DIR SECURITY SVCS

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

Date of Receipt  /  /

**Transaction ID:** PR10363931554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 29352 BOBOLINK DR

City State Zip Code  
LAGUNA NIGUEL CA 92677-1336

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

Name of Employer Pacific Life Occupation VP IMD OPS & COMPL

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

Date of Receipt  /  /

**Transaction ID:** PR10363961554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **275.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. JOYCE J PEAD		Date of Receipt
	Mailing Address 25 SUNRISE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	IRVINE	CA	92603
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Pacific Life		Occupation AVP HR CONSULTING	<b>Transaction ID:</b> PR10364001554
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 525.00	Amount of Each Receipt this Period <input type="text"/> 50.00
			P/R Deduction (\$50.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. ALYCE PETERSON		Date of Receipt
	Mailing Address 2908 VIA HIDALGO		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	SAN CLEMENTE	CA	92673
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Pacific Life		Occupation VP MARKETING SVCS	<b>Transaction ID:</b> PR10364021554
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 900.00	Amount of Each Receipt this Period <input type="text"/> 75.00
			P/R Deduction (\$75.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. B P PILLION		Date of Receipt
	Mailing Address 915 STOKE RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	VILLANOVA	PA	19085
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Pacific Life		Occupation REGIONAL VP	<b>Transaction ID:</b> PR10364041554
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 480.00	Amount of Each Receipt this Period <input type="text"/> 40.00
			P/R Deduction (\$40.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. YVES F PINKOWITZ	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 20541 VIA EL TAJO	<b>Transaction ID:</b> PR10364051554
	City State Zip Code YORBA LINDA CA 92887-3202	Amount of Each Receipt this Period 37.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$37.00 Monthly)
	Name of Employer Pacific Life Occupation VP CORP AUDIT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 438.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. THEODORE A PREMIER	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 20 MOLINO	<b>Transaction ID:</b> PR10364081554
	City State Zip Code NEWPORT BEACH CA 92660	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$150.00 Monthly)
	Name of Employer Pacific Life Occupation VP COMM MORT PROD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1725.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. JOSEPH A PUM	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 33 BOLERO	<b>Transaction ID:</b> PR10364091554
	City State Zip Code MISSION VIEJO CA 92692-5160	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$35.00 Monthly)
	Name of Employer Pacific Life Occupation INTERNAL AUDIT DIR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	

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

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

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

FOR LINE NUMBER: PAGE 38 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

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

Mailing Address 11 STILLWATER

City State Zip Code  
IRVINE CA 92603

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

Name of Employer Occupation  
Pacific Life VP M FINANCIAL DISTRIBUTION

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1320.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364141554

Amount of Each Receipt this Period

110.00

P/R Deduction (\$110.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MS. BIRGIT RICKETTS

Mailing Address 1145 VIA BLAIRO CIR

City State Zip Code  
CORONA CA 92879

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

Name of Employer Occupation  
Pacific Life SR ADV COMPL ANA

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

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364151554

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Monthly)

**C.**

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

Mailing Address 38347 N 104TH PL

City State Zip Code  
SCOTTSDALE AZ 85262-5115

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

Name of Employer Occupation  
Pacific Life EXEC VP ANNUITIES

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3525.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364181554

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Monthly)

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

430.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 19 GLEN ELLEN

City State Zip Code  
IRVINE CA 92602

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

Name of Employer Pacific Life Occupation VP & TAX COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  /  /

**Transaction ID:** PR10364201554

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 51202 EASTCHURCH

City State Zip Code  
CHAPEL HILL NC 27517

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

Name of Employer Pacific Life Occupation AVP RE INVESTMENTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  /  /

**Transaction ID:** PR10364231554

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

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

Mailing Address 28792 APPLETREE

City State Zip Code  
MISSION VIEJO CA 92692-1089

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

Name of Employer Pacific Life Occupation SR VP LIFE CHF MKTG OFCR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1425.00

Date of Receipt  /  /

**Transaction ID:** PR10364261554

Amount of Each Receipt this Period 125.00

P/R Deduction (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **230.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. PEGGY L SCHMIDT		Date of Receipt
	Mailing Address 25 RECODO		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	IRVINE	CA	92620
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10364271554
Name of Employer Pacific Life		Occupation VP STRATEGIC MGMT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 240.00	<input type="text"/> 20.00
			P/R Deduction (\$20.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. KIMBERLY K SCHULTZ		Date of Receipt
	Mailing Address 28392 CALLE PINON		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	SN JUAN CAPISTRANO	CA	92675
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10364301554
Name of Employer Pacific Life		Occupation SR WHOLESALER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 25.00
			P/R Deduction (\$25.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. CATHY L SCHWARTZ		Date of Receipt
	Mailing Address 87 PELICAN CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	NEWPORT BEACH	CA	92660
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10364311554
Name of Employer Pacific Life		Occupation AVP CREDIT ANALYSIS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1200.00	<input type="text"/> 100.00
			P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 145.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 93  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

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

Mailing Address 18612 MORONGO ST

City State Zip Code  
FOUNTAIN VALLEY CA 92708

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

Name of Employer Pacific Life Occupation SR HR GENERALIST COORDINATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** PR10364321554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

**B.**

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

Mailing Address 30 CANYONWOOD

City State Zip Code  
IRVINE CA 92620

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

Name of Employer Pacific Life Occupation AVP COMPENSATION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

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

**Transaction ID:** PR10364331554

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
MR. BRADLEY W SHERRELL

Mailing Address 2315 VIA ZAFIRO

City State Zip Code  
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation AVP APPLIC DEV

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

**Transaction ID:** PR10364351554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **115.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 93

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. PENNY S SPARKS

Mailing Address 1661 UTAH CIR

City

COSTA MESA

State

CA

Zip Code

92626-2239

FEC ID number of contributing federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR PORTFOLIO OPS

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR10364441554

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM E STODDART

Mailing Address 2413 W 123RD TER

City

LEAWOOD

State

KS

Zip Code

66209

FEC ID number of contributing federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR10364471554

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. CAROL R SUDBECK

Mailing Address 11 SOMMET

City

NEWPORT COAST

State

CA

Zip Code

92657-0104

FEC ID number of contributing federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP TALENT ACQ & DEV

