

# 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 07 01 2007 through 07 31 2007

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

Type or Print Name of Treasurer Robert Haskell

Signature of Treasurer Electronically Filed by Robert Haskell Date 08 03 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		20761.19
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	28847.53									
(c) Total Receipts (from Line 19) .....	22182.98	132269.32								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	51030.51	153030.51								
7. Total Disbursements (from Line 31) .....	12000.00	114000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	39030.51	39030.51								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	19687.65	85547.35
(i) Itemized (use Schedule A) .....	2495.33	46721.97
(ii) Unitemized .....	22182.98	132269.32
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	22182.98	132269.32
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)) .....	22182.98	132269.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	22182.98	132269.32

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	114000.00
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))..	12000.00	114000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	12000.00	114000.00

**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) .....	22182.98	132269.32
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22182.98	132269.32
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 68
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) MS. JUNE GARCE Mailing Address 20050 EMERALD MEADOW DR City State Zip Code WALNUT CA 91789 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10362101213 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 Monthly)
Name of Employer Pacific Life Occupation DIR MKTG COMPLIANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MS. JULIE E TRASK Mailing Address 181 S CRAIG DR City State Zip Code ORANGE CA 92869 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10362121213 Amount of Each Receipt this Period 40.00 P/R Deduction (\$40.00 Monthly)
Name of Employer Pacific Life Occupation MGR CUSTOMER SVC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MR. DANIEL F BASS Mailing Address 531 PROMONTORY DR E City State Zip Code NEWPORT BEACH CA 92660 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10362151213 Amount of Each Receipt this Period 0.00 P/R Deduction (\$0.00 Monthly)
Name of Employer Pacific Life Occupation VP REINSURANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 68
	<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. ANTHONY J BONNO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 61 VERNAL SPG		<b>Transaction ID: PR10362231213</b>	
City <b>IRVINE</b>	State <b>CA</b>	Zip Code <b>92603</b>	Amount of Each Receipt this Period _____ 400.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>SR VP HUMAN RESOURCES</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1900.00		
		P/R Deduction (\$400.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. ALAN H BROWN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 505 13TH ST		<b>Transaction ID: PR10362251213</b>	
City <b>HUNTINGTON BEACH</b>	State <b>CA</b>	Zip Code <b>92648</b>	Amount of Each Receipt this Period _____ 70.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>AVP INFO TECH OPS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 490.00		
		P/R Deduction (\$70.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MS. KATHLEEN N WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2525 JUANITA WAY		<b>Transaction ID: PR10362271213</b>	
City <b>LAGUNA BEACH</b>	State <b>CA</b>	Zip Code <b>92651</b>	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>SR PROJECT ANALYST</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00		
		P/R Deduction (\$30.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 68
	<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. 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 SR VP AMF CHF MKTG OFCR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1088.00

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

**Transaction ID:** PR10362301213

Amount of Each Receipt this Period  
167.00

P/R Deduction (\$167.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL J BUSSARD

Mailing Address 3029 FLAGSTONE DR

City State Zip Code  
FRANKLIN TN 37069

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 ▼ 583.38

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

**Transaction ID:** PR10362311213

Amount of Each Receipt this Period  
83.34

P/R Deduction (\$83.34 Monthly)

**C.** 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 CONT & CHF ACTG OFC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 740.00

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

**Transaction ID:** PR10362321213

Amount of Each Receipt this Period  
110.00

P/R Deduction (\$110.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>360.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 68
	<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. MS. LAURIE A CHURCH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 21851 NEWLAND ST SPC 246		<b>Transaction ID: PR10362421213</b>		
City State Zip Code HUNTINGTON BEACH CA 92646	Amount of Each Receipt this Period _____ 40.00		P/R Deduction (\$40.00 Monthly)	
FEC ID number of contributing federal political committee. <b>C</b> _____				
Name of Employer Pacific Life	Occupation MGR STRUCT STTLMNTS OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 280.00			

Full Name (Last, First, Middle Initial) <b>B. MS. BERNADINE E CHWALEK</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 33741 SHACKLETON ISLE		<b>Transaction ID: PR10362431213</b>		
City State Zip Code DANA POINT CA 92629	Amount of Each Receipt this Period _____ 0.00		P/R Deduction (\$0.00 Monthly)	
FEC ID number of contributing federal political committee. <b>C</b> _____				
Name of Employer Pacific Life	Occupation AVP INVEST CNSL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 420.00			

Full Name (Last, First, Middle Initial) <b>C. MR. JACK D CLABOUGH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 1410 TANGLEWOOD DR		<b>Transaction ID: PR10362451213</b>		
City State Zip Code CORONA CA 92882	Amount of Each Receipt this Period _____ 50.00		P/R Deduction (\$50.00 Monthly)	
FEC ID number of contributing federal political committee. <b>C</b> _____				
Name of Employer Pacific Life	Occupation VP & CHIEF LIFE UNDERWRITER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 350.00			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 68
	<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. 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 ▼ 420.00

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

**Transaction ID:** PR10362481213

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$60.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. CHRISTINE L KELLERMAN

Mailing Address 26571 VIA CALIFORNIA

City State Zip Code  
CAPISTRANO BEACH CA 92624

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

Name of Employer Pacific Life Occupation APPLIC DEV MGR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 233.31

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

**Transaction ID:** PR10362491213

Amount of Each Receipt this Period  
33.33

P/R Deduction (\$33.33 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. BRENDAN L COLLINS

Mailing Address 25551 ORCHARD RIM 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 PORT MGMT, IG TRADING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

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

**Transaction ID:** PR10362501213

Amount of Each Receipt this Period  
35.00

P/R Deduction (\$35.00 Monthly)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 68
	<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. DENNIS M CORBETT</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 15136 TOURAIN WAY		<b>Transaction ID: PR10362511213</b>	
City <b>IRVINE</b>	State <b>CA</b>	Zip Code <b>92604</b>	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>VP TAX COMPLIANCE</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 655.00		
		P/R Deduction (\$100.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. CAMERON COSGROVE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 20455 VIA BURGOS		<b>Transaction ID: PR10362531213</b>	
City <b>YORBA LINDA</b>	State <b>CA</b>	Zip Code <b>92887</b>	Amount of Each Receipt this Period _____ 85.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>VP LIFE CHIEF INFO OFFICER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 595.00		
		P/R Deduction (\$85.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. DANIEL C CRAIN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 36 WINTERGREEN		<b>Transaction ID: PR10362541213</b>	
City <b>IRVINE</b>	State <b>CA</b>	Zip Code <b>92604</b>	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>MGR PROD COMPLIANCE</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		
		P/R Deduction (\$30.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>215.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 68
	<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. PAUL J CROXTON

