

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 10 01 2007 through 10 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 11 13 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**

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	0

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	58571.47									
(c) Total Receipts (from Line 19)	17222.98	184033.26								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	75794.45	204794.45								
7. Total Disbursements (from Line 31)	9500.00	138500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	66294.45	66294.45								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	0

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	16411.65	133228.30
(i) Itemized (use Schedule A)	811.33	50804.96
(ii) Unitemized	17222.98	184033.26
(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)	17222.98	184033.26
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))	17222.98	184033.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17222.98	184033.26

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	138500.00
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))..	9500.00	138500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	9500.00	138500.00

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)	17222.98	184033.26
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17222.98	184033.26
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 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) MS. JUNE GARCE Mailing Address 20050 EMERALD MEADOW DR City WALNUT State CA Zip Code 91789 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362101356 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 ▼ 500.00	

B. Full Name (Last, First, Middle Initial) MS. JULIE E TRASK Mailing Address 181 S CRAIG DR City ORANGE State CA Zip Code 92869 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362121356 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 ▼ 400.00	

C. Full Name (Last, First, Middle Initial) MR. DANIEL F BASS Mailing Address 531 PROMONTORY DR E City NEWPORT BEACH State CA Zip Code 92660 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362151356 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	

SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 89
	<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) A. MS. LYNETTE G BONES		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 23955 WARSAW ST		Transaction ID: PR10362221356	
City MISSION VIEJO	State CA	Zip Code 92691	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation MGR RET ANN BUS DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00		
		P/R Deduction (\$25.00 Monthly)	

Full Name (Last, First, Middle Initial) B. MR. ANTHONY J BONNO		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 61 VERNAL SPG		Transaction ID: PR10362231356	
City IRVINE	State CA	Zip Code 92603	Amount of Each Receipt this Period _____ 400.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation SR VP HUMAN RESOURCES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 3100.00		
		P/R Deduction (\$400.00 Monthly)	

Full Name (Last, First, Middle Initial) C. MR. ALAN H BROWN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 505 13TH ST		Transaction ID: PR10362251356	
City HUNTINGTON BEACH	State CA	Zip Code 92648	Amount of Each Receipt this Period _____ 70.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation AVP INFO TECH 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 (\$70.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 495.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 89
	<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) A. MS. KATHLEEN N WILSON		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2525 JUANITA WAY		Transaction ID: PR10362271356	
City LAGUNA BEACH	State CA	Zip Code 92651	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation SR PROJECT ANALYST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		
		P/R Deduction (\$30.00 Monthly)	

Full Name (Last, First, Middle Initial) B. MR. DEWEY P BUSHAW		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 29132 ALFIERI ST		Transaction ID: PR10362301356	
City LAGUNA NIGUEL	State CA	Zip Code 92677	Amount of Each Receipt this Period _____ 167.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation SR VP AMF CHF MKTG OFCR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1589.00		
		P/R Deduction (\$167.00 Monthly)	

Full Name (Last, First, Middle Initial) C. MR. MICHAEL J BUSSARD		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5256 LYSANDER LN		Transaction ID: PR10362311356	
City BRENTWOOD	State TN	Zip Code 37027	Amount of Each Receipt this Period _____ 83.34
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation REGIONAL VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 833.40		
		P/R Deduction (\$83.34 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 280.34
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 9 / 89
	<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) A. MR. EDWARD R BYRD		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 17520 PAGE CT		Transaction ID: PR10362321356	
City YORBA LINDA	State CA	Zip Code 92886	Amount of Each Receipt this Period _____ 110.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation SR VP & CHF ACTG OFCR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1070.00		P/R Deduction (\$110.00 Monthly)