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR10364501554

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. THOMAS C SUTTON

Mailing Address 111 SHORECLIFF RD

City State Zip Code  
CORONA DEL MAR CA 92625-2646

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

Name of Employer Pacific Life Occupation Chairman & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.96

Date of Receipt  /  /

**Transaction ID:** PR10364521554

Amount of Each Receipt this Period 0.00

P/R Deduction (\$0.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. ALICE P TERLECKY

Mailing Address 2130 CAMINO LAUREL

City State Zip Code  
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation AVP NEW BUSINESS SVCS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  /  /

**Transaction ID:** PR10364571554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. JOHN G TORELL

Mailing Address 355 S LORETTA DR

City State Zip Code  
ORANGE CA 92869-4633

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

Name of Employer Pacific Life Occupation VP ACCTG & RPTG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 885.00

Date of Receipt  /  /

**Transaction ID:** PR10364581554

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **100.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 93  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. STEPHEN J TORETTO

Mailing Address 22862 ORENSE

City MISSION VIEJO State CA Zip Code 92691

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

Name of Employer Pacific Life Occupation VP & INSURANCE COUNSEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**Transaction ID:** PR10364591554

Amount of Each Receipt this Period  
 55.00

P/R Deduction (\$55.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. KHANH T TRAN

Mailing Address 47 VERNAL SPG

City IRVINE State CA Zip Code 92603

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

Name of Employer Pacific Life Occupation EXEC VP CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.92

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**Transaction ID:** PR10364601554

Amount of Each Receipt this Period  
 416.66

P/R Deduction (\$416.66 Monthly)

**C.**

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

Mailing Address 6929 N HAYDEN RD PMB 157

City SCOTTSDALE State AZ Zip Code 85250

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**Transaction ID:** PR10364611554

Amount of Each Receipt this Period  
 60.00

P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **531.66**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 93  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. EDDIE D TUNG

Mailing Address PO BOX 10386

City State Zip Code  
NEWPORT BEACH CA 92658-0386

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation AVP REGULATORY PROD ACCTG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 705.00

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

**Transaction ID:** PR10364621554

Amount of Each Receipt this Period 60.00

P/R Deduction (\$60.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MS. CATHRYN L VAN WEY

Mailing Address 41974 CARSON CT

City State Zip Code  
MURRIETA CA 92562-2254

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation AVP NATL ACCTS & BD SVCS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

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

**Transaction ID:** PR10364631554

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
MS. MELANIE G WAGNER

Mailing Address 1842 MOORPARK DR

City State Zip Code  
BREA CA 92821-6045

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation DIR HR & PR SERVICES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

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

**Transaction ID:** PR10364641554

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... 120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JOHN M WALDECK	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 67 LAURELHURST DR	<b>Transaction ID:</b> PR10364651554
	City State Zip Code LADERA RANCH CA 92694-0204	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$100.00 Monthly)
	Name of Employer Pacific Life      Occupation VP RE UWG & CONST SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1155.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. DARLENE A WALLACE	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address PO BOX 2462	<b>Transaction ID:</b> PR10364661554
	City State Zip Code NEWPORT BEACH CA 92659	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Monthly)
	Name of Employer Pacific Life      Occupation SR SYSTEMS ANA (LD) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. NANCY A WEBB	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 36 BLACK HAWK	<b>Transaction ID:</b> PR10364701554
	City State Zip Code IRVINE CA 92603	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$100.00 Monthly)
	Name of Employer Pacific Life      Occupation VP FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00	

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

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

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

FOR LINE NUMBER: PAGE 47 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS. NAOMI D WHEELER

Mailing Address 1827 MAIN ST

City State Zip Code  
HUNTINGTON BEACH CA 92648

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

Name of Employer Pacific Life Occupation AVP FINANCIAL ANALYSIS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  /  /

**Transaction ID:** PR10364731554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 32122 VIA CARLOS

City State Zip Code  
SN JUAN CAPISTRANO CA 92675

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

Name of Employer Pacific Life Occupation VP INTERNAL WHLSLNG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 870.00

Date of Receipt  /  /

**Transaction ID:** PR10364741554

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. KAREN S WILEY

Mailing Address 2921 PLAYER LANE

City State Zip Code  
TUSTIN CA 92782-1529

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

Name of Employer Pacific Life Occupation DIR COMMUNICATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  /  /

**Transaction ID:** PR10364751554

Amount of Each Receipt this Period 20.00

P/R Deduction (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**

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

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

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

FOR LINE NUMBER: PAGE 48 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. ALAN D WUEST

Mailing Address 32 COLORIDO

City State Zip Code  
RCHO STA MARGARITA CA 92688

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

Name of Employer Pacific Life Occupation AVP OPERATIONS SUPPORT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  /  /

**Transaction ID:** PR10364801554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 8 CASTLEBAR

City State Zip Code  
IRVINE CA 92618

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

Name of Employer Pacific Life Occupation VP VAR REGULATORY COMPL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  /  /

**Transaction ID:** PR10364821554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. MARIA ZAMBELLI-DOUGHERTY

Mailing Address 525 LOMBARDY RD

City State Zip Code  
DREXEL HILL PA 19026-1330

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

Name of Employer Pacific Life Occupation SUPR OPERATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  /  /

**Transaction ID:** PR10364831554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 93		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. MICHAEL J WAUTERS		Date of Receipt M M / D D / Y Y Y Y Y		
	Mailing Address 2942 COPA DE ORO DR		Transaction ID: PR10365121554		
	City LOS ALAMITOS	State CA	Zip Code 90720	Amount of Each Receipt this Period 55.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$55.00 Monthly)		
	Name of Employer Pacific Life	Occupation AVP FIN REPTG & PLNG	Aggregate Year-to-Date 585.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. MICHAEL A BELL		Date of Receipt M M / D D / Y Y Y Y Y		
	Mailing Address 2 PRECIPICE		Transaction ID: PR10365141554		
	City LAGUNA NIGUEL	State CA	Zip Code 92677-5919	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$250.00 Monthly)		
	Name of Employer Pacific Life	Occupation EVP LIFE INSURANCE	Aggregate Year-to-Date 2750.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. PAUL V LIGEROS		Date of Receipt M M / D D / Y Y Y Y Y		
	Mailing Address 44 RABANO		Transaction ID: PR10365201554		
	City RANCHO SANTA MARGA	State CA	Zip Code 92688-4961	Amount of Each Receipt this Period 35.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$35.00 Monthly)		
	Name of Employer Pacific Life	Occupation PROD CONSULTANT	Aggregate Year-to-Date 405.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. REED J LLOYD	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 6 SANDERLING LN	<b>Transaction ID:</b> PR10365211554
	City State Zip Code ALISO VIEJO CA 92656	Amount of Each Receipt this Period 65.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$65.00 Monthly)
	Name of Employer Pacific Life Occupation AVP ADVANCED MKTG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 765.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. REX A OLSON	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1963 PORT LAURENT PL	<b>Transaction ID:</b> PR10365221554
	City State Zip Code NEWPORT BEACH CA 92660	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Monthly)
	Name of Employer Pacific Life Occupation SR MANAGING DIR, PAM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. SAMUEL TANG	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 9 KEMPTON LN	<b>Transaction ID:</b> PR10365231554
	City State Zip Code LADERA RANCH CA 92694	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$30.00 Monthly)
	Name of Employer Pacific Life Occupation PRINCIPAL PAC TRIGUARD COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