Mailing Address 30132 HILLSIDE TER

City State Zip Code  
SN JUAN CAPISTRANO CA 92675

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 ▼ 350.00

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

**Transaction ID:** PR10362551213

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. DEBRA CUNNINGHAM HONERKAMP

Mailing Address 2712 LIGHTHOUSE LN

City State Zip Code  
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation AVP RE ASSET MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

**Transaction ID:** PR10362561213

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL R CURRY

Mailing Address 23820 CAPE MONACO RD

City State Zip Code  
BONITA SPRINGS FL 34135

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 ▼ 550.00

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

**Transaction ID:** PR10362571213

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS. STEPHANIE J CURRY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362591213	
Mailing Address PO BOX 15358		Amount of Each Receipt this Period 85.00	
City IRVINE	State CA	Zip Code 92623	P/R Deduction (\$85.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer Pacific Life	
Occupation AVP ADVANCED SALES		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 580.00			

<b>B.</b> Full Name (Last, First, Middle Initial) MS. DIANE W DALES		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362601213	
Mailing Address 28 CLERMONT		Amount of Each Receipt this Period 50.00	
City NEWPORT COAST	State CA	Zip Code 92657	P/R Deduction (\$50.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 350.00			

<b>C.</b> Full Name (Last, First, Middle Initial) MS. LINDA D LARSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362621213	
Mailing Address 8315 ROAD R NW		Amount of Each Receipt this Period 90.00	
City QUINCY	State WA	Zip Code 98848	P/R Deduction (\$90.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer Pacific Life	
Occupation AVP IND COMPLIANCE		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 630.00			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 68
	<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. EMILE C DUROCHER

Mailing Address 9740 E GRANITE PEAK TRL

City State Zip Code  
SCOTTSDALE AZ 85262

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

Name of Employer Pacific Life Occupation FIELD VP MRKTNG AFFILIATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

**Transaction ID:** PR10362661213

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 2001 BARRANCA

City State Zip Code  
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation DIR IMD OPS RSK MGMT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

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

**Transaction ID:** PR10362691213

Amount of Each Receipt this Period  
35.00

P/R Deduction (\$35.00 Monthly)

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

Mailing Address 64 SUMMERSTONE

City State Zip Code  
IRVINE CA 92614

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

Name of Employer Pacific Life Occupation AVP STRATEGIC PROGRAMS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

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

**Transaction ID:** PR10362711213

Amount of Each Receipt this Period  
125.00

P/R Deduction (\$125.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>210.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 68
	<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. DAVID R FINEAR</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 718 K THANGA DR		<b>Transaction ID: PR10362781213</b>	
City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period _____ 35.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation AVP RE INVESTMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 245.00		
		P/R Deduction (\$35.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. MARTIN J FLEISCHMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2915 CALLE GUADALAJARA		<b>Transaction ID: PR10362791213</b>	
City State Zip Code SAN CLEMENTE CA 92673	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation AVP SEPARATE ACCTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00		
		P/R Deduction (\$30.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MS. MARTHA A GATES</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 31411 MONTEREY ST		<b>Transaction ID: PR10362861213</b>	
City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period _____ 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation SR VP OPERATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 975.00		
		P/R Deduction (\$150.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>215.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 68
	<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. FRANK J GOETZ

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 NEW BUSINESS SVCS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 466.00

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

**Transaction ID:** PR10362901213

Amount of Each Receipt this Period  
70.00

P/R Deduction (\$70.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. KEVIN P GOODMAN

Mailing Address 310 ALISO AVE

City NEWPORT BEACH State CA Zip Code 92663

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

Name of Employer Pacific Life Occupation ACCUM PROD CONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

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

**Transaction ID:** PR10362911213

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 310 ALISO AVE

City NEWPORT BEACH State CA Zip Code 92663

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

Name of Employer Pacific Life Occupation AVP ADV & PUB RL TNS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

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

**Transaction ID:** PR10362921213

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 68
	<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. MS. C MARLA GRAHAM</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 23672 BRASILIA ST		<b>Transaction ID: PR10362941213</b>	
City <b>MISSION VIEJO</b>	State <b>CA</b>	Zip Code <b>92691</b>	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>MGR NEXT WAVE PMO/BA</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 350.00		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. ADRIAN S GRIGGS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8766 CANARY AVE		<b>Transaction ID: PR10362961213</b>	
City <b>FOUNTAIN VALLEY</b>	State <b>CA</b>	Zip Code <b>92708</b>	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>VP FINANCE &amp; COMPLIANCE</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 350.00		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MS. IRENE L HALLETT</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 60 PALATINE APT 223		<b>Transaction ID: PR10362991213</b>	
City <b>IRVINE</b>	State <b>CA</b>	Zip Code <b>92612</b>	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>NATL ACCOUNTS SUPR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00		
		P/R Deduction (\$30.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>130.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 68
	<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. MS. BRENDA K HARDWIG</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 13112 EARLHAM ST		<b>Transaction ID: PR10363031213</b>	
City State Zip Code SANTA ANA CA 92705	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$40.00 Monthly)		
Name of Employer Pacific Life Occupation COMMUNITY RELTNS COORD	Aggregate Year-to-Date ▼ _____ 280.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MR. ROBERT G HASKELL</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 31735 SEACLIFF DR		<b>Transaction ID: PR10363061213</b>	
City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period _____ 416.66		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$416.66 Monthly)		
Name of Employer Pacific Life Occupation SR VP PUBLIC AFFAIRS	Aggregate Year-to-Date ▼ _____ 2916.62		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MR. DALE E HAWLEY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1137 SUNSET CLIFFS BLVD		<b>Transaction ID: PR10363071213</b>	
City State Zip Code SAN DIEGO CA 92107	Amount of Each Receipt this Period _____ 74.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$74.00 Monthly)		
Name of Employer Pacific Life Occupation AVP INVEST CNSL	Aggregate Year-to-Date ▼ _____ 518.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>530.66</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 68
	<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. ROBERT J HEMSTEAD

