

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:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 05 01 2010 through 05 31 2010

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 06 11 2010

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
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		62827.65
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	86251.39									
(c) Total Receipts (from Line 19)	18971.31	101395.05								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	105222.70	164222.70								
7. Total Disbursements (from Line 31)	32500.00	91500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	72722.70	72722.70								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

FEC Form 3X (Rev. 06/2004)

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

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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		
(i) Itemized (use Schedule A)	14613.98	61581.90
(ii) Unitemized	4357.33	39813.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)	18971.31	101395.05
(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)	18971.31	101395.05
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))	18971.31	101395.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18971.31	101395.05

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	32500.00	91500.00
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))..	32500.00	91500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32500.00	91500.00

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)	18971.31	101395.05
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18971.31	101395.05
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 / 55
(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>A. Full Name (Last, First, Middle Initial) MR. DENIS P KALSCHEUR</p> <p>Mailing Address 15 BELMONT</p> <p>City State Zip Code NEWPORT BEACH CA 92660-6732</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Pacific Life VP/Treasurer</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1200.00</p>	<p>Date of Receipt 05 / 18 / 2010</p> <p>Transaction ID: 9145505</p> <p>Amount of Each Receipt this Period 1200.00</p> <p>Check</p>
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<p>B. Full Name (Last, First, Middle Initial) MS. JUNE G ARCE</p> <p>Mailing Address 20050 EMERALD MEADOW DR</p> <p>City State Zip Code WALNUT CA 91789</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Pacific Life DIR MKTG COMPL</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00</p>	<p>Date of Receipt 05 / 31 / 2010</p> <p>Transaction ID: PR10362103823</p> <p>Amount of Each Receipt this Period 50.00</p> <p>P/R Deduction (\$50.00 Monthly)</p>
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<p>C. 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. C</p> <p>Name of Employer Occupation Pacific Life AVP ITS STRATEGIC SVCS</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 350.00</p>	<p>Date of Receipt 05 / 31 / 2010</p> <p>Transaction ID: PR10362253823</p> <p>Amount of Each Receipt this Period 70.00</p> <p>P/R Deduction (\$70.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	1320.00
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 7 / 55
(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. DEWEY P BUSHAW

Mailing Address 29132 ALFIERI ST

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation EXEC VP RSD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 835.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2010

Transaction ID: PR10362303823

Amount of Each Receipt this Period
167.00

P/R Deduction (\$167.00 Monthly)

B.

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

Mailing Address 17520 PAGE CT

City State Zip Code
YORBA LINDA CA 92886

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

Name of Employer Pacific Life Occupation SR VP & CHF ACTG OFCR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 470.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2010

Transaction ID: PR10362323823

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

C.

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

Mailing Address 26661 CAMPESINO

City State Zip Code
MISSION VIEJO CA 92691

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

Name of Employer Pacific Life Occupation SVP PROD, RISK, FIN&INFO MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2010

Transaction ID: PR10362383823

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **367.00**

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 8 / 55
(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 A CHEEVER

Mailing Address 33512 VALLE RD

City State Zip Code
SAN JUAN CAPISTRAN CA 92675-4838

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

Name of Employer Pacific Life Occupation SR VP & GEN COUNSEL

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY
05 / 31 / 2010

Transaction ID: PR10362403823

Amount of Each Receipt this Period: 0.00

P/R Deduction (\$0.00)

B. Full Name (Last, First, Middle Initial)
MS. GAIL C MOSCOSO

Mailing Address 31558 WEST NINE DR

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP CLIENT SERVICES

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

Date of Receipt: MM / DD / YYYY
05 / 31 / 2010

Transaction ID: PR10362483823

Amount of Each Receipt this Period: 60.00

P/R Deduction (\$60.00 Monthly)

C. 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 Pacific Life Occupation VP TAX COMPLIANCE

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

Date of Receipt: MM / DD / YYYY
05 / 31 / 2010

Transaction ID: PR10362513823

Amount of Each Receipt this Period: 100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 160.00

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 9 / 55
	<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. PAUL J CROXTON	Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 30132 HILLSIDE TER	Transaction ID: PR10362553823
	City State Zip Code SN JUAN CAPISTRANO CA 92675	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 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 ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) MS. DEBRA CUNNINGHAM HONERKAMP	Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 2712 LIGHTHOUSE LN	Transaction ID: PR10362563823
	City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation AVP RE ASSET MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

C.	Full Name (Last, First, Middle Initial) MR. MICHAEL R CURRY	Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 12162 WICKLOW LN	Transaction ID: PR10362573823
	City State Zip Code NAPLES FL 34120	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	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 ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	250.00
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 10 / 55
(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. STEPHANIE J CURRY

Mailing Address PO BOX 15358

City IRVINE State CA Zip Code 92623

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

Name of Employer Pacific Life Occupation AVP ADVANCED SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 05 / 31 / 2010
Transaction ID: PR10362593823
 Amount of Each Receipt this Period: 90.00
 P/R Deduction (\$90.00 Monthly)

