



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="95326.53"/>	<input type="text" value="95326.53"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="104824.47"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="28938.97"/>	<input type="text" value="64936.91"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="133763.44"/>	<input type="text" value="160263.44"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="36000.00"/>	<input type="text" value="62500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="97763.44"/>	<input type="text" value="97763.44"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Pacific Life Insurance Company Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

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).....	16294.64	28633.92
(ii) Unitemized .....	6644.33	30302.99
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	22938.97	58936.91
(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) .....	22938.97	58936.91
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.....	6000.00	6000.00
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 Transfers (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))..... ▶	28938.97	64936.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	28938.97	64936.91

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	36000.00	62500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	36000.00	62500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36000.00	62500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	22938.97	58936.91
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22938.97	58936.91
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 OF 39  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. MS. SHARON A CHEEVER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33512 VALLE RD  
 City State Zip Code  
 SAN JUAN CAPISTRANO CA 92675-4838  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Life SR VP & GEN COUNSEL  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2012  
**Transaction ID : 10744182**  
 Amount of Each Receipt this Period  
 5000.00  
 Check

**B. MR. DEWEY P BUSHAW**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Pacific Life EXEC VP RSD  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 501.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2012  
**Transaction ID : PR10362305565**  
 Amount of Each Receipt this Period  
 167.00  
 P/R Deduction (\$167.00 Monthly)

**C. MR. EDWARD R BYRD**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Pacific Life SR VP & CHF ACTG OFCR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2012  
**Transaction ID : PR10362325565**  
 Amount of Each Receipt this Period  
 125.00  
 P/R Deduction (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5292.00  
**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 7 OF 39
	<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. MR. JOSEPH E CELENTANO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26661 CAMPESINO  
 City MISSION VIEJO State CA Zip Code 92691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SR VP ERM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10362385565**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Monthly)

**B. MR. DENNIS M CORBETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15136 TOURAIN WAY  
 City IRVINE State CA Zip Code 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 ▼ 300.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10362515565**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Monthly)

**C. MS. DEBRA CUNNINGHAM HONERKAMP**  
 Full Name (Last, First, Middle Initial)  
 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 ASSET MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10362565565**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 39
	<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. MR. MICHAEL R CURRY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12162 WICKLOW LN  
City NAPLES State FL Zip Code 34120  
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 ▼ 300.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10362575565**  
Amount of Each Receipt this Period 100.00  
P/R Deduction (\$100.00 Monthly)

**B. MS. STEPHANIE J CURRY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 417 GARFIELD PARK AVE  
City SANTA ROSA State CA Zip Code 95409  
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 ▼ 270.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10362595565**  
Amount of Each Receipt this Period 90.00  
P/R Deduction (\$90.00 Monthly)

**C. MS. LINDA D LARSON**  
Full Name (Last, First, Middle Initial)  
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 ▼ 360.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10362625565**  
Amount of Each Receipt this Period 120.00  
P/R Deduction (\$120.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 310.00  
**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 OF 39
<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. MR. MARK R FALK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 64 SUMMERSTONE  
City IRVINE State CA Zip Code 92614  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation AVP STRATEGIC PROGRAMS  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **375.00**

Date of Receipt **03 / 31 / 2012**  
**Transaction ID : PR10362715565**  
Amount of Each Receipt this Period **125.00**  
P/R Deduction (\$125.00 Monthly)

**B. MS. MARTHA A GATES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 31411 MONTEREY ST  
City LAGUNA BEACH State CA Zip Code 92651  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation SR VP OPERATIONS  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1249.98**

Date of Receipt **03 / 31 / 2012**  
**Transaction ID : PR10362865565**  
Amount of Each Receipt this Period **416.66**  
P/R Deduction (\$416.66 Monthly)

**C. MR. FRANK J GOETZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7 SOVENTE  
City IRVINE State CA Zip Code 92606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation AVP RISK SELECTION  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt **03 / 31 / 2012**  
**Transaction ID : PR10362905565**  
Amount of Each Receipt this Period **70.00**  
P/R Deduction (\$70.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **611.66**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 39
	<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. MR. ADRIAN S GRIGGS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8766 CANARY AVE  
 City FOUNTAIN VALLEY State CA Zip Code 92708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SR VP FINANCE & RISK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10362965565**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Monthly)

**B. MR. ROBERT G HASKELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1880 N EL CAMINO REAL  
 City SAN CLEMENTE State CA Zip Code 92672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SVP BRAND MGMT & PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.98