Mailing Address 2335 RANCHO DEL ORO RD UNIT 4

City State Zip Code  
OCEANSIDE CA 92056

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 ▼ 520.00

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

**Transaction ID:** PR10363101213

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 DIR TAX OPERATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

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

**Transaction ID:** PR10363111213

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$40.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM L HEZZELWOOD

Mailing Address 6700 CAMINO CRESTA

City State Zip Code  
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation VP PROGRAM MGMT OFC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

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

**Transaction ID:** PR10363131213

Amount of Each Receipt this Period  
0.00

P/R Deduction (\$0.00 Monthly)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 68
	<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. DAVID L HICKS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 25391 REMESA DR		<b>Transaction ID: PR10363141213</b>	
City State Zip Code MISSION VIEJO CA 92691	Amount of Each Receipt this Period _____ 36.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation SR NETWORK MGMT ENGR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		P/R Deduction (\$36.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MR. HOWARD T HIRAKAWA</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 23972 GOLDENEYE DR		<b>Transaction ID: PR10363161213</b>	
City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation VP INV ADVISOR OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 700.00		P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MR. MARK W HOLMLUND</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address PO BOX 2108		<b>Transaction ID: PR10363181213</b>	
City State Zip Code RANCHO SANTA FE CA 92067	Amount of Each Receipt this Period _____ 5000.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation EVP & CHIEF INVESTMENT OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 5000.00		P/R Deduction (\$5000.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>5136.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 68
	<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. MS. MARYBETH HUGHES</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2283 WATERMAN WAY		<b>Transaction ID: PR10363201213</b>	
City State Zip Code COSTA MESA CA 92627	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$40.00 Monthly)		
Name of Employer Pacific Life Occupation CORP RISK MANAGER	Aggregate Year-to-Date ▼ _____ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MS. MARY K MCWARD</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2 GLASTONBURY PL		<b>Transaction ID: PR10363211213</b>	
City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period _____ 60.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$60.00 Monthly)		
Name of Employer Pacific Life Occupation VP MARKETING	Aggregate Year-to-Date ▼ _____ 390.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MR. CHRIS M JANOWIAK</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2056 COLUMBUS WAY		<b>Transaction ID: PR10363231213</b>	
City State Zip Code VISTA CA 92081	Amount of Each Receipt this Period _____ 60.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$60.00 Monthly)		
Name of Employer Pacific Life Occupation DIR CORP INTERNET STRATEGY	Aggregate Year-to-Date ▼ _____ 420.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>160.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 68
	<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. MS. CAROL A JENSEN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8554 202ND STREET SW		<b>Transaction ID: PR10363241213</b>	
City <b>EDMONDS</b>	State <b>WA</b>	Zip Code <b>98026</b>	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>DIVISION VP</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 700.00		
		P/R Deduction (\$100.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. JEFF R JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1 SAND OAKS RD.		<b>Transaction ID: PR10363251213</b>	
City <b>LAGUNA NIGUEL</b>	State <b>CA</b>	Zip Code <b>92677</b>	Amount of Each Receipt this Period _____ 45.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>TREASURER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 315.00		
		P/R Deduction (\$45.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. KENT R JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 25621 DEL NORTE		<b>Transaction ID: PR10363261213</b>	
City <b>LAGUNA NIGUEL</b>	State <b>CA</b>	Zip Code <b>92677</b>	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>VP ACTUARIAL &amp; REINS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 350.00		
		P/R Deduction (\$50.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>195.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 68		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

**A.** 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 Pacific Life Occupation IT AUDIT CONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

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

**Transaction ID:** PR1036332123

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$60.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. ANITA KARANJIA

Mailing Address 9 MONTECILO

City State Zip Code  
FOOTHILL RANCH CA 92610

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

Name of Employer Pacific Life Occupation BUSINESS CONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

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

**Transaction ID:** PR1036333123

Amount of Each Receipt this Period  
65.00

P/R Deduction (\$65.00 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 Pacific Life Occupation VP & TREASURER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 545.00

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

**Transaction ID:** PR1036337123

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$80.00 Monthly)

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS. JUNE E KNUTH Mailing Address 30862 PASEO DEL NIGUEL City LAGUNA NIGUEL State CA Zip Code 92677 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10363381213 Amount of Each Receipt this Period 30.00 P/R Deduction (\$30.00 Monthly)
Name of Employer Pacific Life Occupation VP & INVEST COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MR. JOHN P KONTOS Mailing Address 6307 CAMINO MARINERO City SAN CLEMENTE State CA Zip Code 92673 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10363421213 Amount of Each Receipt this Period 110.00 P/R Deduction (\$110.00 Monthly)
Name of Employer Pacific Life Occupation VP KEY ACCOUNT MKTG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 770.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MS. JODY L LINNEMAN Mailing Address 262 S FAIRFIELD LN City ORANGE State CA Zip Code 92869 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10363451213 Amount of Each Receipt this Period 60.00 P/R Deduction (\$60.00 Monthly)
Name of Employer Pacific Life Occupation AVP INVEST CNSL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 68
	<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. 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 Pacific Life Occupation REGIONAL VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

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

**Transaction ID:** PR10363471213

Amount of Each Receipt this Period  
150.00

P/R Deduction (\$150.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. DAVID LAWS

Mailing Address 10935 E BERRY AVE

City State Zip Code  
ENGLEWOOD CO 80111

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 ▼ 700.00

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

**Transaction ID:** PR10363481213

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. TERESA M LORD

Mailing Address 16432 CAMINO CANADA LN

City State Zip Code  
HUNTINGTON BEACH CA 92649

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

Name of Employer Pacific Life Occupation SR SYSTEMS ANALYST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

**Transaction ID:** PR10363541213

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Monthly)