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

Mailing Address 28 CLERMONT

City NEWPORT COAST State CA Zip Code 92657

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 ▼ 250.00

Date of Receipt: 05 / 31 / 2010
Transaction ID: PR10362603823
 Amount of Each Receipt this Period: 50.00
 P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. LINDA D LARSON

Mailing Address 8315 ROAD R NW

City QUINCY State WA Zip Code 98848

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

Name of Employer Pacific Life Occupation AVP IND COMPLIANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt: 05 / 31 / 2010
Transaction ID: PR10362623823
 Amount of Each Receipt this Period: 120.00
 P/R Deduction (\$120.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 260.00

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 11 / 55

(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 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 Occupation
Pacific Life AVP STRATEGIC PROGRAMS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 625.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10362713823

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. MARTHA A GATES

Mailing Address 31411 MONTEREY ST

City State Zip Code
LAGUNA BEACH CA 92651

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

Name of Employer Occupation
Pacific Life SR VP OPERATIONS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 910.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10362863823

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. FRANK J GOETZ

Mailing Address 7 SOVENTE

City State Zip Code
IRVINE CA 92606

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

Name of Employer Occupation
Pacific Life AVP NEW BUSINESS SVCS

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10362903823

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

395.00

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 12 / 55

(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. 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 Occupation
Pacific Life AVP ADV & PUB RLNS

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10362923823

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B.

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 Occupation
Pacific Life MGR PROJECT ANA & QA

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10362943823

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

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

Mailing Address 8766 CANARY AVE

City State Zip Code
FOUNTAIN VALLEY CA 92708

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

Name of Employer Occupation
Pacific Life SR VP FINANCE & RISK

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10362963823

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 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 13 / 55

(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. BRENDA K HARDWIG

Mailing Address 13112 EARLHAM ST

City State Zip Code
SANTA ANA CA 92705

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

Name of Employer Occupation
Pacific Life COMMUNITY RELTNS COORD

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10363033823

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

B.

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

Mailing Address 1880 N EL CAMINO REAL

City State Zip Code
SAN CLEMENTE CA 92672

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

Name of Employer Occupation
Pacific Life SR VP PUBLIC AFFAIRS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2083.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10363063823

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 Occupation
Pacific Life AVP INVEST CNSL

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 370.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10363073823

Amount of Each Receipt this Period

74.00

P/R Deduction (\$74.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

550.66

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 14 / 55
(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. ROBERT J HEMSTEAD

Mailing Address 310 E MCCOY LN

City State Zip Code
SANTA MARIA CA 93455

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

Name of Employer Pacific Life Occupation AVP & VALUATION ACTUARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10363103823

Amount of Each Receipt this Period 85.00

P/R Deduction (\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. KEVIN A HENDRA

Mailing Address 58 VIAGGIO LN

City State Zip Code
FOOTHILL RANCH CA 92610

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

Name of Employer Pacific Life Occupation AVP TAX

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10363113823

Amount of Each Receipt this Period 60.00

P/R Deduction (\$60.00 Monthly)

C.

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

Mailing Address 23972 GOLDENEYE DR

City State Zip Code
LAGUNA NIGUEL CA 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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10363163823

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 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 15 / 55
(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 W HOLMLUND

Mailing Address PO BOX 2108

City State Zip Code
RANCHO SANTA FE CA 92067-2108

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 ▼ 1500.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2010

Transaction ID: PR10363183823

Amount of Each Receipt this Period
0.00

P/R Deduction (\$0.00)

B.

Full Name (Last, First, Middle Initial)
MR. KENNETH E JACK

Mailing Address 27 TOULON AVE

City State Zip Code
FOOTHILL RANCH CA 92610

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

Name of Employer Pacific Life Occupation AVP FACILITIES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2010

Transaction ID: PR10363223823

Amount of Each Receipt this Period
45.00

P/R Deduction (\$45.00 Monthly)

C.

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 NATL SLS MGR M CHANNEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2010

Transaction ID: PR10363243823

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **295.00**

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 16 / 55
(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. JEFF R JOHNSON

Mailing Address 1 SAND OAKS RD.

City State Zip Code
LAGUNA NIGUEL CA 92677

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 ▼ 260.00

Date of Receipt: 05 / 31 / 2010
Transaction ID: PR10363253823
Amount of Each Receipt this Period: 55.00
P/R Deduction (\$55.00 Monthly)

B.

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 ▼ 250.00

Date of Receipt: 05 / 31 / 2010
Transaction ID: PR10363263823
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

C.

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

Mailing Address 1812 LEADBURN RD

City State Zip Code
TOWSON MD 21204

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

Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt: 05 / 31 / 2010
Transaction ID: PR10363273823
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: PAGE 17 / 55

(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. SCOTT E JOHNSON

Mailing Address 906 NEWTON LN

City State Zip Code
PLACENTIA CA 92870

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

Name of Employer Occupation
Pacific Life VP CORPORATE TECHNOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 440.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10363283823

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

B.

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

Mailing Address 5531 STANFORD AVE

City State Zip Code
GARDEN GROVE CA 92845

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

Name of Employer Occupation
Pacific Life IT AUDIT CONS

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10363323823

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

C.