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

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

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

FOR LINE NUMBER: PAGE 51 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
MS. CAROLYN DEAN

Mailing Address PO BOX 3051

City State Zip Code  
DANA POINT CA 92629

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

Name of Employer Pacific Life Occupation DIR FINANCIAL RPTG

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

Date of Receipt  /  /

**Transaction ID:** PR10365341554

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. ANGELA D HARRELSON

Mailing Address 286 VIRGINIA PL

City State Zip Code  
COSTA MESA CA 92627

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

Name of Employer Pacific Life Occupation BUS SYSTEMS ANALYST

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00

Date of Receipt  /  /

**Transaction ID:** PR10365401554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. CAROL E RUMSEY

Mailing Address 25221 SPINDLEWOOD

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation COMPLIANCE MGR (FUNDS)

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

Date of Receipt  /  /

**Transaction ID:** PR10365451554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. PHILIP A TEETER	Date of Receipt
	Mailing Address 376 MYRTLE ST	<input type="text"/> / <input type="text"/> / <input type="text"/>
	City State Zip Code LAGUNA BEACH CA 92651-1533	<b>Transaction ID:</b> PR10365471554
	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 125.00
	Name of Employer Pacific Life Occupation VP ANN TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1425.00	P/R Deduction (\$125.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. RICHARD BAUDOIN	Date of Receipt
	Mailing Address 12 INDIAN SPRING RD	<input type="text"/> / <input type="text"/> / <input type="text"/>
	City State Zip Code NORWALK CT 06853-1303	<b>Transaction ID:</b> PR10365491554
	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.00
	Name of Employer Pacific Life Occupation MNG DIR & CPTL MKTS PRTFL MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 300.00	P/R Deduction (\$25.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. BENJAMIN JUNG	Date of Receipt
	Mailing Address 115 VIA KORON	<input type="text"/> / <input type="text"/> / <input type="text"/>
	City State Zip Code NEWPORT BEACH CA 92663	<b>Transaction ID:</b> PR10365511554
	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.00
	Name of Employer Pacific Life Occupation MANAGING DIR & COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 300.00	P/R Deduction (\$25.00 Monthly)

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. RICHARD G CHERNEY

Mailing Address 27835 HOMESTEAD RD

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation  
Pacific Life EXEC VP GLOBAL MARKETING

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

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

Transaction ID: PR10365541554

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MS. KAREN S WALL

Mailing Address 1811 RIVERFORD RD

City State Zip Code  
TUSTIN CA 92780

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

Name of Employer Occupation  
Pacific Life APPLIC DEV DIR

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

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

Transaction ID: PR10365581554

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
MR. TENNYSON S OYLER

Mailing Address 112 CLEARBROOK

City State Zip Code  
IRVINE CA 92614-7984

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

Name of Employer Occupation  
Pacific Life DIR PUBLIC AFFAIRS

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

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

Transaction ID: PR10365611554

Amount of Each Receipt this Period  
35.00

P/R Deduction (\$35.00 Monthly)

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

135.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. WILLIAM D COTTON	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 703 KAHN PL	<b>Transaction ID:</b> PR10365621554
	City State Zip Code ALEXANDRIA VA 22314	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Monthly)
	Name of Employer Pacific Life      Occupation SR WHOLESALER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. ROBERT C HSU	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1121 EBBTIDE RD	<b>Transaction ID:</b> PR10365661554
	City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$130.00 Monthly)
	Name of Employer Pacific Life      Occupation SR VP ANN ADMIN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1545.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. VALERIE MORRIS	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 48 W YALE LOOP	<b>Transaction ID:</b> PR10365681554
	City State Zip Code IRVINE CA 92604-3619	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$85.00 Monthly)
	Name of Employer Pacific Life      Occupation VP HR PRGMS & SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 990.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>265.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 93  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Pacific Life Insurance Company Political Action Committee

**A.**

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

Mailing Address 640 SAINT JAMES RD

City State Zip Code  
NEWPORT BEACH CA 92663-5855

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

Name of Employer Pacific Life Occupation VP GOVT RELNS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2550.00

Date of Receipt  /  /

**Transaction ID:** PR10365731554

Amount of Each Receipt this Period 215.00

P/R Deduction (\$215.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. NORM AKHAMLICH

Mailing Address 24321 AUGUSTIN ST

City State Zip Code  
MISSION VIEJO CA 92691-4708

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

Name of Employer Pacific Life Occupation MGR BUILDING OPERATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  /  /

**Transaction ID:** PR10365751554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
MS. JEANINE M BASHORE

Mailing Address 2021 DEBORAH LN

City State Zip Code  
NEWPORT BEACH CA 92660-4431

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

Name of Employer Pacific Life Occupation SR HR COORDINATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 243.00

Date of Receipt  /  /

**Transaction ID:** PR10365771554

Amount of Each Receipt this Period 22.00

P/R Deduction (\$22.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **262.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 93  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.**

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

Mailing Address 2216 NELDA WAY

City ALAMO State CA Zip Code 94507

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**Transaction ID:** PR10365781554

Amount of Each Receipt this Period  
 100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. DAMIAN DELL'OSO

Mailing Address 1A DERICKSON DR

City WILMINGTON State DE Zip Code 19808

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**Transaction ID:** PR10365811554