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 68
	<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. MS. LAURENE E MAC ELWEE</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 1033 SECRETARIAT CIR		Transaction ID: PR10363561213	
City COSTA MESA	State CA	Zip Code 92626	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation AVP VARIABLE REG COMPLIANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MR. DESMOND G MARSH</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 74 SETON RD		Transaction ID: PR10363591213	
City IRVINE	State CA	Zip Code 92612	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation AVP ANNUITY APPLIC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00		P/R Deduction (\$120.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MR. THOMAS J MAYS</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 7406 PALOMA DR		Transaction ID: PR10363601213	
City HUNTINGTON BEACH	State CA	Zip Code 92648	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation VP GOVT RELNS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	270.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 68
	<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

Mailing Address 622 18TH ST

City State Zip Code  
HUNTINGTON BEACH CA 92648

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

Name of Employer Pacific Life Occupation AVP INS CNSL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

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

**Transaction ID:** PR10363611213

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$80.00 Monthly)

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

Mailing Address 207 N ELLERY DR

City State Zip Code  
SAN PEDRO CA 90732

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

Name of Employer Pacific Life Occupation AVP INS CNSL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

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

**Transaction ID:** PR10363631213

Amount of Each Receipt this Period  
75.00

P/R Deduction (\$75.00 Monthly)

**C.** 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 ▼ 662.50

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

**Transaction ID:** PR10363661213

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>255.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 68
	<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

Full Name (Last, First, Middle Initial) <b>A. MR. JOHN E MILBERG</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 33811 DONEGAL LN		<b>Transaction ID: PR10363701213</b>	
City State Zip Code SN JUAN CAPISTRANO CA 92675	Amount of Each Receipt this Period _____ 175.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation SR VP RISK FIN & IM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1150.00		P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MS. AUDREY L MILFS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 26922 ROCKING HORSE LN		<b>Transaction ID: PR10363711213</b>	
City State Zip Code LAGUNA HILLS CA 92653	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation VP & SECRETARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1600.00		P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MR. JOSE T MISCOLTA</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 20 BRYCE CYN		<b>Transaction ID: PR10363751213</b>	
City State Zip Code ALISO VIEJO CA 92656	Amount of Each Receipt this Period _____ 65.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation AVP PROD & PORT MKTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 395.00		P/R Deduction (\$65.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>490.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 68
	<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. MICHELE A MYSZKA</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 26206 SANZ AVE		<b>Transaction ID: PR10363841213</b>	
City State Zip Code MISSION VIEJO CA 92691	Amount of Each Receipt this Period _____ 10.00		
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation Pacific Life COMMUNITY RELTNS DIR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 220.00		
		P/R Deduction (\$10.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. DARAGH M O'SULLIVAN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 177 22ND ST APT 14		<b>Transaction ID: PR10363901213</b>	
City State Zip Code COSTA MESA CA 92627	Amount of Each Receipt this Period _____ 200.00		
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation Pacific Life VP PRODUCT DESIGN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1250.00		
		P/R Deduction (\$200.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. RICHARD P OLSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 24852 CAMBERWELL ST		<b>Transaction ID: PR10363931213</b>	
City State Zip Code LAGUNA HILLS CA 92653	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation Pacific Life DIR SECURITY SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 350.00		
		P/R Deduction (\$50.00 Monthly)	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** 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 HR CONSULTING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

**Transaction ID:** PR10364001213

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 2908 VIA HIDALGO

City State Zip Code  
SAN CLEMENTE CA 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 ▼ 525.00

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

**Transaction ID:** PR10364021213

Amount of Each Receipt this Period  
75.00

P/R Deduction (\$75.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. B P PILLION

Mailing Address 915 STOKE RD

City State Zip Code  
VILLANOVA PA 19085

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 ▼ 280.00

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

**Transaction ID:** PR10364041213

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$40.00 Monthly)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 68
	<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. YVES F PINKOWITZ</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 20541 VIA EL TAJO		<b>Transaction ID: PR10364051213</b>	
City YORBA LINDA	State CA	Zip Code 92887	Amount of Each Receipt this Period _____ 37.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation VP FINANCIAL CONTROLS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 253.00		
		P/R Deduction (\$37.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. THEODORE A PREMIER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 20 MOLINO		<b>Transaction ID: PR10364081213</b>	
City NEWPORT BEACH	State CA	Zip Code 92660	Amount of Each Receipt this Period _____ 150.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation VP COMM MORT PROD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 975.00		
		P/R Deduction (\$150.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. JOSEPH A PUM</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 33 BOLERO		<b>Transaction ID: PR10364091213</b>	
City MISSION VIEJO	State CA	Zip Code 92692	Amount of Each Receipt this Period _____ 35.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation INTERNAL AUDIT DIR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 245.00		
		P/R Deduction (\$35.00 Monthly)	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 68						
	(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

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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 _____	
Mailing Address 11 STILLWATER		<b>Transaction ID: PR10364141213</b>	
City <b>IRVINE</b>	State <b>CA</b>	Zip Code <b>92603</b>	Amount of Each Receipt this Period _____ 110.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>VP M FINANCIAL DISTRIBUTION</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 770.00		P/R Deduction (\$110.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MR. GERALD W ROBINSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 38347 N 104TH PL		<b>Transaction ID: PR10364181213</b>	
City <b>SCOTTSDALE</b>	State <b>AZ</b>	Zip Code <b>85262</b>	Amount of Each Receipt this Period _____ 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>EXEC VP ANNUITIES</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 2025.00		P/R Deduction (\$300.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MR. THOMAS M RONCE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 19 GLEN ELLEN		<b>Transaction ID: PR10364201213</b>	
City <b>IRVINE</b>	State <b>CA</b>	Zip Code <b>92602</b>	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>VP &amp; TAX COUNSEL</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00		P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>440.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 68
	<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. ROBERT D RUSSELL</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 51202 EASTCHURCH		<b>Transaction ID: PR10364231213</b>		
City State Zip Code CHAPEL HILL NC 27517	Amount of Each Receipt this Period _____ 75.00		P/R Deduction (\$75.00 Monthly)	
FEC ID number of contributing federal political committee. <b>C</b> _____				
Name of Employer Pacific Life	Occupation AVP RE INVESTMENTS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 525.00			