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

Mailing Address 24611 BENJAMIN CIR

City State Zip Code
DANA POINT CA 92629

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

Name of Employer Occupation
Pacific Life VP & CORPORATE CONTROLLER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10363373823

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

240.00

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 18 / 55

(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. JOHN P KONTOS

Mailing Address 6307 CAMINO MARINERO

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Occupation
Pacific Life VP INSTITUTIONAL CHANNEL

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 675.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10363423823

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

B.

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

Mailing Address 262 S FAIRFIELD LN

City State Zip Code
ORANGE CA 92869

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 ▼ 395.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10363453823

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. FLETCHER C LARSON

Mailing Address 709 AVENIDA MIROLA

City State Zip Code
PALOS VERDES EST CA 90274

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

Name of Employer Occupation
Pacific Life REGIONAL VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10363473823

Amount of Each Receipt this Period

400.00

P/R Deduction (\$400.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

635.00

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 19 / 55
(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. 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 Pacific Life Occupation AVP VARIABLE REG COMPL

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

Date of Receipt: 05 / 31 / 2010
Transaction ID: PR10363563823
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

B. 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 Pacific Life Occupation AVP ANNUITY APPS ADMIN

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

Date of Receipt: 05 / 31 / 2010
Transaction ID: PR10363593823
Amount of Each Receipt this Period: 150.00
P/R Deduction (\$150.00 Monthly)

C. 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 ▼ 250.00

Date of Receipt: 05 / 31 / 2010
Transaction ID: PR10363603823
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 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: (check only one)	PAGE 20 / 55
	<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. GAIL H MC INTOSH		Date of Receipt MM / DD / YYYY 05 / 31 / 2010		
	Mailing Address 622 18TH ST		Transaction ID: PR10363613823		
	City HUNTINGTON BEACH	State CA	Zip Code 92648	Amount of Each Receipt this Period 80.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$80.00 Monthly)		
	Name of Employer Pacific Life	Occupation AVP INS CNSL	Aggregate Year-to-Date 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) MS. JULIA C MC KINNEY		Date of Receipt MM / DD / YYYY 05 / 31 / 2010		
	Mailing Address 3615 PASEO DEL CAMPO		Transaction ID: PR10363633823		
	City PALOS VERDES EST	State CA	Zip Code 90274	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$75.00 Monthly)		
	Name of Employer Pacific Life	Occupation AVP INS CNSL	Aggregate Year-to-Date 375.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) MR. MORGAN C MC KNIGHT		Date of Receipt MM / DD / YYYY 05 / 31 / 2010		
	Mailing Address 1217 HIGHCREST DR		Transaction ID: PR10363643823		
	City BURLESON	State TX	Zip Code 76028	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Monthly)		
	Name of Employer Pacific Life	Occupation APPLIC DEV CONS	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 21 / 55
(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. HENRY M MC MILLAN

Mailing Address 4006 INLET ISLE DR

City State Zip Code
CORONA DEL MAR CA 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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2010

Transaction ID: PR10363663823

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

B.

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 ▼ 1290.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2010

Transaction ID: PR10363713823

Amount of Each Receipt this Period
270.00

P/R Deduction (\$270.00 Monthly)

C.

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 ▼ 325.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2010

Transaction ID: PR10363753823

Amount of Each Receipt this Period
65.00

P/R Deduction (\$65.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **435.00**

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 22 / 55
	<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. ELIZABETH A MOORE		Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 6412 N 159TH ST		Transaction ID: PR10363763823
	City OMAHA	State NE	Zip Code 68116
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
	Name of Employer Pacific Life	Occupation SYSTEMS ANALYSIS CONS	P/R Deduction (\$45.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

B.	Full Name (Last, First, Middle Initial) MR. JAMES T MORRIS		Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 29022 PINTAIL CIR		Transaction ID: PR10363793823
	City LAGUNA NIGUEL	State CA	Zip Code 92677
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00
	Name of Employer Pacific Life	Occupation CHAIRMAN, PRESIDENT & CEO	P/R Deduction (\$416.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2080.00		

C.	Full Name (Last, First, Middle Initial) MR. JOHN C MULVIHILL		Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 27822 HOMESTEAD RD		Transaction ID: PR10363803823
	City LAGUNA NIGUEL	State CA	Zip Code 92677
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 175.00
	Name of Employer Pacific Life	Occupation VP RE ASSET MGMT	P/R Deduction (\$175.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00		

SUBTOTAL of Receipts This Page (optional)	▶	636.00
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 23 / 55
(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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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. RICHARD P OLSON

Mailing Address 24902 SUNSET PL E

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2010

Transaction ID: PR10363933823

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. JOYCE J PEAD

Mailing Address 25 SUNRISE

City State Zip Code
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation AVP TALENT ACQ & DEV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2010

Transaction ID: PR10364003823

Amount of Each Receipt this Period
75.00

P/R Deduction (\$75.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MS. ALYCE PETERSON

Mailing Address 10033 WINESAP AVE

City State Zip Code
CHERRY VALLEY CA 92223

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

Name of Employer Pacific Life Occupation VP MARKETING SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2010