Amount of Each Receipt this Period  
 0.00

P/R Deduction (\$0.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
MR. DONALD M DOWNING

Mailing Address 995 QUIVERA ST

City LAGUNA BEACH State CA Zip Code 92651-3821

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

Name of Employer Pacific Life Occupation AVP M FINANCIAL DIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1935.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**Transaction ID:** PR10365831554

Amount of Each Receipt this Period  
 165.00

P/R Deduction (\$165.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **265.00**

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

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

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

FOR LINE NUMBER: PAGE 57 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. SILAS K DUNN

Mailing Address 14 ELDERWOOD

City IRVINE State CA Zip Code 92614-7449

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

Name of Employer Pacific Life Occupation AVP PSD COMPLIANCE

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**Transaction ID:** PR10365841554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 21612 MARIGOT DR

City BOCA RATON State FL Zip Code 33428

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**Transaction ID:** PR10365851554

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. CHARLES W HARVEY

Mailing Address 411 1/2 POINSETTIA AVE

City CORONA DEL MAR State CA Zip Code 92625

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

Name of Employer Pacific Life Occupation SR SYSTEMS ADMINR

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**Transaction ID:** PR10365861554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. CHRISTINA Q HE	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 16625 SONORA STREET	<b>Transaction ID:</b> PR10365871554
	City State Zip Code TUSTIN CA 92782	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Monthly)
	Name of Employer Pacific Life      Occupation AVP PORT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼      Aggregate Year-to-Date ▼ 480.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. RONALD S KLINGE	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 995 QUIVERA ST	<b>Transaction ID:</b> PR10365921554
	City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Monthly)
	Name of Employer Pacific Life      Occupation SR PRODUCT ANA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼      Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. ERIC B MILLS	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 25202 LA ESTRADA DR	<b>Transaction ID:</b> PR10365951554
	City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Monthly)
	Name of Employer Pacific Life      Occupation AVP ADVANCED DESIGN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼      Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JOHN F O'DONNELL	Date of Receipt
	Mailing Address 30 BRIAN RD	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code BRIDGEWATER MA 02324	<b>Transaction ID:</b> PR10365961554
	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00
	Name of Employer Pacific Life Occupation DIVISION VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="text"/> Aggregate Year-to-Date 1200.00	P/R Deduction (\$100.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. EVAN P OHS	Date of Receipt
	Mailing Address 8124 WESTLAWN AVE	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code LOS ANGELES CA 90045	<b>Transaction ID:</b> PR10365971554
	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.00
	Name of Employer Pacific Life Occupation FIELD VICE PRES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="text"/> Aggregate Year-to-Date 300.00	P/R Deduction (\$25.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. JULIET A PINKERTON	Date of Receipt
	Mailing Address 22 N PALMIERA CIR	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code THE WOODLANDS TX 77382	<b>Transaction ID:</b> PR10365991554
	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
	Name of Employer Pacific Life Occupation REGIONAL VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="text"/> Aggregate Year-to-Date 2340.00	P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>375.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. PHILLIP L SALEMNO		Date of Receipt		
	Mailing Address 47 BETSY LN		<input type="text"/> / <input type="text"/> / <input type="text"/>		
	City AMBLER	State PA	Zip Code 19002	<b>Transaction ID:</b> PR10366031554	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00		
	Name of Employer Pacific Life	Occupation SALES MANAGER	P/R Deduction (\$25.00 Monthly)		

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. RICHARD A TAUBE		Date of Receipt		
	Mailing Address 24081 NUTHATCH LN		<input type="text"/> / <input type="text"/> / <input type="text"/>		
	City LAGUNA NIGUEL	State CA	Zip Code 92677	<b>Transaction ID:</b> PR10366041554	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00		
	Name of Employer Pacific Life	Occupation VP PRODUCT MGMT	P/R Deduction (\$75.00 Monthly)		

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. TRAVIS R MC KAY		Date of Receipt		
	Mailing Address 24719 JOLEE CT		<input type="text"/> / <input type="text"/> / <input type="text"/>		
	City PLAINFIELD	State IL	Zip Code 60544	<b>Transaction ID:</b> PR10366061554	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00		
	Name of Employer Pacific Life	Occupation SR WHOLESALER	P/R Deduction (\$100.00 Monthly)		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 93

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
MS. JOANN ROGERS

Mailing Address 909 DREXEL AVE

City DREXEL HILL State PA Zip Code 19026

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation SUPR OPERATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

**Transaction ID:** PR10366081554

Amount of Each Receipt this Period 20.00

P/R Deduction (\$20.00 Monthly)

**B.**

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

Mailing Address 18647 SANTA ISADORA ST

City FOUNTAIN VALLEY State CA Zip Code 92708-6232

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation AVP VALUATION & RPTG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

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

**Transaction ID:** PR10366101554

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

**C.**

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

Mailing Address 11975 LAMBERT

City TUSTIN State CA Zip Code 92782

FEC ID number of contributing federal political committee. C

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

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

**Transaction ID:** PR10366141554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... 120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 93		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. CHRISTOPHER VAN MIERLO		Date of Receipt	
	Mailing Address 400 EL VUELO		M M / D D / Y Y Y Y Y	
	City	State	Zip Code	<b>Transaction ID:</b> PR1036615154
	SAN CLEMENTE	CA	92672-7513	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		55.00	
Name of Employer Pacific Life		Occupation VP NATL ACCOUNTS		P/R Deduction (\$55.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 645.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. DOUGLAS J URATA		Date of Receipt	
	Mailing Address 28202 MILLWOOD RD		M M / D D / Y Y Y Y Y	
	City	State	Zip Code	<b>Transaction ID:</b> PR10366161554
	TRABUCO CANYON	CA	92679	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		25.00	
Name of Employer Pacific Life		Occupation SR PROJECT COORD		P/R Deduction (\$25.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. MICHAEL S ROBB		Date of Receipt	
	Mailing Address 27481 VANTAGE CIRCLE		M M / D D / Y Y Y Y Y	
	City	State	Zip Code	<b>Transaction ID:</b> PR10366191554
	SN JUAN CAPISTRANO	CA	92675	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer Pacific Life		Occupation EXEC VP RE INVEST		P/R Deduction (\$250.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. JANE K WONG-HSU	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1121 EBBTIDE RD	<b>Transaction ID:</b> PR10366211554
	City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Monthly)
	Name of Employer Pacific Life Occupation VP MKT & CREDIT RISK Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. WILLIAM B ARMSTRONG	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 5322 LAIRD RD	<b>Transaction ID:</b> PR10366221554
	City State Zip Code LOOMIS CA 95650	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Monthly)
	Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. HEATHER M BETONTE	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 295 SANTA BARBARA	<b>Transaction ID:</b> PR10366231554
	City State Zip Code IRVINE CA 92606	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Monthly)
	Name of Employer Pacific Life Occupation SUPR FINANCIAL ACCOUNTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>95.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 64 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 978 BALD CYPRESS DR