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 _____		
Mailing Address 28792 APPLETREE		<b>Transaction ID: PR10364261213</b>		
City State Zip Code MISSION VIEJO CA 92692	Amount of Each Receipt this Period _____ 125.00		P/R Deduction (\$125.00 Monthly)	
FEC ID number of contributing federal political committee. <b>C</b> _____				
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 ▼ _____ 800.00			

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 _____		
Mailing Address 87 PELICAN CT		<b>Transaction ID: PR10364311213</b>		
City State Zip Code NEWPORT BEACH CA 92660	Amount of Each Receipt this Period _____ 100.00		P/R Deduction (\$100.00 Monthly)	
FEC ID number of contributing federal political committee. <b>C</b> _____				
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 ▼ _____ 700.00			

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS. SONJA V SCOTT		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10364331213	
Mailing Address 30 CANYONWOOD		Amount of Each Receipt this Period 40.00	
City IRVINE	State CA	Zip Code 92620	P/R Deduction (\$40.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 265.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MR. BRADLEY W SHERRELL		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10364351213	
Mailing Address 2315 VIA ZAFIRO		Amount of Each Receipt this Period 50.00	
City SAN CLEMENTE	State CA	Zip Code 92673	P/R Deduction (\$50.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation AVP INFO TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MS. PENNY S SPARKS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10364441213	
Mailing Address 1661 UTAH CIR		Amount of Each Receipt this Period 75.00	
City COSTA MESA	State CA	Zip Code 92626	P/R Deduction (\$75.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation DIR COMPLIANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	165.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 68
	<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

Mailing Address 11 SOMMET

City State Zip Code  
NEWPORT COAST CA 92657

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 ▼ 350.00

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

**Transaction ID:** PR10364501213

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 111 SHORECLIFF 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 CHRMN & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.96

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

**Transaction ID:** PR10364521213

Amount of Each Receipt this Period  
0.00

P/R Deduction (\$0.00 Monthly)

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

Mailing Address 355 S LORETTA DR

City State Zip Code  
ORANGE CA 92869

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 ▼ 510.00

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

**Transaction ID:** PR10364581213

Amount of Each Receipt this Period  
75.00

P/R Deduction (\$75.00 Monthly)

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 68
	<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. STEPHEN J TORETTO

Mailing Address 22862 ORENSE

City State Zip Code  
MISSION VIEJO CA 92691

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

Name of Employer Pacific Life Occupation VP & INSURANCE COUNS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

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

**Transaction ID:** PR10364591213

Amount of Each Receipt this Period  
55.00

P/R Deduction (\$55.00 Monthly)

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

Mailing Address 47 VERNAL SPG

City State Zip Code  
IRVINE CA 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 ▼ 2916.62

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

**Transaction ID:** PR10364601213

Amount of Each Receipt this Period  
416.66

P/R Deduction (\$416.66 Monthly)

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

Mailing Address 6929 N HAYDEN RD PMB 157

City State Zip Code  
SCOTTSDALE AZ 85250

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

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

**Transaction ID:** PR10364611213

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$60.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>531.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. EDDIE D TUNG		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10364621213	
Mailing Address PO BOX 10386		Amount of Each Receipt this Period 60.00	
City NEWPORT BEACH	State CA	Zip Code 92658	P/R Deduction (\$60.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation AVP REGULATORY PROD ACCTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MS. CATHRYN L VAN WEY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10364631213	
Mailing Address 41974 CARSON CT		Amount of Each Receipt this Period 30.00	
City MURRIETA	State CA	Zip Code 92562	P/R Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation DIR BROKER DEALER SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MS. MELANIE G WAGNER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10364641213	
Mailing Address 1842 MOORPARK DR		Amount of Each Receipt this Period 30.00	
City BREA	State CA	Zip Code 92821	P/R Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation DIR HR & PR SVCS		
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) ..... ▶	120.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 68
	<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. JOHN M WALDECK

Mailing Address 67 LAURELHURST DR

City State Zip Code  
LADERA RANCH CA 92694

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

Name of Employer Pacific Life Occupation AVP RE UNDERWRITING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 655.00

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

**Transaction ID:** PR10364651213

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. NANCY A WEBB

Mailing Address 36 BLACK HAWK

City State Zip Code  
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation VP FINANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

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

**Transaction ID:** PR10364701213

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 32122 VIA CARLOS

City State Zip Code  
SN JUAN CAPISTRANO CA 92675

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

Name of Employer Pacific Life Occupation VP INTERNAL WHLSLNG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

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

**Transaction ID:** PR10364741213

Amount of Each Receipt this Period  
75.00

P/R Deduction (\$75.00 Monthly)

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 68
	<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. MS. ROBIN S YONIS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8 CASTLEBAR		<b>Transaction ID: PR10364821213</b>	
City <b>IRVINE</b>	State <b>CA</b>	Zip Code <b>92618</b>	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>VP VAR REGULATORY COMPL</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 350.00		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. MICHAEL J WAUTERS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2942 COPA DE ORO DR		<b>Transaction ID: PR10365121213</b>	
City <b>LOS ALAMITOS</b>	State <b>CA</b>	Zip Code <b>90720</b>	Amount of Each Receipt this Period _____ 55.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>AVP FIN REPTG &amp; PLNG</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 310.00		
		P/R Deduction (\$55.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. MICHAEL A BELL</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2 PRECIPICE		<b>Transaction ID: PR10365141213</b>	
City <b>LAGUNA NIGUEL</b>	State <b>CA</b>	Zip Code <b>92677</b>	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>EVP LIFE INSURANCE</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1500.00		
		P/R Deduction (\$250.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>355.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 68
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. PAUL V LIGEROS Mailing Address 44 RABANO City RCHO STA MARGARITA State CA Zip Code 92688 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10365201213 Amount of Each Receipt this Period 35.00 P/R Deduction (\$35.00 Monthly)
Name of Employer Pacific Life Occupation PROD & COMPETITION CONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MR. REED J LLOYD Mailing Address 6 SANDERLING LN City ALISO VIEJO State CA Zip Code 92656 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10365211213 Amount of Each Receipt this Period 65.00 P/R Deduction (\$65.00 Monthly)
Name of Employer Pacific Life Occupation AVP ADVANCED MKTG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MR. SAMUEL TANG Mailing Address 9 KEMPTON LN City LADERA RANCH State CA Zip Code 92694 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10365231213 Amount of Each Receipt this Period 30.00 P/R Deduction (\$30.00 Monthly)
Name of Employer Pacific Life Occupation PRINCIPAL PAC TRIGUARD COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>130.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 68
	<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. CAROLYN DEAN