Transaction ID: PR10364023823

Amount of Each Receipt this Period
80.00

P/R Deduction (\$80.00 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 24 / 55
(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. YVES F PINKOWITZ

Mailing Address 20541 VIA EL TAJO

City State Zip Code
YORBA LINDA CA 92887

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

Name of Employer Pacific Life Occupation VP CORP AUDIT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt: 05 / 31 / 2010
Transaction ID: PR10364053823
Amount of Each Receipt this Period: 42.00
P/R Deduction (\$42.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. THEODORE A PREMIER

Mailing Address 20 MOLINO

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation VP REAL ESTATE FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 05 / 31 / 2010
Transaction ID: PR10364083823
Amount of Each Receipt this Period: 225.00
P/R Deduction (\$225.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. JOSEPH A PUM

Mailing Address 33 BOLERO

City State Zip Code
MISSION VIEJO CA 92692

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

Name of Employer Pacific Life Occupation INTERNAL AUDIT DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 05 / 31 / 2010
Transaction ID: PR10364093823
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **317.00**

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 25 / 55
(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 IRVINE State CA Zip Code 92603

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

Name of Employer Pacific Life Occupation VP M FINANCIAL DISTRIBUTION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 580.00

Date of Receipt: 05 / 31 / 2010
Transaction ID: PR10364143823
 Amount of Each Receipt this Period: 125.00
 P/R Deduction (\$125.00 Monthly)

B.

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

Mailing Address 28472 AVENIDA PLACIDA

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 LIFE CHF MKTG OFCR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt: 05 / 31 / 2010
Transaction ID: PR10364263823
 Amount of Each Receipt this Period: 300.00
 P/R Deduction (\$300.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MS. CATHY L SCHWARTZ

Mailing Address 87 PELICAN CT

City NEWPORT BEACH State CA Zip Code 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 ▼ 500.00

Date of Receipt: 05 / 31 / 2010
Transaction ID: PR10364313823
 Amount of Each Receipt this Period: 100.00
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **525.00**

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 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MS. SONJA V SCOTT	Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 30 CANYONWOOD	Transaction ID: PR10364333823
	City State Zip Code IRVINE CA 92620	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$45.00 Monthly)
	Name of Employer Pacific Life Occupation AVP COMPENSATION Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) MR. BRADLEY W SHERRELL	Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 2315 VIA ZAFIRO	Transaction ID: PR10364353823
	City State Zip Code SAN CLEMENTE CA 92673	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)
	Name of Employer Pacific Life Occupation AVP TECH OFFICE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) MS. PENNY S SPARKS	Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 1661 UTAH CIR	Transaction ID: PR10364443823
	City State Zip Code COSTA MESA CA 92626	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)
	Name of Employer Pacific Life Occupation DIR PORTFOLIO OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	145.00
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 27 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MS. CAROL R SUDBECK		Date of Receipt
	Mailing Address 11 SOMMET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 3 1 / 2 0 1 0
	City	State	Zip Code
	NEWPORT COAST	CA	92657
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10364503823
Name of Employer Pacific Life		Occupation SR VP HR & FACILITIES	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 ▼ 700.00	<input type="text"/> 200.00
			P/R Deduction (\$200.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. JOHN G TORELL		Date of Receipt
	Mailing Address 355 S LORETTA DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 3 1 / 2 0 1 0
	City	State	Zip Code
	ORANGE	CA	92869
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10364583823
Name of Employer Pacific Life		Occupation VP ACCTG & RPTG	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 ▼ 435.00	<input type="text"/> 90.00
			P/R Deduction (\$90.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. STEPHEN J TORETTO		Date of Receipt
	Mailing Address 22862 ORENSE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 3 1 / 2 0 1 0
	City	State	Zip Code
	MISSION VIEJO	CA	92691
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10364593823
Name of Employer Pacific Life		Occupation VP COUNSEL	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 ▼ 275.00	<input type="text"/> 55.00
			P/R Deduction (\$55.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 345.00
TOTAL 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 28 / 55
(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. 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 ▼ 2083.30

Date of Receipt 05 / 31 / 2010
Transaction ID: PR10364603823
 Amount of Each Receipt this Period 416.66
 P/R Deduction (\$416.66 Monthly)

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

Mailing Address PO BOX 10386

City NEWPORT BEACH State CA Zip Code 92658

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 ▼ 350.00

Date of Receipt 05 / 31 / 2010
Transaction ID: PR10364623823
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$70.00 Monthly)

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

Mailing Address 41974 CARSON CT

City MURRIETA State CA Zip Code 92562

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 ▼ 250.00

Date of Receipt 05 / 31 / 2010
Transaction ID: PR10364633823
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **536.66**

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 29 / 55

(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. JOHN M WALDECK		Date of Receipt MM / DD / YYYY 05 / 31 / 2010		
	Mailing Address 67 LAURELHURST DR		Transaction ID: PR10364653823		
	City LADERA RANCH	State CA	Zip Code 92694	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$150.00 Monthly)		
	Name of Employer Pacific Life	Occupation VP RE UWG & CONST SVCS		Aggregate Year-to-Date 675.00	