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10363065565**  
 Amount of Each Receipt this Period 416.66  
 P/R Deduction (\$416.66 Monthly)

**C. MR. DALE E HAWLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2702 SAN JOAQUIN HILLS RD  
 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 COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 222.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10363075565**  
 Amount of Each Receipt this Period 74.00  
 P/R Deduction (\$74.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	590.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 39
	<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. MR. ROBERT J HEMSTEAD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5613 DAISY ST  
 City SIMI VALLEY State CA Zip Code 93063  
 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 ▼ 300.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10363105565**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Monthly)

**B. MR. KEVIN A HENDRA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 58 VIAGGIO LN  
 City Foothill Ranch State CA Zip Code 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 ▼ 225.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10363115565**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$75.00 Monthly)

**C. MR. HOWARD T HIRAKAWA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23972 GOLDENEYE DR  
 City LAGUNA NIGUEL State CA Zip Code 92677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP INV ADVISOR OPS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10363165565**  
 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 12 OF 39
<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. MS. CAROL A JENSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8554 202ND STREET SW  
 City EDMONDS State WA Zip Code 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 ▼ 750.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10363245565**  
 Amount of Each Receipt this Period 250.00  
 P/R Deduction (\$250.00 Monthly)

**B. MR. MARK J JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1812 LEADBURN RD  
 City TOWSON State MD Zip Code 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 ▼ 450.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10363275565**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$150.00 Monthly)

**C. MR. BRIAN D KLEMENS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24611 BENJAMIN CIR  
 City DANA POINT State CA Zip Code 92629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP & CORPORATE CONTROLLER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10363375565**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$80.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	480.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. MR. JOHN P KONTOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6307 CAMINO MARINERO  
 City SAN CLEMENTE State CA Zip Code 92673  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP INSTITUTIONAL MARKETS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10363425565**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$150.00 Monthly)

**B. MR. FLETCHER C LARSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 709 AVENIDA MIROLA  
 City PALOS VERDES EST State CA Zip Code 90274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation REGIONAL VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10363475565**  
 Amount of Each Receipt this Period 400.00  
 P/R Deduction (\$400.00 Monthly)

**C. MS. LAURENE E MAC ELWEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1033 SECRETARIAT CIR  
 City COSTA MESA State CA Zip Code 92626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP FUND COMPLIANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10363565565**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 650.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 39
	<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. MR. DESMOND G MARSH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 74 SETON RD  
 City IRVINE State CA Zip Code 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 ▼ 450.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10363595565**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$150.00 Monthly)

**B. MS. JULIA C MC KINNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3615 PASEO DEL CAMPO  
 City PALOS VERDES EST State CA Zip Code 90274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation AVP COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10363635565**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$75.00 Monthly)

**C. MR. HENRY M MC MILLAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4006 INLET ISLE DR  
 City CORONA DEL MAR State CA Zip Code 92625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SR VP & CHIEF RISK OFCR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10363665565**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00  
**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 15 OF 39
	<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. MR. JAMES T MORRIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32141 COOK LN  
 City SN JUAN CAPISTRANO State CA Zip Code 92675  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation CHAIRMAN, PRESIDENT & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10363795565**  
 Amount of Each Receipt this Period 416.00  
 P/R Deduction (\$416.00 Monthly)

**B. MR. JOHN C MULVIHILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27382 VIA PRIORATO  
 City SN JUAN CAPISTRANO State CA Zip Code 92675  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP RE ASSET MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10363805565**  
 Amount of Each Receipt this Period 175.00  
 P/R Deduction (\$175.00 Monthly)

**C. MS. JOYCE J PEAD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 SUNRISE  
 City IRVINE State CA Zip Code 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 ▼ 225.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10364005565**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 666.00  
**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 16 OF 39
	<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. MS. ALYCE PETERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2908 VIA HIDALGO  
 City SAN CLEMENTE State CA Zip Code 92673  
 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 ▼ 240.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10364025565**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$80.00 Monthly)

**B. MR. THEODORE A PREMIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 MOLINO  
 City NEWPORT BEACH State CA Zip Code 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 ▼ 675.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10364085565**  
 Amount of Each Receipt this Period 225.00  
 P/R Deduction (\$225.00 Monthly)