Mailing Address PO BOX 3051

City State Zip Code  
DANA POINT CA 92629

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

Name of Employer Pacific Life Occupation DIR FINANCIAL RPTG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

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

**Transaction ID:** PR10365341213

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 73 WOODHAVEN 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 ANN TECHNOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

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

**Transaction ID:** PR10365471213

Amount of Each Receipt this Period  
125.00

P/R Deduction (\$125.00 Monthly)

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

Mailing Address 27835 HOMESTEAD RD

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation EXEC VP GLOBAL MARKETING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

**Transaction ID:** PR10365541213

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>215.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 68
	<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. MS. KAREN S WALL</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 1811 RIVERFORD RD		<b>Transaction ID: PR10365581213</b>		
City State Zip Code TUSTIN CA 92780	Amount of Each Receipt this Period _____ 50.00		P/R Deduction (\$50.00 Monthly)	
FEC ID number of contributing federal political committee. <b>C</b> _____				
Name of Employer Pacific Life	Occupation APPLIC DEV DIR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 350.00			

Full Name (Last, First, Middle Initial) <b>B. MR. TENNYSON S OYLER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 112 CLEARBROOK		<b>Transaction ID: PR10365611213</b>		
City State Zip Code IRVINE CA 92614	Amount of Each Receipt this Period _____ 35.00		P/R Deduction (\$35.00 Monthly)	
FEC ID number of contributing federal political committee. <b>C</b> _____				
Name of Employer Pacific Life	Occupation PUBLIC AFFAIRS MGR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 245.00			

Full Name (Last, First, Middle Initial) <b>C. MR. WILLIAM D COTTON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 703 KAHN PL		<b>Transaction ID: PR10365621213</b>		
City State Zip Code ALEXANDRIA VA 22314	Amount of Each Receipt this Period _____ 50.00		P/R Deduction (\$50.00 Monthly)	
FEC ID number of contributing federal political committee. <b>C</b> _____				
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 ▼ _____ 350.00			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 68
	<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. ROBERT C 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 SR VP ANN ADMIN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 895.00

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

**Transaction ID:** PR10365661213

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$130.00 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 ▼ 565.00

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

**Transaction ID:** PR10365681213

Amount of Each Receipt this Period  
85.00

P/R Deduction (\$85.00 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 ▼ 1475.00

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

**Transaction ID:** PR10365731213

Amount of Each Receipt this Period  
215.00

P/R Deduction (\$215.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>430.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 68
	<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. WILLIAM D BURKE</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 2216 NELDA WAY		<b>Transaction ID: PR10365781213</b>	
City ALAMO	State CA	Zip Code 94507	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation REGIONAL VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MR. DAMIAN DELL'OSO</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 1A DERICKSON DR		<b>Transaction ID: PR10365811213</b>	
City WILMINGTON	State DE	Zip Code 19808	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 250.00		P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MR. DONALD M DOWNING</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 995 QUIVERA ST		<b>Transaction ID: PR10365831213</b>	
City LAGUNA BEACH	State CA	Zip Code 92651	Amount of Each Receipt this Period 165.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation FVP M MKTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1110.00		P/R Deduction (\$165.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	305.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. RODERICK P HANSEN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10365851213	
Mailing Address 21612 MARIGOT DR		Amount of Each Receipt this Period 100.00	
City BOCA RATON	State FL	Zip Code 33428	P/R Deduction (\$100.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation REGIONAL VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MS. CHRISTINA Q HE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10365871213	
Mailing Address 16625 SONORA STREET		Amount of Each Receipt this Period 40.00	
City TUSTIN	State CA	Zip Code 92782	P/R Deduction (\$40.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation AVP ASSET/LIAB STRAT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MR. JOHN F O'DONNELL		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10365961213	
Mailing Address 30 BRIAN RD		Amount of Each Receipt this Period 100.00	
City BRIDGEWATER	State MA	Zip Code 02324	P/R Deduction (\$100.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation DIVISION VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 68
	<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. MICHAEL S ROBB</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 27481 VANTAGE CIRCLE		<b>Transaction ID: PR10366191213</b>	
City State Zip Code SAN JUAN CAPISTRAN CA 92675	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation EXEC VP RE INVEST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1750.00		P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MS. JANE K WONG-HSU</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1121 EBBTIDE RD		<b>Transaction ID: PR10366211213</b>	
City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation VP QUANTITATIVE STRAT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 350.00		P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MR. MICHAEL P BORGATTI</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 978 BALD CYPRESS DR		<b>Transaction ID: PR10366241213</b>	
City State Zip Code MANDEVILLE LA 70448	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. C _____			
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 ▼ _____ 350.00		P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. RICHARD M WILKES		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366271213	
Mailing Address 7124 HAWKSBEARD DR		Amount of Each Receipt this Period 100.00	
City WESTERVILLE	State OH	Zip Code 43082	P/R Deduction (\$100.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 700.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MR. RICHARD S BANNO		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366281213	
Mailing Address 26666 WHITE OAKS DR		Amount of Each Receipt this Period 50.00	
City LAGUNA HILLS	State CA	Zip Code 92653	P/R Deduction (\$50.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 350.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MR. STEPHEN M BOLLINGER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366301213	
Mailing Address 17345 FLAME TREE CIR		Amount of Each Receipt this Period 30.00	
City FOUNTAIN VALLEY	State CA	Zip Code 92708	P/R Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation AVP E-COMMERCE		
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) ..... ▶	180.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 68
	<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. MARY ANN BROWN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 288 CHIQUITA ST		<b>Transaction ID: PR10366311213</b>	
City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period _____ 416.66		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation SR VP CORP DEVELPMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 2916.62		P/R Deduction (\$416.66 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MR. SIMON S FENG</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 10 CANDELA		<b>Transaction ID: PR10366351213</b>	
City State Zip Code IRVINE CA 92620	Amount of Each Receipt this Period _____ 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation VP INFO TECH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1050.00		P/R Deduction (\$150.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MR. THOMAS GIBBONS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 45137 BIG CANYON ST		<b>Transaction ID: PR10366361213</b>	
City State Zip Code INDIO CA 92201	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation VP TAX		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 700.00		P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>666.66</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 68
	<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 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 NEB OPS CENTER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