B.	Full Name (Last, First, Middle Initial) MR. JOHN WHITE		Date of Receipt MM / DD / YYYY 05 / 31 / 2010		
	Mailing Address 32122 VIA CARLOS		Transaction ID: PR10364743823		
	City SN JUAN CAPISTRANO	State CA	Zip Code 92675	Amount of Each Receipt this Period 120.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$120.00 Monthly)		
	Name of Employer Pacific Life	Occupation VP SALES		Aggregate Year-to-Date 540.00	

C.	Full Name (Last, First, Middle Initial) MS. ROBIN S YONIS		Date of Receipt MM / DD / YYYY 05 / 31 / 2010		
	Mailing Address 8 CASTLEBAR		Transaction ID: PR10364823823		
	City IRVINE	State CA	Zip Code 92618	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Monthly)		
	Name of Employer Pacific Life	Occupation VP VAR REGULATORY COMPL		Aggregate Year-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	320.00
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 30 / 55
(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. MARIA ZAMBELLI-DOUGHERTY

Mailing Address 525 LOMBARDY RD

City State Zip Code
DREXEL HILL PA 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 ▼ 300.00

Date of Receipt: 05 / 31 / 2010
Transaction ID: PR10364833823
Amount of Each Receipt this Period: 60.00
P/R Deduction (\$60.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL A BELL

Mailing Address 2 PRECIPICE

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation EVP LIFE INSURANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt: 05 / 31 / 2010
Transaction ID: PR10365143823
Amount of Each Receipt this Period: 350.00
P/R Deduction (\$350.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. REED J LLOYD

Mailing Address 6 SANDERLING LN

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation AVP ADVANCED MKTG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt: 05 / 31 / 2010
Transaction ID: PR10365213823
Amount of Each Receipt this Period: 75.00
P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **485.00**

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 31 / 55
	<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. PHILIP A TEETER	Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 376 MYRTLE ST	Transaction ID: PR10365473823
	City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period 160.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pacific Life SR VP TECH & OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	P/R Deduction (\$160.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. RICHARD G CHERNEY	Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 27835 HOMESTEAD RD	Transaction ID: PR10365543823
	City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pacific Life EXECUTIVE VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$50.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MS. KAREN S WALL	Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 1811 RIVERFORD RD	Transaction ID: PR10365583823
	City State Zip Code TUSTIN CA 92780	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pacific Life PROGRAMS & PROJECTS CONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	260.00
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 / 55
(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. TENNYSON S OYLER

Mailing Address 112 CLEARBROOK

City State Zip Code
IRVINE CA 92614

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

Name of Employer Pacific Life Occupation AVP PUBLIC AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2010

Transaction ID: PR10365613823

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. VALERIE MORRIS

Mailing Address 48 W YALE LOOP

City State Zip Code
IRVINE CA 92604

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

Name of Employer Pacific Life Occupation VP HR PRGMS & SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2010

Transaction ID: PR10365683823

Amount of Each Receipt this Period 90.00

P/R Deduction (\$90.00 Monthly)

C.

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

Mailing Address 640 SAINT JAMES RD

City State Zip Code
NEWPORT BEACH CA 92663

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 ▼ 1175.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2010

Transaction ID: PR10365733823

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **415.00**

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 / 55
(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 ▼ 500.00

Date of Receipt: 05 / 31 / 2010
Transaction ID: PR10365783823
 Amount of Each Receipt this Period: 100.00
 P/R Deduction (\$100.00 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 ▼ 500.00

Date of Receipt: 05 / 31 / 2010
Transaction ID: PR10365853823
 Amount of Each Receipt this Period: 100.00
 P/R Deduction (\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. JOHN F O'DONNELL

Mailing Address 30 BRIAN RD

City BRIDGEWATER State MA Zip Code 02324

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

Name of Employer Pacific Life Occupation NATL SLS MGR KEY ACCT MKTG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 31 / 2010
Transaction ID: PR10365963823
 Amount of Each Receipt this Period: 100.00
 P/R Deduction (\$100.00 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 34 / 55
(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. JULIET A PINKERTON

Mailing Address 30 HISTORY ROW

City State Zip Code
THE WOODLANDS TX 77380

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 ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10365993823

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. RICHARD A TAUBE

Mailing Address 24081 NUTHATCH LN

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP PRODUCT MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10366043823

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. TRAVIS R MC KAY

Mailing Address 15222 LINCOLNWAY CIR

City State Zip Code
PLAINFIELD IL 60544

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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10366063823

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 425.00

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 35 / 55
	<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. KATHARINE B YOUNG	Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 18647 SANTA ISADORA ST	Transaction ID: PR10366103823
	City State Zip Code FOUNTAIN VALLEY CA 92708	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$90.00 Monthly)
	Name of Employer Occupation Pacific Life VP VALUATION & RISK MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

B.	Full Name (Last, First, Middle Initial) MR. CHRISTOPHER VAN MIERLO	Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 400 EL VUELO	Transaction ID: PR10366153823
	City State Zip Code SAN CLEMENTE CA 92672	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$75.00 Monthly)
	Name of Employer Occupation Pacific Life SVP RSD SALES CHF MKTG OFCR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

C.	Full Name (Last, First, Middle Initial) MR. MICHAEL S ROBB	Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 34 CLIFFHOUSE BLF	Transaction ID: PR10366193823
	City State Zip Code NEWPORT COAST CA 92657	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 Occupation Pacific Life EXEC VP RE INVEST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional)	415.00
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 / 55
(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. JANE K WONG-HSU

Mailing Address 1121 EBBTIDE RD

City State Zip Code
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation VP MKT & CREDIT RISK

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10366213823

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

B.