City State Zip Code  
MANDEVILLE LA 70448

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR10366241554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. RAYMOND S GETTINS

Mailing Address 218 WORTHINGTON AVE

City State Zip Code  
WYOMING OH 45215

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR10366251554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. LISA M HENSGEN

Mailing Address 7900 INNISBROOK CT

City State Zip Code  
PROSPECT KY 40059

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR10366261554

Amount of Each Receipt this Period 20.00

P/R Deduction (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 95.00

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

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

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

FOR LINE NUMBER: PAGE 65 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 7124 HAWKSBEARD DR

City WESTERVILLE State OH Zip Code 43082

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

**Transaction ID:** PR10366271554

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 26666 WHITE OAKS DR

City LAGUNA HILLS State CA Zip Code 92653-7577

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

Name of Employer Pacific Life Occupation AVP CAPITAL MKTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

**Transaction ID:** PR10366281554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 17812 BIGELOW PARK

City TUSTIN State CA Zip Code 92780

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

Name of Employer Pacific Life Occupation AVP OPERATIONS COMPL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

**Transaction ID:** PR10366291554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 175.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. STEPHEN M BOLLINGER	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 17345 FLAME TREE CIR	<b>Transaction ID:</b> PR10366301554
	City State Zip Code FOUNTAIN VALLEY CA 92708-3521	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Pacific Life AVP E-COMMERCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. MARY ANN BROWN	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 304 WEYMOUTH PL	<b>Transaction ID:</b> PR10366311554
	City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period 416.66
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Pacific Life SR VP CORP DEVELOPMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.92	P/R Deduction (\$416.66 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. LORI K CARRASCO	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2742 PORTOLA DR	<b>Transaction ID:</b> PR10366321554
	City State Zip Code COSTA MESA CA 92626	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Pacific Life SR PARALEGAL ANALYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 67 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. EDWARD T CREECH

Mailing Address 168 HIGH HILLS DR

City State Zip Code  
MOORESVILLE NC 28117

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  /  /

**Transaction ID:** PR10366331554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. JEFFREY D DZIADZIOLA

Mailing Address 2917 CHALFONT LN

City State Zip Code  
PLANO TX 75023-1408

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  /  /

**Transaction ID:** PR10366341554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 10 CANDELA

City State Zip Code  
IRVINE CA 92620

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

Name of Employer Pacific Life Occupation VP INFO TECH

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  /  /

**Transaction ID:** PR10366351554

Amount of Each Receipt this Period 150.00

P/R Deduction (\$150.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 45137 BIG CANYON ST

City State Zip Code  
INDIO CA 92201-0919

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

Name of Employer Pacific Life Occupation VP TAX

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  /  /

**Transaction ID:** PR10366361554

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 88 CALLE DE FELICIDAD

City State Zip Code  
RCHO STA MARGARITA CA 92688

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

Name of Employer Pacific Life Occupation FVP M MKTG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  /  /

**Transaction ID:** PR10366381554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. MARY M HAWKINS

Mailing Address 6182 S 177TH ST

City State Zip Code  
OMAHA NE 68135

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

Name of Employer Pacific Life Occupation AVP NEB OPS CENTER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt  /  /

**Transaction ID:** PR10366391554

Amount of Each Receipt this Period 45.00

P/R Deduction (\$45.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **170.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JAMES KARAFKA	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 182 STANHOPE RD	<b>Transaction ID:</b> PR10366401554
	City State Zip Code SPARTA NJ 07871-2702	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$75.00 Monthly)
	Name of Employer Pacific Life      Occupation REGIONAL VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. MARK A KARPE	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 16 AUTUMNLEAF	<b>Transaction ID:</b> PR10366411554
	City State Zip Code IRVINE CA 92614	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$30.00 Monthly)
	Name of Employer Pacific Life      Occupation DIR COMPLIANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. GREGORY L KEELING	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 406 1/2 HELIOTROPE AVE	<b>Transaction ID:</b> PR10366421554
	City State Zip Code CORONA DEL MAR CA 92625-2921	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$30.00 Monthly)
	Name of Employer Pacific Life      Occupation AVP FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

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

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

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

FOR LINE NUMBER: PAGE 70 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS. MICHAELE S NOZAKI

Mailing Address 24441 CASWELL CT

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation AVP INFO SECURITY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  /  /

**Transaction ID:** PR10366431554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. JOSEPH W KRUM

Mailing Address 43 LEMANS

City State Zip Code  
NEWPORT COAST CA 92657

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

Name of Employer Pacific Life Occupation VP STRATEGIC PRGMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  /  /

**Transaction ID:** PR10366441554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. DARCY L LEWIS

Mailing Address 7322 RESIDENCIA

City State Zip Code  
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation AVP CREDIT ANALYSIS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  /  /