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

**Transaction ID:** PR10366391213

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 ▼ 450.00

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

**Transaction ID:** PR10366401213

Amount of Each Receipt this Period  
75.00

P/R Deduction (\$75.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. MARK A KARPE

Mailing Address 16 AUTUMNLEAF

City IRVINE State CA Zip Code 92614

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

Name of Employer Pacific Life Occupation DIR COMPLIANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

**Transaction ID:** PR10366411213

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 68
	<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. STEPHAN P MITCHELL</b>		Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address 18111 THEODORA DR		<b>Transaction ID: PR10366461213</b>		
City State Zip Code TUSTIN CA 92780	Amount of Each Receipt this Period 45.00		P/R Deduction (\$45.00 Monthly)	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Pacific Life	Occupation SR PROD & COMPETITION ANA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00			

Full Name (Last, First, Middle Initial) <b>B. MR. TERRY R PERKINS</b>		Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address 25522 SAWMILL LN		<b>Transaction ID: PR10366471213</b>		
City State Zip Code LAKE FOREST CA 92630	Amount of Each Receipt this Period 50.00		P/R Deduction (\$50.00 Monthly)	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Pacific Life	Occupation VP ADVANCE DESIGN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00			

Full Name (Last, First, Middle Initial) <b>C. MR. CHAD A ROSS</b>		Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address 851 VIA BARQUERO		<b>Transaction ID: PR10366491213</b>		
City State Zip Code SAN MARCOS CA 92069	Amount of Each Receipt this Period 30.00		P/R Deduction (\$30.00 Monthly)	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Pacific Life	Occupation KEY ACCOUNT SUPR			
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) ..... ▶	125.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 68
	<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. DAVID K ROSUCK

Mailing Address 20 SAINT JOHN DR

City State Zip Code  
HAWTHORN WOODS IL 60047

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

Name of Employer Pacific Life Occupation FIELD VICE PRES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

**Transaction ID:** PR10366501213

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. CARRIE A SALVINO

Mailing Address 2394 WESTMINSTER AVE

City State Zip Code  
COSTA MESA CA 92627

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

Name of Employer Pacific Life Occupation PROJECT MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

**Transaction ID:** PR10366511213

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 2500 CHRISTOPHER OAKS CT

City State Zip Code  
SAINT LOUIS MO 63129

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

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

**Transaction ID:** PR10366591213

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 68
	<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. DENNIS L BAHLMANN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6052 MEADOW VIEW CT		<b>Transaction ID: PR10366621213</b>	
City <b>JOHNSTON</b>	State <b>IA</b>	Zip Code <b>50131</b>	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>AVP NEW BUSINESS SVCS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 350.00		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. JEFF J BRADSHAW</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 27302 MONDANO DR		<b>Transaction ID: PR10366671213</b>	
City <b>MISSION VIEJO</b>	State <b>CA</b>	Zip Code <b>92692</b>	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>AVP BUSINESS DEV</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 350.00		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MS. DEBORAH K JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3019 SAN ANSELIN AVE		<b>Transaction ID: PR10366681213</b>	
City <b>LONG BEACH</b>	State <b>CA</b>	Zip Code <b>90808</b>	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>SYSTEMS ANALYSIS SUPR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 275.00		
		P/R Deduction (\$50.00 Monthly)	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 68
	<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. KAREN M BROWN

Mailing Address 11 FOREST HILLS CT

City State Zip Code  
DANA POINT CA 92629

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

Name of Employer Pacific Life Occupation AVP MODEL OFC ANN TECH

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

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

**Transaction ID:** PR10366691213

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$40.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. KENNETH W COX

Mailing Address 570 EBBECREEK DR APT P

City State Zip Code  
CORONA CA 92880

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

Name of Employer Pacific Life Occupation APPLIC DEV CONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

**Transaction ID:** PR10366701213

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. STEVEN R ELDER

Mailing Address 37936 19TH AVE S

City State Zip Code  
FEDERAL WAY WA 98003

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

**Transaction ID:** PR10366721213

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	140.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 68
	<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. STEPHEN K ENG</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2311 BAYPOINTE DR		<b>Transaction ID: PR10366731213</b>
City State Zip Code NEWPORT BEACH CA 92660	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Pacific Life Occupation ALM CONSULTANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 280.00	P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MS. CHARLENE A GRANT</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3301 SEAVIEW AVE		<b>Transaction ID: PR10366751213</b>
City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period _____ 35.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Pacific Life Occupation AVP VAR REG COMPL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 495.00	P/R Deduction (\$35.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MR. DAVID C HONERKAMP</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2712 LIGHTHOUSE LN		<b>Transaction ID: PR10366761213</b>
City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Pacific Life Occupation AVP RE ACQUISITIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 350.00	P/R Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 68
	<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. LINDA L KOTOWICZ</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 795 TREPANNY LN		<b>Transaction ID: PR10366791213</b>	
City State Zip Code WAYNE PA 19087	Amount of Each Receipt this Period _____ 60.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation FVP M MKTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 420.00		P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MR. ROBERT C O'BRIEN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 35 HERITAGE AVE		<b>Transaction ID: PR10366811213</b>	
City State Zip Code ASHLAND MA 01721	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
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 ▼ _____ 350.00		P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MS. SHARON E PACHECO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 21611 BLUEJAY ST		<b>Transaction ID: PR10366821213</b>	
City State Zip Code TRABUCO CANYON CA 92679	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation VP CHIEF COMPLIANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 280.00		P/R Deduction (\$40.00 Monthly)

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 68
	<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. JOSEPH D STRENK