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

Mailing Address 7124 HAWKSBEARD DR

City State Zip Code
WESTERVILLE OH 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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10366273823

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

C.

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

Mailing Address 26666 WHITE OAKS 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 CAPITAL MKTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10366283823

Amount of Each Receipt this Period
75.00

P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **225.00**

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 37 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MS. MARY ANN BROWN		Date of Receipt
	Mailing Address 304 WEYMOUTH PL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 3 1 / 2 0 1 0
	City	State	Zip Code
	LAGUNA BEACH	CA	92651
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10366313823
Name of Employer Pacific Life		Occupation EVP CORP DEVELPMT	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 ▼ 2083.30	<input type="text"/> 416.66
P/R Deduction (\$416.66 Monthly)			

B.	Full Name (Last, First, Middle Initial) MR. SIMON S FENG		Date of Receipt
	Mailing Address 10 CANDELA		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 3 1 / 2 0 1 0
	City	State	Zip Code
	IRVINE	CA	92620
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10366353823
Name of Employer Pacific Life		Occupation AVP BUS & TECH INTEG	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 ▼ 850.00	<input type="text"/> 200.00
P/R Deduction (\$200.00 Monthly)			

C.	Full Name (Last, First, Middle Initial) MR. THOMAS GIBBONS		Date of Receipt
	Mailing Address 1970 PARK NEWPORT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 3 1 / 2 0 1 0
	City	State	Zip Code
	NEWPORT BEACH	CA	92660
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10366363823
Name of Employer Pacific Life		Occupation SVP TAX	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 ▼ 1140.00	<input type="text"/> 300.00
P/R Deduction (\$300.00 Monthly)			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 916.66
TOTAL 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 38 / 55
(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. MARY M HAWKINS
Mailing Address 6182 S 177TH ST
City OMAHA State NE Zip Code 68135
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP OPS BUS SOLUTNS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt 05 / 31 / 2010
Transaction ID: PR10366393823
Amount of Each Receipt this Period 45.00
P/R Deduction (\$45.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. JAMES KARAFI
Mailing Address 182 STANHOPE RD
City SPARTA State NJ Zip Code 07871
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 ▼ 550.00
Date of Receipt 05 / 31 / 2010
Transaction ID: PR10366403823
Amount of Each Receipt this Period 125.00
P/R Deduction (\$125.00 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 ▼ 250.00
Date of Receipt 05 / 31 / 2010
Transaction ID: PR10366623823
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 220.00
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 / 55
(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. JEFF J BRADSHAW
Mailing Address 27302 MONDANO DR
City MISSION VIEJO State CA Zip Code 92692
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP BUSINESS DEV
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 31 / 2010
Transaction ID: PR10366673823
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. DEBORAH K JOHNSON
Mailing Address 3019 SAN ANSELIN AVE
City LONG BEACH State CA Zip Code 90808
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation SYSTEMS ANALYSIS SUPR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 31 / 2010
Transaction ID: PR10366683823
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. KENNETH W COX
Mailing Address 570 EBB CREEK DR APT P
City CORONA State CA Zip Code 92880
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation IT DELIVERY MGR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 31 / 2010
Transaction ID: PR10366703823
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 40 / 55
(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 385 25TH AVE

City Milton State WA Zip Code 98354

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 ▼ 250.00

Date of Receipt 05 / 31 / 2010
Transaction ID: PR10366723823
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. DAVID C HONERKAMP

Mailing Address 2712 LIGHTHOUSE LN

City CORONA DEL MAR State CA Zip Code 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 ▼ 250.00

Date of Receipt 05 / 31 / 2010
Transaction ID: PR10366763823
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

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

Mailing Address 795 TREPANNY LN

City WAYNE State PA Zip Code 19087

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 05 / 31 / 2010
Transaction ID: PR10366793823
Amount of Each Receipt this Period 60.00
P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 160.00

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 41 / 55
(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. DAWN M TRAUTMAN
Mailing Address 7424 CITY LIGHTS DR
City ALISO VIEJO State CA Zip Code 92656
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation SR VP IT & STRATEGIC PLNG
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 465.00
Date of Receipt 05 / 31 / 2010
Transaction ID: PR10366863823
Amount of Each Receipt this Period 105.00
P/R Deduction (\$105.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. JEFFREY R WILT
Mailing Address 1 BAILEY DRIVE
City GLENWOOD State NJ Zip Code 07418
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 ▼ 275.00
Date of Receipt 05 / 31 / 2010
Transaction ID: PR10366883823
Amount of Each Receipt this Period 55.00
P/R Deduction (\$55.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. STUART A HOLLAND
Mailing Address 4931 CAREFREE TRAIL
City PARKER State CO Zip Code 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 ▼ 375.00
Date of Receipt 05 / 31 / 2010
Transaction ID: PR10366913823
Amount of Each Receipt this Period 75.00
P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 235.00
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 / 55
(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. 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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10367123823