**Transaction ID:** PR10366451554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

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

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

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

FOR LINE NUMBER: PAGE 71 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. STEPHAN P MITCHELL  
 Mailing Address 18111 THEODORA DR  
 City State Zip Code  
TUSTIN CA 92780-2643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
Pacific Life SR PROD & COMPETITION ANA  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 540.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
**Transaction ID:** PR10366461554  
 Amount of Each Receipt this Period 45.00  
 P/R Deduction (\$45.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. TERRY R PERKINS  
 Mailing Address 25522 SAWMILL LN  
 City State Zip Code  
LAKE FOREST CA 92630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
Pacific Life VP ADVANCE DESIGN  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 600.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
**Transaction ID:** PR10366471554  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$50.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. CHAD A ROSS  
 Mailing Address 851 VIA BARQUERO  
 City State Zip Code  
SAN MARCOS CA 92069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
Pacific Life KEY ACCOUNT SUPR  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 360.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
**Transaction ID:** PR10366491554  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 125.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 72 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. DAVID K ROSUCK  
Mailing Address 20 SAINT JOHN DR  
City HAWTHORN WOODS State IL Zip Code 60047  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation FIELD VICE PRES  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00  
Date of Receipt [M][M] / [D][D] / [Y][Y][Y][Y]  
**Transaction ID:** PR10366501554  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$30.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. CARRIE A SALVINO  
Mailing Address 2394 WESTMINSTER AVE  
City COSTA MESA State CA Zip Code 92627-1560  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation PROJECT MANAGER  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00  
Date of Receipt [M][M] / [D][D] / [Y][Y][Y][Y]  
**Transaction ID:** PR10366511554  
Amount of Each Receipt this Period 0.00  
P/R Deduction (\$0.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. PATRICIA A SANDBERG  
Mailing Address 400 FLINT AVE  
City LONG BEACH State CA Zip Code 90814  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation AVP INVEST CNSL  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt [M][M] / [D][D] / [Y][Y][Y][Y]  
**Transaction ID:** PR10366521554  
Amount of Each Receipt this Period 25.00  
P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 55.00  
**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 73 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS. ELIZABETH H SKINNER  
Mailing Address 57 CORAL LK  
City IRVINE State CA Zip Code 92614  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation AVP TECHNOLOGY  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR1036651554  
Amount of Each Receipt this Period 25.00  
P/R Deduction (\$25.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. CHERYL L TOBIN  
Mailing Address 24426 PEACOCK ST  
City LAKE FOREST State CA Zip Code 92630  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation AVP INS CNSL  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR10366571554  
Amount of Each Receipt this Period 25.00  
P/R Deduction (\$25.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. CHRISTOPHER E ULRICH  
Mailing Address 152 TROFELLO LN  
City ALISO VIEJO State CA Zip Code 92656-6257  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation INTRNL WHLSLR SUPR  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR10366581554  
Amount of Each Receipt this Period 25.00  
P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 75.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 93  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Pacific Life Insurance Company Political Action Committee

**A.**

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

Mailing Address 2500 CHRISTOPHER OAKS CT

City SAINT LOUIS State MO Zip Code 63129

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

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

**Transaction ID:** PR10366591554

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MS. CATHLEEN H PULFORD

Mailing Address 33742 PEQUITO DR

City DANA POINT State CA Zip Code 92629

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

Name of Employer Pacific Life Occupation REG RPTG & ANA CONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** PR10366611554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

**C.**

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

Mailing Address 6052 MEADOW VIEW CT

City JOHNSTON State IA Zip Code 50131

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

Name of Employer Pacific Life Occupation AVP NEW BUSINESS SVCS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

**Transaction ID:** PR10366621554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 175.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. KEVIN W BERWALD	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 17601 PARKE LN	<b>Transaction ID:</b> PR10366631554
	City State Zip Code GROSSE ILE MI 48138	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. GEORGE A PAULIK	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2990 WINDSTONE CIR	<b>Transaction ID:</b> PR10366651554
	City State Zip Code MARIETTA GA 30062	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Pacific Life Occupation SR FVP-NCM FI Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. JEFF J BRADSHAW	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 27302 MONDANO DR	<b>Transaction ID:</b> PR10366671554
	City State Zip Code MISSION VIEJO CA 92692	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Pacific Life Occupation AVP BUSINESS DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	P/R Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. DEBORAH K JOHNSON		Date of Receipt
	Mailing Address 3019 SAN ANSELIN AVE		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	LONG BEACH	CA	90808
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10366681554
Name of Employer Pacific Life		Occupation SYSTEMS ANALYSIS SUPR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00	<input type="text"/> 50.00
			P/R Deduction (\$50.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. KAREN M BROWN		Date of Receipt
	Mailing Address 11 FOREST HILLS CT		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	DANA POINT	CA	92629
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10366691554
Name of Employer Pacific Life		Occupation AVP MODEL OFC ANN TECH	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	<input type="text"/> 40.00
			P/R Deduction (\$40.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. KENNETH W COX		Date of Receipt
	Mailing Address 570 EBB CREEK DR APT P		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	CORONA	CA	92880
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10366701554
Name of Employer Pacific Life		Occupation APPLIC DEV CONS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	<input type="text"/> 50.00
			P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 140.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 77 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. STEVEN R ELDER  
Mailing Address 37936 19TH AVE S  
City FEDERAL WAY State WA Zip Code 98003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation SR WHOLESALER  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR10366721554  
Amount of Each Receipt this Period 50.00  
P/R Deduction (\$50.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. STEPHEN K ENG  
Mailing Address 2311 BAYPOINTE DR  
City NEWPORT BEACH State CA Zip Code 92660  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation DIR RISK MGMT (IMD)  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR10366731554  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$40.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. ROBERT GOLDSTONE  
Mailing Address 6556 MORNINGSIDE DR  
City HUNTINGTON BEACH State CA Zip Code 92648  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation VP CHIEF MED OFCR  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR10366741554  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 110.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 78 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS. CHARLENE A GRANT  
Mailing Address 3311 SEAVIEW AVE  
City State Zip Code  
CORONA DEL MAR CA 92625  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation AVP VAR REG COMPL  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 670.00  
Date of Receipt M M / D D / Y Y Y Y Y  
**Transaction ID:** PR10366751554  
Amount of Each Receipt this Period 35.00  
P/R Deduction (\$35.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. DAVID C HONERKAMP  
Mailing Address 2712 LIGHTHOUSE LN  
City State Zip Code  
CORONA DEL MAR CA 92625  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation AVP RE ACQUISITIONS  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00  
Date of Receipt M M / D D / Y Y Y Y Y  
**Transaction ID:** PR10366761554  
Amount of Each Receipt this Period 50.00  
P/R Deduction (\$50.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. JEFF A JOLLEY  
Mailing Address 54 ASHBROOK  
City State Zip Code  
IRVINE CA 92604  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation VP AMF CHIEF ACTUARY  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt M M / D D / Y Y Y Y Y  
**Transaction ID:** PR10366771554  
Amount of Each Receipt this Period 25.00  
P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **110.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. KRISTINA L KENNEDY	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 6 CAMARIN ST	<b>Transaction ID:</b> PR10366781554
	City State Zip Code FOOTHILL RANCH CA 92610	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Monthly)
	Name of Employer Occupation Pacific Life VP IMD ACTUARIAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. LINDA L KOTOWICZ	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 795 TREPANNY LN	<b>Transaction ID:</b> PR10366791554
	City State Zip Code WAYNE PA 19087	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$60.00 Monthly)
	Name of Employer Occupation Pacific Life FVP M MKTG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. ROBERT C O'BRIEN	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 35 HERITAGE AVE	<b>Transaction ID:</b> PR10366811554
	City State Zip Code ASHLAND MA 01721	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Monthly)
	Name of Employer Occupation Pacific Life SR WHOLESALER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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