Full Name (Last, First, Middle Initial) B. MR. JOHN E CARLSON		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 55 GILLMAN ST		Transaction ID: PR10362351356	
City IRVINE	State CA	Zip Code 92612	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation AVP INS CNSL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00		P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial) C. MR. DAVID R CARMICHAEL		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1525 SERENADE TER		Transaction ID: PR10362361356	
City CORONA DEL MAR	State CA	Zip Code 92625	Amount of Each Receipt this Period _____ 416.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation SR VP GEN COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 4160.00		P/R Deduction (\$416.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 551.00
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 10 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) MR. JOSEPH E CELENTANO		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 26661 CAMPESINO		Transaction ID: PR10362381356	
City MISSION VIEJO	State CA	Zip Code 92691	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation SR VP PROD MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		P/R Deduction (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial) MS. SHARON A CHEEVER		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 33512 VALLE RD		Transaction ID: PR10362401356	
City SN JUAN CAPISTRANO	State CA	Zip Code 92675	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
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 ▼ 955.00		P/R Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial) MS. LAURIE A CHURCH		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 21851 NEWLAND ST SPC 246		Transaction ID: PR10362421356	
City HUNTINGTON BEACH	State CA	Zip Code 92646	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
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 ▼ 400.00		P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	240.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) MS. BERNADINE E CHWALEK Mailing Address 33741 SHACKLETON ISLE City State Zip Code DANA POINT CA 92629 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362431356 Amount of Each Receipt this Period 0.00 P/R Deduction (\$0.00 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. Full Name (Last, First, Middle Initial) MR. JACK D CLABOUGH Mailing Address 1410 TANGLEWOOD DR City State Zip Code CORONA CA 92882 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362451356 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 Monthly)
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 ▼ 500.00		

C. Full Name (Last, First, Middle Initial) MS. KATHLEEN A CLUNE Mailing Address 858 S BLUEBIRD CIR City State Zip Code ANAHEIM CA 92807 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362461356 Amount of Each Receipt this Period 25.00 P/R Deduction (\$25.00 Monthly)
Name of Employer: Pacific Life Occupation: AVP ASST TREASURER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	75.00
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 13 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial) MR. DENNIS M CORBETT		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362511356
Mailing Address 15136 TOURAIN WAY		Amount of Each Receipt this Period 100.00
City IRVINE State CA Zip Code 92604		
FEC ID number of contributing federal political committee. C		
Name of Employer Pacific Life	Occupation VP TAX COMPLIANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 955.00	
		P/R Deduction (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial) MR. CAMERON COSGROVE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362531356
Mailing Address 20455 VIA BURGOS		Amount of Each Receipt this Period 85.00
City YORBA LINDA State CA Zip Code 92887		
FEC ID number of contributing federal political committee. C		
Name of Employer Pacific Life	Occupation VP LIFE CHIEF INFO OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	
		P/R Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial) MR. DANIEL C CRAIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362541356
Mailing Address 36 WINTERGREEN		Amount of Each Receipt this Period 30.00
City IRVINE State CA Zip Code 92604		
FEC ID number of contributing federal political committee. C		
Name of Employer Pacific Life	Occupation MGR PROD COMPLIANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
		P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	215.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial) MR. PAUL J CROXTON Mailing Address 30132 HILLSIDE TER City SN JUAN CAPISTRANO State CA Zip Code 92675 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362551356 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 Monthly)
Name of Employer: Pacific Life Occupation: FVP FIELD WHOLESALING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) MS. DEBRA CUNNINGHAM HONERKAMP Mailing Address 2712 LIGHTHOUSE LN City CORONA DEL MAR State CA Zip Code 92625 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362561356 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 Monthly)
Name of Employer: Pacific Life Occupation: AVP RE ASSET MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) MR. MICHAEL R CURRY Mailing Address 12162 WICKLOW LN City NAPLES State FL Zip Code 34120 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362571356 Amount of Each Receipt this Period 100.00 P/R Deduction (\$100.00 Monthly)
Name of Employer: Pacific Life Occupation: FVP FIELD WHOLESALING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) MS. STEPHANIE J CURRY		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address PO BOX 15358		Transaction ID: PR10362591356	
City IRVINE	State CA	Zip Code 92623	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C			
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 ▼ 835.00		
		P/R Deduction (\$85.00 Monthly)	