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 22931 GALAXY LN

City State Zip Code
LAKE FOREST CA 92630

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

Name of Employer Pacific Life Occupation AVP PRICING & DESIGN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10367143823

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. STEVEN H GOLDBERG

Mailing Address 11 TWIN FLOWER ST

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 DEVELOPM T

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10367183823

Amount of Each Receipt this Period
75.00

P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **225.00**

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 / 55

(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. CARLETON J MUENCH

Mailing Address 111 NORTHERN PINE LOOP

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Occupation
Pacific Life AVP INVESTMENT OVERSIGHT

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10614833823

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

B.

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 Occupation
Pacific Life AVP SLS & MKTG OPS

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10614873823

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 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 Occupation
Pacific Life SR WHOLESALER

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR10614923823

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 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: PAGE 44 / 55

(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. DAVID J VAN DE WATER

Mailing Address 6433 PALOMINO WAY

City State Zip Code
WEST LINN OR 97068

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

Name of Employer Occupation
Pacific Life MARKETING CONSULTANT

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR11106893823

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B.

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
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR11323353823

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. RAE A MCKEATING

Mailing Address 25842 DANA BLF W

City State Zip Code
CAPISTRANO BEACH CA 92624

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

Name of Employer Occupation
Pacific Life AVP LEGAL

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR22130713823

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

165.00

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 45 / 55

(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. EDWIN J FERRELL

Mailing Address 34 CASTLEROCK

City State Zip Code
IRVINE CA 92603

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

Name of Employer Occupation
Pacific Life VP CREDIT ANALYSIS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 455.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR22130753823

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. DENIS P KALSCHEUR

Mailing Address 15 BELMONT

City State Zip Code
NEWPORT BEACH CA 92660-6732

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

Name of Employer Occupation
Pacific Life VP/Treasurer

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR22130793823

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. JENNIFER L KRUMM

Mailing Address 1083 CAMPANILE

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Occupation
Pacific Life AVP FIN & DERIVATIVE RPTG

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR22130803823

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

160.00

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 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MS. SUSAN MELEIKA	Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 233 ROBIN HOOD PLACE	Transaction ID: PR22130823823
	City State Zip Code COSTA MESA CA 92627	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation DIR INV ACCTG & RPTG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 225.00	P/R Deduction (\$45.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. TIMOTHY C MYERS	Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 23819 CLAYMORE WAY	Transaction ID: PR22130863823
	City State Zip Code VALENCIA CA 91354	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation CORP TAX DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 385.00	P/R Deduction (\$80.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. RICHARD J MILLER	Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 2628 RYCROFT CT	Transaction ID: PR31736843823
	City State Zip Code CHESTERFIELD MO 63017	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	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="checkbox"/> Aggregate Year-to-Date 250.00	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: PAGE 47 / 55
(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. DOUGLAS P JACKSON
 Mailing Address 59 AUGUSTA
 City State Zip Code
COTO DE CAZA CA 92679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation FVP SALES DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00
 Date of Receipt 05 / 31 / 2010
Transaction ID: PR32777123823
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$75.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. ADRIENNE MOUCH
 Mailing Address 2524 W WATROUS AVE
 City State Zip Code
TAMPA FL 33629
 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 ▼ 500.00
 Date of Receipt 05 / 31 / 2010
Transaction ID: PR33677903823
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. DANIEL R MYTHEN
 Mailing Address 21307 NE 97TH PL
 City State Zip Code
REDMOND WA 98053
 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 ▼ 500.00
 Date of Receipt 05 / 31 / 2010
Transaction ID: PR33677923823
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 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: (check only one)	PAGE 48 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. BRIAN D PEAD	Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 25 SUNRISE	Transaction ID: PR33677943823
	City State Zip Code IRVINE CA 92603	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)
Name of Employer Pacific Life	Occupation AVP APPL ARCH & INTEG.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) MR. JAMES P WITKOWSKI	Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 5620 FOXTAIL LOOP	Transaction ID: PR33678023823
	City State Zip Code CARLSBAD CA 92010	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$45.00 Monthly)
Name of Employer Pacific Life	Occupation CHANNEL MKTG DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C.	Full Name (Last, First, Middle Initial) MR. JOHN K O'CONNELL	Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 11529 FALL CREEK RD	Transaction ID: PR34419163823
	City State Zip Code INDIANAPOLIS IN 46256-9413	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$0.00)
Name of Employer Pacific Life	Occupation Field Exec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	95.00
TOTAL This Period (last page this line number only)	14613.98