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

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

FOR LINE NUMBER: PAGE 80 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS. SHARON E PACHECO

Mailing Address 21611 BLUEJAY ST

City State Zip Code  
TRABUCO CANYON CA 92679

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

Name of Employer Occupation  
Pacific Life VP CHIEF COMPLIANCE

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

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

**Transaction ID:** PR10366821554

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 2111 OWENS DRIVE

City State Zip Code  
FULLERTON CA 92833

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

Name of Employer Occupation  
Pacific Life ACTUARIAL CONSULTANT

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 288.00

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

**Transaction ID:** PR10366871554

Amount of Each Receipt this Period  
24.00

P/R Deduction (\$24.00 Monthly)

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

Mailing Address 1 BAILEY DRIVE

City State Zip Code  
GLENWOOD NJ 07418

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

Name of Employer Occupation  
Pacific Life FIELD VICE PRES

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

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

**Transaction ID:** PR10366881554

Amount of Each Receipt this Period  
55.00

P/R Deduction (\$55.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **119.00**

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

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

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

FOR LINE NUMBER: PAGE 81 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR. STUART A HOLLAND

Mailing Address 4931 CAREFREE TRAIL

City State Zip Code  
PARKER CO 80134

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

Name of Employer Pacific Life Occupation SR FVP-NCM IP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  /  /

**Transaction ID:** PR10366911554

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. BRANDON J CAGE

Mailing Address 19211 HIGHLAND VIEW LN

City State Zip Code  
PORTOLA HILLS CA 92679

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

Name of Employer Pacific Life Occupation AVP INS CNSL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  /  /

**Transaction ID:** PR10366951554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. PETER S DEERING

Mailing Address 3314 HILL ST

City State Zip Code  
SAN DIEGO CA 92106

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

Name of Employer Pacific Life Occupation SR VP PSD STRATEGC GRWTH

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  /  /

**Transaction ID:** PR10366961554

Amount of Each Receipt this Period 0.00

P/R Deduction (\$0.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 93  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. MARK E FANE

Mailing Address 16373 CANON LN

City State Zip Code  
CHINO HILLS CA 91709

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

Name of Employer Pacific Life Occupation SR INTERNAL WHOLESALER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

**Transaction ID:** PR10366971554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. LARRY D GARDNER

Mailing Address 214 S 202ND ST

City State Zip Code  
ELKHORN NE 68022

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

Name of Employer Pacific Life Occupation COMPLIANCE MANAGER, NE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

**Transaction ID:** PR10366991554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
MS. ADRIANNE M GEORGANTAS

Mailing Address 28373 BOULDER DR

City State Zip Code  
TRABUCO CANYON CA 92679

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

Name of Employer Pacific Life Occupation SR FLD SVCS PROJ ANA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

**Transaction ID:** PR10367001554

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00

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

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

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

FOR LINE NUMBER: PAGE 83 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. DAVID L GOLDSTEIN

Mailing Address 12324 CANTURA ST

City State Zip Code  
STUDIO CITY CA 91604

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life      Occupation FVP COLI UNIT

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

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

**Transaction ID:** PR10367011554

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 24 TAOS

City State Zip Code  
RANCHO SANTA MARGA CA 92688-3812

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life      Occupation DIR ADVD MKTG

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

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

**Transaction ID:** PR10367021554

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. WAYNE K LEE

Mailing Address 9827 E LEMON AVE

City State Zip Code  
ARCADIA CA 91007-7981

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life      Occupation DATABASE MGMT CONS

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

**Transaction ID:** PR10367041554

Amount of Each Receipt this Period 20.00

P/R Deduction (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... 80.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 93		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. RACHELLE E REGEHR	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 20822 CATAMARAN LN	<b>Transaction ID:</b> PR10367071554
	City State Zip Code HUNTINGTON BEACH CA 92646	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Monthly)
	Name of Employer Pacific Life Occupation INTERNAL WHOLESALER II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. JAMES M RUGGERIO	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 449 SAINT ANNES DR	<b>Transaction ID:</b> PR10367081554
	City State Zip Code BIRMINGHAM AL 35244	Amount of Each Receipt this Period 65.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$65.00 Monthly)
	Name of Employer Pacific Life Occupation SR WHOLESALER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. RONALD C SEXTON	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2553 W GLENCREST AVE	<b>Transaction ID:</b> PR10367091554
	City State Zip Code ANAHEIM CA 92801	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Monthly)
	Name of Employer Pacific Life Occupation SYSTEMS ADMINISTRATOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00	

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

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

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

FOR LINE NUMBER: PAGE 85 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. KEITH C WERSCHKE

Mailing Address 25252 NORTHRUP DR

City State Zip Code  
LAGUNA HILLS CA 92653

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

Name of Employer Pacific Life Occupation AVP AGG & INS RISK MGT

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

Date of Receipt  /  /   
**Transaction ID:** PR10367121554  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$50.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. JIM Y CHU

Mailing Address 120 ALBERT PL APT 10

City State Zip Code  
COSTA MESA CA 92627-1768

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

Name of Employer Pacific Life Occupation AVP PROD DESIGN

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

Date of Receipt  /  /   
**Transaction ID:** PR10367141554  
 Amount of Each Receipt this Period 65.00  
 P/R Deduction (\$65.00 Monthly)

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

Mailing Address 20130 NE 28TH PL

City State Zip Code  
SAMMAMISH WA 98074

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

Name of Employer Pacific Life Occupation SR WHOLESALER

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

Date of Receipt  /  /   
**Transaction ID:** PR10367161554  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **155.00**

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

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

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

FOR LINE NUMBER: PAGE 86 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. STEVEN H GOLDBERG

Mailing Address 18 THREE VINES CT

City State Zip Code  
LADERA RANCH CA 92694

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

Name of Employer Pacific Life Occupation DIR ANNUITIES PRODUCT DEVELOPMT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**Transaction ID:** PR10367181554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. JASON T TODD

Mailing Address 59 LAURELHURST DR

City State Zip Code  
LADERA RANCH CA 92694

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

Name of Employer Pacific Life Occupation CREDIT ANALYSIS MGR

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**Transaction ID:** PR10371991554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 3 PHEASANT DR.