B. Full Name (Last, First, Middle Initial) MS. DIANE W DALES		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 28 CLERMONT		Transaction ID: PR10362601356	
City NEWPORT COAST	State CA	Zip Code 92657	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
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 ▼ 500.00		
		P/R Deduction (\$50.00 Monthly)	

C. Full Name (Last, First, Middle Initial) MS. LINDA D LARSON		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 8315 ROAD R NW		Transaction ID: PR10362621356	
City QUINCY	State WA	Zip Code 98848	Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee. C			
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 ▼ 900.00		
		P/R Deduction (\$90.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	225.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. 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 ▼ 500.00

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

Transaction ID: PR10362661356

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 ▼ 350.00

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

Transaction ID: PR10362691356

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 ▼ 1250.00

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

Transaction ID: PR10362711356

Amount of Each Receipt this Period
125.00

P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	210.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
MR. PETER S FIEK

Mailing Address 22 ARCADE

City IRVINE State CA Zip Code 92603

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

Name of Employer Pacific Life Occupation AVP PORTFOLIO MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: PR10362771356

Amount of Each Receipt this Period
 25.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. DAVID R FINEAR

Mailing Address 718 K THANGA DR

City CORONA DEL MAR State CA Zip Code 92625

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

Name of Employer Pacific Life Occupation AVP RE INVESTMENTS

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: PR10362781356

Amount of Each Receipt this Period
 35.00

P/R Deduction (\$35.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. MARTIN J FLEISCHMAN

Mailing Address 2915 CALLE GUADALAJARA

City SAN CLEMENTE State CA Zip Code 92673

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

Name of Employer Pacific Life Occupation AVP SEPARATE ACCTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: PR10362791356

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 89
	<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) A. MS. MARTHA A GATES		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 31411 MONTEREY ST		Transaction ID: PR10362861356		
City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period _____ 150.00		P/R Deduction (\$150.00 Monthly)	
FEC ID number of contributing federal political committee. C _____		Name of Employer Occupation Pacific Life SR VP OPERATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1425.00			

Full Name (Last, First, Middle Initial) B. MR. FRANK J GOETZ		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 7 SOVENTE		Transaction ID: PR10362901356		
City State Zip Code IRVINE CA 92606	Amount of Each Receipt this Period _____ 70.00		P/R Deduction (\$70.00 Monthly)	
FEC ID number of contributing federal political committee. C _____		Name of Employer Occupation Pacific Life AVP NEW BUSINESS SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 676.00			

Full Name (Last, First, Middle Initial) C. MR. KEVIN P GOODMAN		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 310 ALISO AVE		Transaction ID: PR10362911356		
City State Zip Code NEWPORT BEACH CA 92663	Amount of Each Receipt this Period _____ 40.00		P/R Deduction (\$40.00 Monthly)	
FEC ID number of contributing federal political committee. C _____		Name of Employer Occupation Pacific Life ACCUM PROD CONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 310 ALISO AVE

City State Zip Code
NEWPORT BEACH CA 92663

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

Name of Employer Pacific Life Occupation AVP ADV & PUB RLNS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

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

Transaction ID: PR10362921356

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 37 LANTANA

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation VP OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: PR10362931356