Mailing Address 5 ROCKING HORSE WAY

City State Zip Code  
HOLLAND PA 18966

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

Name of Employer Pacific Life Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

**Transaction ID:** PR10366841213

Amount of Each Receipt this Period  
0.00

P/R Deduction (\$0.00 Monthly)

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

Mailing Address 1 BAILEY DRIVE

City State Zip Code  
GLENWOOD NJ 07418

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

Name of Employer Pacific Life Occupation  
FIELD VICE PRES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

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

**Transaction ID:** PR10366881213

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 State Zip Code  
PARKER CO 80134

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 ▼ 525.00

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

**Transaction ID:** PR10366911213

Amount of Each Receipt this Period  
75.00

P/R Deduction (\$75.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>130.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 68
	<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. PETER S DEERING</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3314 HILL ST		<b>Transaction ID: PR10366961213</b>	
City <b>SAN DIEGO</b>	State <b>CA</b>	Zip Code <b>92106</b>	Amount of Each Receipt this Period _____ 0.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>SR VP PSD STRATEGC GRWTH</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		
		P/R Deduction (\$0.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MS. ADRIANNE M GEORGANTAS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 28373 BOULDER DR		<b>Transaction ID: PR10367001213</b>	
City <b>TRABUCO CANYON</b>	State <b>CA</b>	Zip Code <b>92679</b>	Amount of Each Receipt this Period _____ 40.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>SR FLD SVCS PROJ ANA</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 280.00		
		P/R Deduction (\$40.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. CHIN H KIM</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 24 TAOS		<b>Transaction ID: PR10367021213</b>	
City <b>RCHO STA MARGARITA</b>	State <b>CA</b>	Zip Code <b>92688</b>	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>DIR ADVD MKTG</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00		
		P/R Deduction (\$30.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	_____ <b>70.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 68
	<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 M RUGGERIO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 449 SAINT ANNES DR		<b>Transaction ID: PR10367081213</b>	
City <b>BIRMINGHAM</b>	State <b>AL</b>	Zip Code <b>35244</b>	Amount of Each Receipt this Period _____ <b>65.00</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>SR WHOLESALER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>455.00</b>		
		P/R Deduction (\$65.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. KEITH C WERSCHKE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 25252 NORTHRUP DR		<b>Transaction ID: PR10367121213</b>	
City <b>LAGUNA HILLS</b>	State <b>CA</b>	Zip Code <b>92653</b>	Amount of Each Receipt this Period _____ <b>50.00</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>AVP ACTUARIAL</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>350.00</b>		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. JIM Y CHU</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 120 ALBERT PL APT 10		<b>Transaction ID: PR10367141213</b>	
City <b>COSTA MESA</b>	State <b>CA</b>	Zip Code <b>92627</b>	Amount of Each Receipt this Period _____ <b>65.00</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>AVP PROD DESIGN</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>455.00</b>		
		P/R Deduction (\$65.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>180.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 68
	<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. ROBERT J HUNT</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 20130 NE 28TH PL		<b>Transaction ID: PR10367161213</b>
City State Zip Code SAMMAMISH WA 98074	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$40.00 Monthly)	
Name of Employer Pacific Life Occupation SR WHOLESALER	Aggregate Year-to-Date ▼ _____ 280.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MR. STEVEN H GOLDBERG</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 23411 SUMMERFIELD		<b>Transaction ID: PR10367181213</b>
City State Zip Code ALISO VIEJO CA 92656	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 ANNUITIES PRODUCT DEVELOPMT	Aggregate Year-to-Date ▼ _____ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MR. STEPHEN K BEST</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 445 FLINT AVE		<b>Transaction ID: PR10614791213</b>
City State Zip Code LONG BEACH CA 90814	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 SR WHOLESALER	Aggregate Year-to-Date ▼ _____ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>190.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 65 / 68	
	(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"/> 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. MATTHEW WELLS

Mailing Address 3550 GRANDVIEW PKWY

City	State	Zip Code
BIRMINGHAM	AL	35243

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 ▼  
400.00

Date of Receipt  

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

**Transaction ID:** PR10614921213

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	19687.65

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean For Congress</b>		<b>Transaction ID: 4052714</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 7
Mailing Address Post Office Box 3068		Amount of Each Disbursement this Period 2000.00
City Barrington State IL Zip Code 60011	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Melissa Bean		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 8		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Committee for the Preservation of Capitalism</b>		<b>Transaction ID: 4052720</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 7
Mailing Address P.O. Box 65314		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20036	Contribution	
Purpose of Disbursement Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. ERICPAC</b>		<b>Transaction ID: 4052716</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 7
Mailing Address 209 Pennsylvania Avenue, SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	Contb: Every Republican is Crucial PAC	
Purpose of Disbursement Contb: Every Republican is Crucial PAC Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> 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) <b>A. ERICPAC</b>		<b>Transaction ID: 4052717</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 7
Mailing Address 209 Pennsylvania Avenue, SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	Contb: Every Republican is Crucial PAC	
Purpose of Disbursement Contb: Every Republican is Crucial PAC		Category/ Type 011
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. Pennsylvanians for Kanjorski</b>		<b>Transaction ID: 4052718</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 7
Mailing Address 126 S. Franklin Street		Amount of Each Disbursement this Period 2000.00
City Wilkes-Barre State PA Zip Code 18701	Contribution	
Purpose of Disbursement Contribution		Category/ Type 011
Candidate Name Paul Kanjorski		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11		

Full Name (Last, First, Middle Initial) <b>C. Buck McKeon for Congress</b>		<b>Transaction ID: 4052721</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 7
Mailing Address 2875 Towerview Road, Suite 1000		Amount of Each Disbursement this Period 1000.00
City Herndon State VA Zip Code 20171	Contribution	
Purpose of Disbursement Contribution		Category/ Type 011
Candidate Name Howard McKeon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 25		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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)

PAGE 68 / 68

<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.** TOMPAC

Mailing Address P.O. Box 16488

City State Zip Code  
Arlington VA 22215

Purpose of Disbursement  
Contrib: Together for Our Majority PAC

Candidate Name

**011**  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 4052722

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Contrib: Together for Our  
Majority PAC

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

**2500.00**

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

**12000.00**