**C. MR. JOSEPH A PUM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 BOLERO  
 City MISSION VIEJO State CA Zip Code 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 ▼ 225.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10364095565**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$75.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	380.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR. JAMES R RICE</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2012
Mailing Address 11 STILLWATER			<b>Transaction ID : PR10364145565</b>
City IRVINE	State CA	Zip Code 92603	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			P/R Deduction (\$125.00 Monthly)
Name of Employer Pacific Life	Occupation VP M FINANCIAL DISTRIBUTION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) <b>B. MR. RICHARD J SCHINDLER</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2012
Mailing Address 28472 AVENIDA PLACIDA			<b>Transaction ID : PR10364265565</b>
City SN JUAN CAPISTRANO	State CA	Zip Code 92675	Amount of Each Receipt this Period 325.00
FEC ID number of contributing federal political committee. C			P/R Deduction (\$325.00 Monthly)
Name of Employer Pacific Life	Occupation SR VP LIFE CHF MKTG OFCR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00		

Full Name (Last, First, Middle Initial) <b>C. MS. CATHY L SCHWARTZ</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2012
Mailing Address 87 PELICAN CT			<b>Transaction ID : PR10364315565</b>
City NEWPORT BEACH	State CA	Zip Code 92660	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 CREDIT ANALYSIS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 39
<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. MS. CAROL R SUDBECK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 SOMMET  
 City NEWPORT COAST State CA Zip Code 92657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SR VP HR & FACILITIES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10364505565**  
 Amount of Each Receipt this Period 416.00  
 P/R Deduction (\$416.00 Monthly)

**B. MR. JOHN G TORELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 355 S LORETTA DR  
 City ORANGE State CA Zip Code 92869  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP ACCTG & RPTG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10364585565**  
 Amount of Each Receipt this Period 90.00  
 P/R Deduction (\$90.00 Monthly)

**C. MR. KHANH T TRAN**  
 Full Name (Last, First, Middle Initial)  
 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 & CHF INVEST OFCR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.98

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10364605565**  
 Amount of Each Receipt this Period 416.66  
 P/R Deduction (\$416.66 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 922.66  
**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 19 OF 39  
(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. MR. EDDIE D TUNG**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012  
**Transaction ID : PR10364625565**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$75.00 Monthly)

**B. MR. JOHN M WALDECK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 67 LAURELHURST DR  
 City LADERA RANCH State CA Zip Code 92694  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP RE UWG & CONST SVCS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012  
**Transaction ID : PR10364655565**  
 Amount of Each Receipt this Period 175.00  
 P/R Deduction (\$175.00 Monthly)

**C. MR. JOHN WHITE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28532 VIA PRIMAVERA  
 City SN JUAN CAPISTRANO State CA Zip Code 92675  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012  
**Transaction ID : PR10364745565**  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$120.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 370.00  
**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 OF 39
<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. MR. MICHAEL A BELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 PRECIPICE

City LAGUNA NIGUEL	State CA	Zip Code 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 ▼ **1050.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

**Transaction ID : PR10365145565**

Amount of Each Receipt this Period  

350.00
--------

P/R Deduction (\$350.00 Monthly)

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

Mailing Address 6 SANDERLING LN

City ALISO VIEJO	State CA	Zip Code 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 ▼ **225.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

**Transaction ID : PR10365215565**

Amount of Each Receipt this Period  

75.00
-------

P/R Deduction (\$75.00 Monthly)

**C. MR. PHILIP A TEETER**  
Full Name (Last, First, Middle Initial)

Mailing Address 31422 ALTA LOMA DR

City LAGUNA BEACH	State CA	Zip Code 92651
----------------------	-------------	-------------------

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

Name of Employer Pacific Life	Occupation SR VP TECH & OPS
----------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

**Transaction ID : PR10365475565**

Amount of Each Receipt this Period  

175.00
--------

P/R Deduction (\$175.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 21 OF 39  
(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. MR. TENNYSON S OYLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 52 PEONY  
 City IRVINE State CA Zip Code 92618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP BRAND MGMT & PUBLIC AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10365615565**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$75.00 Monthly)

**B. MS. VALERIE MORRIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 48 W YALE LOOP  
 City IRVINE State CA Zip Code 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 ▼ 300.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10365685565**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Monthly)

**C. MS. PATRICIA S DOUGLASS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 640 SAINT JAMES RD  
 City NEWPORT BEACH State CA Zip Code 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 ▼ 825.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10365735565**  
 Amount of Each Receipt this Period 275.00  
 P/R Deduction (\$275.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 450.00  
**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 OF 39
	<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. MR. WILLIAM D BURKE**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 300.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10365785565**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Monthly)

**B. MR. JOHN F O'DONNELL**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 300.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10365965565**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Monthly)