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 23672 BRASILIA ST

City State Zip Code
MISSION VIEJO CA 92691

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: PR10362941356

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 89
	<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) A. MR. WILLIAM C GREEN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 12889 RALSTON CIR		Transaction ID: PR10362951356	
City State Zip Code SAN DIEGO CA 92130	Amount of Each Receipt this Period _____ 25.00		P/R Deduction (\$25.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Pacific Life SR CASH COLLTRL COORD	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. MR. ADRIAN S GRIGGS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8766 CANARY AVE		Transaction ID: PR10362961356	
City State Zip Code FOUNTAIN VALLEY CA 92708	Amount of Each Receipt this Period _____ 50.00		P/R Deduction (\$50.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Pacific Life VP FINANCE & COMPLIANCE	Aggregate Year-to-Date ▼ _____ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MS. IRENE L HALLETT		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 60 PALATINE APT 223		Transaction ID: PR10362991356	
City State Zip Code IRVINE CA 92612	Amount of Each Receipt this Period _____ 30.00		P/R Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Pacific Life NATL ACCOUNTS SUPR	Aggregate Year-to-Date ▼ _____ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	_____ 105.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. MS. BRENDA K HARDWIG		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 13112 EARLHAM ST		Transaction ID: PR10363031356	
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 ▼ _____ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR. ROBERT G HASKELL		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 31735 SEACLIFF DR		Transaction ID: PR10363061356	
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 ▼ _____ 4166.60		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MR. DALE E HAWLEY		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1137 SUNSET CLIFFS BLVD		Transaction ID: PR10363071356	
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 ▼ _____ 740.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	_____ 530.66
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) MR. ROBERT J HEMSTEAD Mailing Address 310 E MCCOY LN City State Zip Code SANTA MARIA CA 93455 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10363101356 Amount of Each Receipt this Period 85.00 P/R Deduction (\$85.00 Monthly)
Name of Employer Pacific Life Occupation AVP & VALUATION ACTUARY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 775.00	

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		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10363111356 Amount of Each Receipt this Period 40.00 P/R Deduction (\$40.00 Monthly)
Name of Employer Pacific Life Occupation CORP TAX DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10363131356 Amount of Each Receipt this Period 0.00 P/R Deduction (\$0.00 Monthly)
Name of Employer Pacific Life Occupation VP PROGRAM MGMT OFC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 89
	<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) A. MS. MARYBETH HUGHES		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2283 WATERMAN WAY		Transaction ID: PR10363201356	
City COSTA MESA	State CA	Zip Code 92627	Amount of Each Receipt this Period _____ 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation CORP RISK MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 370.00		

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial) B. MS. MARY K MCWARD		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2 GLASTONBURY PL		Transaction ID: PR10363211356	
City LAGUNA NIGUEL	State CA	Zip Code 92677	Amount of Each Receipt this Period _____ 60.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation VP MARKETING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 570.00		

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial) C. MR. CHRIS M JANOWIAK		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2056 COLUMBUS WAY		Transaction ID: PR10363231356	
City VISTA	State CA	Zip Code 92081	Amount of Each Receipt this Period _____ 60.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation DIR CORP INTERNET STRATEGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00		

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 160.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 8554 202ND STREET SW

City State Zip Code
EDMONDS WA 98026

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

Name of Employer Pacific Life Occupation DIVISION VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: PR10363241356

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 1 SAND OAKS RD.

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation TREASURER

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: PR10363251356

Amount of Each Receipt this Period
45.00

P/R Deduction (\$45.00 Monthly)

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

Mailing Address 25621 DEL NORTE

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP ACTUARIAL & REINS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: PR10363261356

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	195.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 1812 LEADBURN RD

City State Zip Code
TOWSON MD 21204

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

Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: PR10363271356

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. SCOTT E JOHNSON

Mailing Address 906 NEWTON LN

City State Zip Code
PLACENTIA CA 92870

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

Name of Employer Pacific Life Occupation VP CORP APPL SYSTEMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

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

Transaction ID: PR10363281356

Amount of Each Receipt this Period
75.00

P/R Deduction (\$75.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. LORI A JOHNSTONE

Mailing Address 27 GRAY STONE WAY

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation AVP HIGH YIELD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: PR10363291356

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	205.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. 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 ▼ 600.00

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

Transaction ID: PR10363321356

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 ▼ 635.00

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

Transaction ID: PR10363331356

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 CORPORATE CONTROLLER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 785.00

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

Transaction ID: PR10363371356

Amount of Each Receipt this Period
80.00

P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	205.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 30862 PASEO DEL NIGUEL

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP & INVEST COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: PR10363381356