City State Zip Code  
MT. LAUREL NJ 08054

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**Transaction ID:** PR10614781554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 93		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. STEPHEN K BEST		Date of Receipt
	Mailing Address 445 FLINT AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LONG BEACH	CA	90814
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10614791554
Name of Employer Pacific Life		Occupation SR WHOLESALER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	<input type="text"/> 100.00
			P/R Deduction (\$100.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. CARL B JACKSON		Date of Receipt
	Mailing Address 22395 WOODGROVE RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LAKE FOREST	CA	92630
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10614811554
Name of Employer Pacific Life		Occupation BUS CONT PRGM DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 405.00	<input type="text"/> 45.00
			P/R Deduction (\$45.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. JOHN MCKEAN		Date of Receipt
	Mailing Address PO BOX 1153		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	NEWPORT BEACH	CA	92659-0153
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10614821554
Name of Employer Pacific Life		Occupation SVP GLOBAL MKTG	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	<input type="text"/> 25.00
			P/R Deduction (\$25.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 170.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. CARLETON J MUENCH	Date of Receipt
	Mailing Address 510 SAN NICHOLAS CT	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code LAGUNA BEACH CA 92651	<b>Transaction ID:</b> PR10614831554
	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 45.00
	Name of Employer Pacific Life Occupation AVP INVESTMENT OVERSIGHT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 405.00	P/R Deduction (\$45.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. PATRICK J O'BRIEN	Date of Receipt
	Mailing Address 1112 LAS POSAS	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code SAN CLEMENTE CA 92673	<b>Transaction ID:</b> PR10614841554
	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 35.00
	Name of Employer Pacific Life Occupation AVP SPECIALIZED MRKTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00	P/R Deduction (\$35.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. ALEX M RUIZ	Date of Receipt
	Mailing Address PO BOX 7312	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code NEWPORT BEACH CA 92658	<b>Transaction ID:</b> PR10614861554
	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 35.00
	Name of Employer Pacific Life Occupation ACTUARIAL CONSULTANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00	P/R Deduction (\$35.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 89 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 28 STONE PNE

City State Zip Code  
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation AVP SLS & MKTG OPS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  /  /

**Transaction ID:** PR10614871554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. CHARLES J SWEENEY

Mailing Address 6614 N 158TH ST

City State Zip Code  
OMAHA NE 68116

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

Name of Employer Pacific Life Occupation DIR OPERATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  /  /

**Transaction ID:** PR10614901554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 120 BONITA DR

City State Zip Code  
HOMEWOOD AL 35209

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  /  /

**Transaction ID:** PR10614921554

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **175.00**

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

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

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

FOR LINE NUMBER: PAGE 90 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. JAMES P LEASURE

Mailing Address 2427 PORT WHITBY PL

City State Zip Code  
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation SR MANAGING DIR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  /  /

**Transaction ID:** PR10668011554

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. MARK S ROCKLIN

Mailing Address 814 E MORNINGSIDE DR

City State Zip Code  
PHOENIX AZ 85022

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

Name of Employer Pacific Life Occupation FIELD VICE PRES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  /  /

**Transaction ID:** PR11084681554

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. DAVID J VAN DE WATER

Mailing Address 2062 MOUNT SHASTA DR

City State Zip Code  
SAN PEDRO CA 90732

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

Name of Employer Pacific Life Occupation MARKETING CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  /  /

**Transaction ID:** PR11106891554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **110.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 93  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
MS. ANN E FARLEY

Mailing Address 4014 ALADDIN DR

City State Zip Code  
HUNTINGTON BEACH CA 92649

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

Name of Employer Occupation  
Pacific Life AVP PRODUCT DEV

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

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

Transaction ID: PR11323351554

Amount of Each Receipt this Period  
45.00

P/R Deduction (\$45.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MS. JENNIFER R JEWETT

Mailing Address 31901 VIRGINIA WAY

City State Zip Code  
LAGUNA BEACH CA 92651

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

Name of Employer Occupation  
Pacific Life AVP INVEST CNSL

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

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

Transaction ID: PR12361941554

Amount of Each Receipt this Period  
65.00

P/R Deduction (\$65.00 Monthly)

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

110.00

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

16752.65

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends of Joe Baca	Transaction ID: 4990767 Date of Disbursement 12 / 18 / 2007
	Mailing Address 555 Capitol Mall Suite 1425	Amount of Each Disbursement this Period 2000.00
	City Sacramento State CA Zip Code 95814	
	Purpose of Disbursement Contribution Candidate Name Joseph Baca Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 43	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski	Transaction ID: 4990766 Date of Disbursement 12 / 18 / 2007
	Mailing Address 126 S. Franklin Street	Amount of Each Disbursement this Period 2000.00
	City Wilkes-Barre State PA Zip Code 18701	
	Purpose of Disbursement Contribution Candidate Name Paul Kanjorski Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski	Transaction ID: 6722680 Date of Disbursement 12 / 18 / 2007
	Mailing Address 126 S. Franklin Street	Amount of Each Disbursement this Period -2000.00
	City Wilkes-Barre State PA Zip Code 18701	
	Purpose of Disbursement Void - Pennsylvanians for Kanjorski Candidate Name Paul Kanjorski Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Pennsylvanians for Kanjorski

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

Image# 28990957718

Form/Schedule: **F3XA**

Re letter RQ-2 received re Year End Report (12/1/07-12/31/07) - a contribution check for \$2,000 was cut in July, 2007, to Pennsylvanians for Kanjorski. It was not cashed. In December 2007 it was stopped and reissued.

Transaction ID:

When this was done in December the program we use did not show the voided \$2,000 check on the year-end report.

\*\*\*\*\*