**C. MS. JULIET A PINKERTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5874 GARRISON RD  
 City FRANKLIN State TN Zip Code 37064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation DIVISIONAL VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR10365995565**  
 Amount of Each Receipt this Period 250.00  
 P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 450.00  
**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 OF 39  
(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. MR. RICHARD A TAUBE**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Pacific Life VP PRODUCT MGMT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2012  
**Transaction ID : PR10366045565**  
 Amount of Each Receipt this Period  
 85.00  
 P/R Deduction (\$85.00 Monthly)

**B. MR. TRAVIS R MC KAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 OXFORD AVE  
 City State Zip Code  
 CLARENDON HILLS IL 60514  
 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 ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2012  
**Transaction ID : PR10366065565**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$100.00 Monthly)

**C. MS. KATHARINE B YOUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18647 SANTA ISADORA ST  
 City State Zip Code  
 FOUNTAIN VALLEY CA 92708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Life VP VALUATION & RISK MGMT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2012  
**Transaction ID : PR10366105565**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 285.00  
**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 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. MR. CHRISTOPHER VAN MIERLO</b>		Date of Receipt
Mailing Address 400 EL VUELO		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : PR10366155565</b>
SAN CLEMENTE	CA	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="75.00"/>
	92672	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pacific Life	SVP RSD SALES CHF MKTG OFCR	P/R Deduction (\$75.00 Monthly)
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MR. MICHAEL S ROBB</b>		Date of Receipt
Mailing Address 34 CLIFFHOUSE BLF		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : PR10366195565</b>
NEWPORT COAST	CA	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="250.00"/>
	92657	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pacific Life	EXEC VP RE INVEST	P/R Deduction (\$250.00 Monthly)
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MR. RICHARD M WILKES</b>		Date of Receipt
Mailing Address 7124 HAWKSBEARD DR		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : PR10366275565</b>
WESTERVILLE	OH	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="100.00"/>
	43082	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pacific Life	SR WHOLESALER	P/R Deduction (\$100.00 Monthly)
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="425.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR. RICHARD S BANNO</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2012 <b>Transaction ID : PR10366285565</b>
Mailing Address 26666 WHITE OAKS DR		Amount of Each Receipt this Period 75.00
City LAGUNA HILLS	State CA	Zip Code 92653
FEC ID number of contributing federal political committee. C	Name of Employer Pacific Life	Occupation AVP CAPITAL MKTS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MS. MARY ANN BROWN</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2012 <b>Transaction ID : PR10366315565</b>
Mailing Address 304 WEYMOUTH PL		Amount of Each Receipt this Period 416.66
City LAGUNA BEACH	State CA	Zip Code 92651
FEC ID number of contributing federal political committee. C	Name of Employer Pacific Life	Occupation EVP CORPORATE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.98	P/R Deduction (\$416.66 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MR. SIMON S FENG</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2012 <b>Transaction ID : PR10366355565</b>
Mailing Address 10 CANDELA		Amount of Each Receipt this Period 200.00
City IRVINE	State CA	Zip Code 92620
FEC ID number of contributing federal political committee. C	Name of Employer Pacific Life	Occupation AVP BUS & TECH INTEG
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	P/R Deduction (\$200.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	691.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 39
	<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. MR. THOMAS GIBBONS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1970 PARK NEWPORT

City NEWPORT BEACH State CA Zip Code 92660

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

Name of Employer Pacific Life Occupation SVP TAX

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **945.00**

Date of Receipt **03 / 31 / 2012**

**Transaction ID : PR10366365565**

Amount of Each Receipt this Period **315.00**

P/R Deduction (\$315.00 Monthly)

**B. MS. DAWN M TRAUTMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 308 REGATTA WAY

City SEAL BEACH State CA Zip Code 90740

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 ▼ **315.00**

Date of Receipt **03 / 31 / 2012**

**Transaction ID : PR10366865565**

Amount of Each Receipt this Period **105.00**

P/R Deduction (\$105.00 Monthly)