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 6307 CAMINO MARINERO

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation VP KEY ACCOUNT MKTG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

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

Transaction ID: PR10363421356

Amount of Each Receipt this Period
110.00

P/R Deduction (\$110.00 Monthly)

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

Mailing Address 262 S FAIRFIELD LN

City State Zip Code
ORANGE CA 92869

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

Name of Employer Pacific Life Occupation AVP INVEST CNSL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: PR10363451356

Amount of Each Receipt this Period
60.00

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) MR. FLETCHER C LARSON		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 709 AVENIDA MIROLA		Transaction ID: PR10363471356	
City PALOS VERDES EST	State CA	Zip Code 90274	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation REGIONAL VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00		
		P/R Deduction (\$150.00 Monthly)	

B. Full Name (Last, First, Middle Initial) MR. DAVID LAWS		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 10935 E BERRY AVE		Transaction ID: PR10363481356	
City ENGLEWOOD	State CO	Zip Code 80111	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation REGIONAL VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
		P/R Deduction (\$100.00 Monthly)	

C. Full Name (Last, First, Middle Initial) MS. TERESA M LORD		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 16432 CAMINO CANADA LN		Transaction ID: PR10363541356	
City HUNTINGTON BEACH	State CA	Zip Code 92649	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation SR SYSTEMS ANALYST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
		P/R Deduction (\$30.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	280.00
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 30 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 1033 SECRETARIAT CIR

City State Zip Code
COSTA MESA CA 92626

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

Name of Employer Pacific Life Occupation AVP VARIABLE REG COMPLIANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: PR10363561356

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 9901 OCEANCREST DR

City State Zip Code
HUNTINGTON BEACH CA 92646

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

Name of Employer Pacific Life Occupation AVP CLIENT SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: PR10363581356

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 74 SETON RD

City State Zip Code
IRVINE CA 92612

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

Name of Employer Pacific Life Occupation AVP ANNUITY APPLIC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

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

Transaction ID: PR10363591356

Amount of Each Receipt this Period
120.00

P/R Deduction (\$120.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **245.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 89
	(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

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

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

A. Full Name (Last, First, Middle Initial) MR. THOMAS J MAYS Mailing Address 7406 PALOMA DR City HUNTINGTON BEACH State CA Zip Code 92648 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10363601356 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 Monthly)
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 ▼ 500.00	

B. Full Name (Last, First, Middle Initial) MS. GAIL H MC INTOSH Mailing Address 622 18TH ST City HUNTINGTON BEACH State CA Zip Code 92648 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10363611356 Amount of Each Receipt this Period 80.00 P/R Deduction (\$80.00 Monthly)
Name of Employer Pacific Life Occupation AVP INS CNSL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

C. Full Name (Last, First, Middle Initial) MS. JULIA C MC KINNEY Mailing Address 207 N ELLERY DR City SAN PEDRO State CA Zip Code 90732 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10363631356 Amount of Each Receipt this Period 75.00 P/R Deduction (\$75.00 Monthly)
Name of Employer Pacific Life Occupation AVP INS CNSL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	205.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) MS. AUDREY L MILFS Mailing Address 26922 ROCKING HORSE LN City LAGUNA HILLS State CA Zip Code 92653 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10363711356 Amount of Each Receipt this Period 250.00 P/R Deduction (\$250.00 Monthly)
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 ▼ 2350.00	

B. Full Name (Last, First, Middle Initial) MR. JOSE T MISCOLTA Mailing Address 20 BRYCE CYN City ALISO VIEJO State CA Zip Code 92656 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10363751356 Amount of Each Receipt this Period 65.00 P/R Deduction (\$65.00 Monthly)
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 ▼ 590.00	

C. Full Name (Last, First, Middle Initial) MS. ELIZABETH A MOORE Mailing Address 6412 N 159TH ST City OMAHA State NE Zip Code 68116 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10363761356 Amount of Each Receipt this Period 45.00 P/R Deduction (\$45.00 Monthly)
Name of Employer Pacific Life Occupation SYSTEMS ANALYSIS CONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	360.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 89
	(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