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) American Benefits Council PAC</p> <p>Mailing Address Suite 600 1501 M Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9148080 Date of Disbursement 05 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American Council of Life Insurers PAC</p> <p>Mailing Address 101 Constitution Avenue, NW, Suite</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9148083 Date of Disbursement 05 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Berkley For Congress</p> <p>Mailing Address 3069 Conquista Court</p> <p>City Las Vegas State NV Zip Code 89121</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Shelley Berkley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9148086 Date of Disbursement 05 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Campbell for Congress</p> <p>Mailing Address 4590 MacArthur Blvd., Suite 500</p> <p>City Newport Beach State CA Zip Code 92660</p> <p>Purpose of Disbursement Contribution Candidate Name John Campbell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9148090 Date of Disbursement 05 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Every Republican is Crucial PAC (ERICPAC)</p> <p>Mailing Address 209 Pennsylvania Avenue, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9148094 Date of Disbursement 05 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Frank for Congress</p> <p>Mailing Address 38 Ivy Street, S.E.</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution Candidate Name Barney Frank Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9148095 Date of Disbursement 05 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Scott Garrett For Congress	Transaction ID: 9148096 Date of Disbursement 05 / 21 / 2010
	Mailing Address P.O. Box 905	
	City Newton State NJ Zip Code 07860	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Rep. Scott Garrett Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05	Contribution
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Grassley Committee	Transaction ID: 9148097 Date of Disbursement 05 / 21 / 2010
	Mailing Address PO Box 1000	
	City Des Moines State IA Zip Code 50304	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Charles Grassley Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Contribution
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Orrin PAC	Transaction ID: 9148099 Date of Disbursement 05 / 21 / 2010
	Mailing Address 6510 Anna Maria Court	
	City McLean State VA Zip Code 22101	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Contribution
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Levin for Congress Committee	Transaction ID: 9148100 Date of Disbursement 05 / 21 / 2010
	Mailing Address 30636 Dequindre	Amount of Each Disbursement this Period 2500.00
	City Warren State MI Zip Code 48092	
	Purpose of Disbursement Contribution Candidate Name Sander Levin Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 12	Contribution

B.	Full Name (Last, First, Middle Initial) Matsui for Congress	Transaction ID: 9148101 Date of Disbursement 05 / 21 / 2010
	Mailing Address P.O. Box 1738	Amount of Each Disbursement this Period 1000.00
	City Sacramento State CA Zip Code 95812	
	Purpose of Disbursement Contribution Candidate Name Doris Matsui Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 05	Contribution

C.	Full Name (Last, First, Middle Initial) Friends of John McCain	Transaction ID: 9148103 Date of Disbursement 05 / 21 / 2010
	Mailing Address PO Box 32128	Amount of Each Disbursement this Period 1000.00
	City Phoenix State AZ Zip Code 85064	
	Purpose of Disbursement Contribution Candidate Name John McCain Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District:	Contribution

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kevin McCarthy for Congress	Transaction ID: 9148104 Date of Disbursement 05 / 21 / 2010
	Mailing Address P.O. Box 12667	Amount of Each Disbursement this Period 1000.00
	City Bakersfield State CA Zip Code 93389	
	Purpose of Disbursement Contribution Candidate Name Kevin McCarthy Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 22	Contribution

B.	Full Name (Last, First, Middle Initial) Richard E. Neal for Congress	Transaction ID: 9148588 Date of Disbursement 05 / 21 / 2010
	Mailing Address 76 Magnolia Terrace	Amount of Each Disbursement this Period 2000.00
	City Springfield State MA Zip Code 01108	
	Purpose of Disbursement Contribution Candidate Name Richard Neal Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 02	Contribution

C.	Full Name (Last, First, Middle Initial) Nelson 2012	Transaction ID: 9148589 Date of Disbursement 05 / 21 / 2010
	Mailing Address 420 C Street, NE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Contribution Candidate Name Ben Nelson Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District:	Contribution

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Pomeroy for Congress</p> <p>Mailing Address PO Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9149095 Date of Disbursement 05 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Price For Congress</p> <p>Mailing Address P.O. Box 425</p> <p>City Roswell State GA Zip Code 30077</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Thomas Price, M.D.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9149096 Date of Disbursement 05 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Ryan for Congress</p> <p>Mailing Address P. O. Box 1919</p> <p>City Janesville State WI Zip Code 53547</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Paul Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9149097 Date of Disbursement 05 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mike Thompson for Congress	Transaction ID: 9149098 Date of Disbursement 05 / 21 / 2010
	Mailing Address 236 Massachusetts Avenue, NE Suite 603	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Contribution Candidate Name Mike Thompson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Mike Thompson for Congress	Transaction ID: 9149099 Date of Disbursement 05 / 21 / 2010
	Mailing Address 236 Massachusetts Avenue, NE Suite 603	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Contribution Candidate Name Mike Thompson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Tiberi For Congress	Transaction ID: 9149100 Date of Disbursement 05 / 21 / 2010
	Mailing Address 2021 E Dublin Granville Road Suite 2000	Amount of Each Disbursement this Period 1000.00
	City Columbus State OH Zip Code 43229	
	Purpose of Disbursement Contribution Candidate Name Rep. Patrick Tiberi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

32500.00