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

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 ▼ **225.00**

Date of Receipt **03 / 31 / 2012**

**Transaction ID : PR10366915565**

Amount of Each Receipt this Period **75.00**

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **495.00**

**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 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. JIM Y CHU</b>		Date of Receipt 03 / 31 / 2012 <b>Transaction ID : PR10367145565</b>
Mailing Address 22931 GALAXY LN		Amount of Each Receipt this Period 100.00
City LAKE FOREST	State CA	Zip Code 92630
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation AVP PRICING & DESIGN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. MR. STEVEN H GOLDBERG</b>		Date of Receipt 03 / 31 / 2012 <b>Transaction ID : PR10367185565</b>
Mailing Address 11 TWIN FLOWER ST		Amount of Each Receipt this Period 75.00
City LADERA RANCH	State CA	Zip Code 92694
FEC ID number of contributing federal political committee. C		P/R Deduction (\$75.00 Monthly)
Name of Employer Pacific Life	Occupation PRODUCT MGMT DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. MR. MATTHEW WELLS</b>		Date of Receipt 03 / 31 / 2012 <b>Transaction ID : PR10614925565</b>
Mailing Address 120 BONITA DR		Amount of Each Receipt this Period 100.00
City HOMEWOOD	State AL	Zip Code 35209
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation SR WHOLESALER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS. RAE A MCKEATING</b>		Date of Receipt 03 / 31 / 2012 <b>Transaction ID : PR22130715565</b>
Mailing Address 25842 DANA BLF W		Amount of Each Receipt this Period 70.00
City CAPISTRANO BEACH	State CA	Zip Code 92624
FEC ID number of contributing federal political committee. C		P/R Deduction (\$70.00 Monthly)
Name of Employer Pacific Life	Occupation AVP LEGAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. MR. EDWIN J FERRELL</b>		Date of Receipt 03 / 31 / 2012 <b>Transaction ID : PR22130755565</b>
Mailing Address 34 CASTLEROCK		Amount of Each Receipt this Period 100.00
City IRVINE	State CA	Zip Code 92603
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation VP INVSTMT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. MS. SUSAN M KEELING</b>		Date of Receipt 03 / 31 / 2012 <b>Transaction ID : PR22130825565</b>
Mailing Address 406 1/2 HELIOTROPE AVE		Amount of Each Receipt this Period 70.00
City CORONA DEL MAR	State CA	Zip Code 92625
FEC ID number of contributing federal political committee. C		P/R Deduction (\$70.00 Monthly)
Name of Employer Pacific Life	Occupation AVP INV MGT ACCTG & RPTG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

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

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

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

FOR LINE NUMBER: PAGE 29 OF 39  
(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. MR. TIMOTHY C MYERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23819 CLAYMORE WAY  
 City VALENCIA State CA Zip Code 91354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation CORP TAX DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR22130865565**  
 Amount of Each Receipt this Period 90.00  
 P/R Deduction (\$90.00 Monthly)

**B. MR. DOUGLAS P JACKSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 59 AUGUSTA  
 City COTO DE CAZA State CA Zip Code 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 ▼ 300.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR32777125565**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Monthly)

**C. MS. ADRIENNE MOUCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2524 W WATROUS AVE  
 City TAMPA State FL Zip Code 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 ▼ 300.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR33677905565**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 290.00  
**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 30 OF 39
	<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. MR. JAMES P WITKOWSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5620 FOXTAIL LOOP  
 City CARLSBAD State CA Zip Code 92010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation CHANNEL MKTG DIR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR33678025565**  
 Amount of Each Receipt this Period 70.00  
 P/R Deduction (\$70.00 Monthly)

**B. MR. VINCENT A SPERA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1616 LOOKOUT CIR  
 City WAXHAW State NC Zip Code 28173  
 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 ▼ 225.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR43582355565**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$75.00 Monthly)

**C. MR. CADE H CHERRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 ESTERO POINTE  
 City ALISO VIEJO State CA Zip Code 92656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation AVP STRATEGIC PLANNING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 31 / 2012  
**Transaction ID : PR61125885565**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$75.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. MR. GARY L FALDE</b>		Date of Receipt 03 / 31 / 2012 <b>Transaction ID : PR61125905565</b>
Mailing Address 9212 SANTIAGO DR		Amount of Each Receipt this Period 75.00
City HUNTINGTON BEACH	State CA	Zip Code 92646
FEC ID number of contributing federal political committee. C		P/R Deduction (\$75.00 Monthly)
Name of Employer Pacific Life	Occupation VP & CHIEF ACTUARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. MS. JILL PECKINGHAM</b>		Date of Receipt 03 / 31 / 2012 <b>Transaction ID : PR67885095565</b>
Mailing Address 50 COLONIAL WAY		Amount of Each Receipt this Period 75.00
City ALISO VIEJO	State CA	Zip Code 92656
FEC ID number of contributing federal political committee. C		P/R Deduction (\$75.00 Monthly)
Name of Employer Pacific Life	Occupation ANNUITY PROJECT SVCS DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	16294.64