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) A. MR. JAMES T MORRIS		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 29022 PINTAIL CIR		Transaction ID: PR10363791356		
City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period _____ 416.00		P/R Deduction (\$416.00 Monthly)	
FEC ID number of contributing federal political committee. C		_____		
Name of Employer Pacific Life	Occupation PRESIDENT & CEO	Aggregate Year-to-Date ▼ _____ 4160.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) B. MR. JOHN C MULVIHILL		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 27822 HOMESTEAD RD		Transaction ID: PR10363801356		
City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period _____ 175.00		P/R Deduction (\$175.00 Monthly)	
FEC ID number of contributing federal political committee. C		_____		
Name of Employer Pacific Life	Occupation VP RE ASSET MGMT	Aggregate Year-to-Date ▼ _____ 1750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) C. MS. MICHELE A MYSZKA		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 26206 SANZ AVE		Transaction ID: PR10363841356		
City State Zip Code MISSION VIEJO CA 92691	Amount of Each Receipt this Period _____ 10.00		P/R Deduction (\$10.00 Monthly)	
FEC ID number of contributing federal political committee. C		_____		
Name of Employer Pacific Life	Occupation COMMUNITY RELTNS DIR	Aggregate Year-to-Date ▼ _____ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional) ▶	_____ 601.00
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 35 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) MR. DARAGH M O'SULLIVAN Mailing Address 177 22ND ST APT 14 City COSTA MESA State CA Zip Code 92627 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10363901356 Amount of Each Receipt this Period 200.00 P/R Deduction (\$200.00 Monthly)
Name of Employer Pacific Life Occupation VP PRODUCT DESIGN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1850.00	

B. Full Name (Last, First, Middle Initial) MR. RICHARD P OLSON Mailing Address 24852 CAMBERWELL ST City LAGUNA HILLS State CA Zip Code 92653 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10363931356 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 Monthly)
Name of Employer Pacific Life Occupation DIR SECURITY SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) MS. HEATHER A PAIGE Mailing Address 29352 BOBOLINK DR City LAGUNA NIGUEL State CA Zip Code 92677 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10363961356 Amount of Each Receipt this Period 25.00 P/R Deduction (\$25.00 Monthly)
Name of Employer Pacific Life Occupation AVP IMD OPS & COMPL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	275.00
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 36 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) MS. JOYCE J PEAD		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 25 SUNRISE		Transaction ID: PR10364001356	
City IRVINE	State CA	Zip Code 92603	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation AVP HR CONSULTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		
		P/R Deduction (\$50.00 Monthly)	

B. Full Name (Last, First, Middle Initial) MS. ALYCE PETERSON		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 2908 VIA HIDALGO		Transaction ID: PR10364021356	
City SAN CLEMENTE	State CA	Zip Code 92673	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation VP MARKETING SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		
		P/R Deduction (\$75.00 Monthly)	

C. Full Name (Last, First, Middle Initial) MR. B P PILLION		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 915 STROKE RD		Transaction ID: PR10364041356	
City VILLANOVA	State PA	Zip Code 19085	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation REGIONAL VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
		P/R Deduction (\$40.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	165.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
MR. YVES F PINKOWITZ

Mailing Address 20541 VIA EL TAJO

City State Zip Code
YORBA LINDA CA 92887

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

Name of Employer Pacific Life Occupation VP CORP AUDIT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 364.00

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

Transaction ID: PR10364051356

Amount of Each Receipt this Period
37.00

P/R Deduction (\$37.00 Monthly)

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

Mailing Address 20 MOLINO

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation VP COMM MORT PROD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1425.00

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

Transaction ID: PR10364081356

Amount of Each Receipt this Period
150.00

P/R Deduction (\$150.00 Monthly)

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

Mailing Address 33 BOLERO

City State Zip Code
MISSION VIEJO CA 92692

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

Name of Employer Pacific Life Occupation INTERNAL AUDIT DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: PR10364091356

Amount of Each Receipt this Period
35.00

P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	222.00
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 38 / 89
	<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) A. MR. JAMES R RICE		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 11 STILLWATER		Transaction ID: PR10364141356	
City IRVINE	State CA	Zip Code 92603	Amount of Each Receipt this Period 110.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation VP M FINANCIAL DISTRIBUTION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		
		P/R Deduction (\$110.00 Monthly)	

Full Name (Last, First, Middle Initial) B. MR. GERALD W ROBINSON		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 38347 N 104TH PL		Transaction ID: PR10364181356	
City SCOTTSDALE	State AZ	Zip Code 85262	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation EXEC VP ANNUITIES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2925.00		
		P/R Deduction (\$300.00 Monthly)	

Full Name (Last, First, Middle Initial) C. MR. THOMAS M RONCE		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 19 GLEN ELLEN		Transaction ID: PR10364201356	
City IRVINE	State CA	Zip Code 92602	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation VP & TAX COUNSEL		
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)	

SUBTOTAL of Receipts This Page (optional) ▶	440.00
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:	PAGE 39 / 89
	(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

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) A. MR. ROBERT D RUSSELL		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 51202 EASTCHURCH		Transaction ID: PR10364231356	
City State Zip Code CHAPEL HILL NC 27517	Amount of Each Receipt this Period _____ 75.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$75.00 Monthly)		
Name of Employer Pacific Life Occupation AVP RE INVESTMENTS	Aggregate Year-to-Date ▼ _____ 750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR. RICHARD J SCHINDLER		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 28792 APPLETREE		Transaction ID: PR10364261356	
City State Zip Code MISSION VIEJO CA 92692	Amount of Each Receipt this Period _____ 125.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$125.00 Monthly)		
Name of Employer Pacific Life Occupation SR VP LIFE CHF MKTG OFCR	Aggregate Year-to-Date ▼ _____ 1175.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MS. KIMBERLY K SCHULTZ		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 28392 CALLE PINON		Transaction ID: PR10364301356	
City State Zip Code SN JUAN CAPISTRANO CA 92675	Amount of Each Receipt this Period _____ 25.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$25.00 Monthly)		
Name of Employer Pacific Life Occupation SR WHOLESALER	Aggregate Year-to-Date ▼ _____ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	_____ 225.00
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 40 / 89
	<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) A. MS. GATHY L SCHWARTZ		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 87 PELICAN CT		Transaction ID: PR10364311356	
City NEWPORT BEACH	State CA	Zip Code 92660	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. C _____			
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 ▼ _____ 1000.00		
		P/R Deduction (\$100.00 Monthly)	

Full Name (Last, First, Middle Initial) B. MR. ALAN L SCHWITZGEBEL		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 18612 MORONGO ST		Transaction ID: PR10364321356	
City FOUNTAIN VALLEY	State CA	Zip Code 92708	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation SR HR COORDINATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00		
		P/R Deduction (\$25.00 Monthly)	

Full Name (Last, First, Middle Initial) C. MS. SONJA V SCOTT		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 30 CANYONWOOD		Transaction ID: PR10364331356	
City IRVINE	State CA	Zip Code 92620	Amount of Each Receipt this Period _____ 40.00
FEC ID number of contributing federal political committee. C _____			
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 ▼ _____ 385.00		
		P/R Deduction (\$40.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 165.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 2315 VIA ZAFIRO

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation AVP INFO TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: PR10364351356

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. PENNY S SPARKS

Mailing Address 1661 UTAH CIR

City State Zip Code
COSTA MESA CA 92626

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

Name of Employer Pacific Life Occupation DIR PORTFOLIO OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: PR10364441356

Amount of Each Receipt this Period
75.00

P/R Deduction (\$75.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM E STODDART