**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 32 OF 39
<input 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 checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Snowe for Senate</b>		Date of Receipt
Mailing Address P.O. Box 2012		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
Portland	ME	04104
FEC ID number of contributing federal political committee.		<b>Transaction ID : 10717155</b>
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="4000.00"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	Refund of 2012 Gen Election Ctrbs (made in 2010 and 2011)
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="4000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Nelson 2012</b>		Date of Receipt
Mailing Address 420 C Street, NE		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20002
FEC ID number of contributing federal political committee.		<b>Transaction ID : 10717157</b>
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="2000.00"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	Refund of 2012 Gen Election Contr (made 6-15-11)
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		<input type="text"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="6000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="6000.00"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Becerra for Congress**

Mailing Address PO Box 116

City Hyattsville State MD Zip Code 20781

Purpose of Disbursement  
Contribution

011

Candidate Name

**Xavier Becerra**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2012

**Transaction ID : 10720930**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Spending Cuts Over Total Taxation PAC**

Mailing Address P.O. Box 303

City Alexandria State VA Zip Code 22313

Purpose of Disbursement  
Contribution

011

Candidate Name

**Spending Cuts Over Total Taxation PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2012

**Transaction ID : 10720932**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Campbell for Congress**

Mailing Address 4590 MacArthur Blvd., Suite 500

City Newport Beach State CA Zip Code 92660

Purpose of Disbursement  
Contribution

011

Candidate Name

**John Campbell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 48

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2012

**Transaction ID : 10720933**

Amount of Each Disbursement this Period

1000.00

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**

Full Name (Last, First, Middle Initial)

**A. Every Republican is Crucial PAC (ERICPAC)**

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 10720934**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B. Ben Cardin For Senate**

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Sen. Benjamin Cardin**

Office Sought:  House  
 Senate  
 President  
State: MD District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 10720935**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**C. Republican Majority Fund**

Mailing Address P.O. Box 144

City Alexandria State VA Zip Code 22313

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 10720936**

Amount of Each Disbursement this Period

Contribution

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

**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**

Full Name (Last, First, Middle Initial)

**A. CROWLEY FOR CONGRESS**

Mailing Address P.O. Box 75214

City Washington State DC Zip Code 20013

Purpose of Disbursement  
Contribution

011

Candidate Name

**Joseph Crowley**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2012

**Transaction ID : 10720937**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Scott Garrett For Congress**

Mailing Address P.O. Box 905

City Newton State NJ Zip Code 07860

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Scott Garrett**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NJ District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2012

**Transaction ID : 10720938**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Jeb Hensarling**

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Jeb Hensarling**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2012

**Transaction ID : 10720939**

Amount of Each Disbursement this Period

1000.00

Contribution

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Himes For Congress**

Mailing Address 50 E Street SE, Suite 1

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. James Himes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CT District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	2

**Transaction ID : 10720940**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

**B. Jenkins For Congress**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Lynn Jenkins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	2

**Transaction ID : 10720942**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

**C. Levin for Congress**

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sander Levin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	2

**Transaction ID : 10720943**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Contribution

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

4	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gary Miller for Congress**

Mailing Address 721 S Brea Canyon Road Suite 7

City State Zip Code  
Diamond Bar CA 91789

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Gary Miller**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 42

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2012

**Transaction ID : 10720945**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Congressman George Miller**

Mailing Address 228 2nd Street, SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**George Miller**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2012

**Transaction ID : 10720946**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Stabenow for U.S. Senate**

Mailing Address 328 Massachusetts Ave, NE, Suite 4

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Debbie Stabenow**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2012

**Transaction ID : 10720947**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

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

5000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tiberi For Congress**

Mailing Address 2021 E Dublin Granville Road  
Suite 2000

City Columbus State OH Zip Code 43229

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Patrick Tiberi**

Office Sought:  House  
 Senate  
 President  
State: OH District: 12

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 10720948**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B. American Council of Life Insurers PAC**

Mailing Address 101 Constitution Avenue, NW, Suite

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 10720949**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**C. American Benefits Council PAC**

Mailing Address Suite 600  
1501 M Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 10720950**

Amount of Each Disbursement this Period

Contribution

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

**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**

Full Name (Last, First, Middle Initial)

### A. National Republican Senatorial Committee

Mailing Address 425 Second Street, N.E.

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2012

Transaction ID : 10720951

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

5000.00
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36000.00
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