Mailing Address 2413 W 123RD TER

City State Zip Code
LEAWOOD KS 66209

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: PR10364471356

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) MR. ROBERT S STREVELL		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 1213 25TH ST		Transaction ID: PR10364491356	
City GALVESTON	State TX	Zip Code 77550	Amount of Each Receipt this Period 25.00
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 ▼ 250.00		
		P/R Deduction (\$25.00 Monthly)	

B. Full Name (Last, First, Middle Initial) MS. CAROL R SUDBECK		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 11 SOMMET		Transaction ID: PR10364501356	
City NEWPORT COAST	State CA	Zip Code 92657	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation VP TALENT ACQ & DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
		P/R Deduction (\$50.00 Monthly)	

C. Full Name (Last, First, Middle Initial) MR. THOMAS C SUTTON		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 111 SHORECLIFF RD		Transaction ID: PR10364521356	
City CORONA DEL MAR	State CA	Zip Code 92625	Amount of Each Receipt this Period 0.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation CHRMN & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.96		
		P/R Deduction (\$0.00 Monthly)	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) MS. ALICE P TERLECKY		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 2130 CAMINO LAUREL		Transaction ID: PR10364571356	
City State Zip Code SAN CLEMENTE CA 92673	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Pacific Life AVP NEW BUSINESS SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
		P/R Deduction (\$25.00 Monthly)	

B. Full Name (Last, First, Middle Initial) MR. JOHN G TORELL		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 355 S LORETTA DR		Transaction ID: PR10364581356	
City State Zip Code ORANGE CA 92869	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Pacific Life VP ACCTG & RPTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 735.00		
		P/R Deduction (\$75.00 Monthly)	

C. Full Name (Last, First, Middle Initial) MR. STEPHEN J TORETTO		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 22862 ORENSE		Transaction ID: PR10364591356	
City State Zip Code MISSION VIEJO CA 92691	Amount of Each Receipt this Period 55.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Pacific Life VP & INSURANCE COUNS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		
		P/R Deduction (\$55.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	155.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 / 89
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

A. Full Name (Last, First, Middle Initial) MR. KHANH T TRAN Mailing Address 47 VERNAL SPG City IRVINE State CA Zip Code 92603 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10364601356 Amount of Each Receipt this Period 416.66
Name of Employer Pacific Life Occupation EXEC VP CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4166.60		P/R Deduction (\$416.66 Monthly)

B. Full Name (Last, First, Middle Initial) MS. SUSAN L TULLY Mailing Address 6929 N HAYDEN RD PMB 157 City SCOTTSDALE State AZ Zip Code 85250 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10364611356 Amount of Each Receipt this Period 60.00
Name of Employer Pacific Life Occupation SR WHOLESALER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		P/R Deduction (\$60.00 Monthly)

C. Full Name (Last, First, Middle Initial) MR. EDDIE D TUNG Mailing Address PO BOX 10386 City NEWPORT BEACH State CA Zip Code 92658 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10364621356 Amount of Each Receipt this Period 60.00
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 ▼ 585.00		P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	536.66
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) MS. CATHRYN L VAN WEY Mailing Address 41974 CARSON CT City MURRIETA State CA Zip Code 92562 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10364631356 Amount of Each Receipt this Period 30.00
Name of Employer Pacific Life Occupation DIR NATL ACCTS & KEY ACCT SVCS 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. Full Name (Last, First, Middle Initial) MS. MELANIE G WAGNER Mailing Address 1842 MOORPARK DR City BREA State CA Zip Code 92821 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10364641356 Amount of Each Receipt this Period 30.00
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 ▼ 300.00	P/R Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial) MR. JOHN M WALDECK Mailing Address 67 LAURELHURST DR City LADERA RANCH State CA Zip Code 92694 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10364651356 Amount of Each Receipt this Period 100.00
Name of Employer Pacific Life Occupation AVP RE UNDERWRITING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 955.00	P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	160.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) MS. DARLENE A WALLACE Mailing Address PO BOX 2462 City NEWPORT BEACH State CA Zip Code 92659 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10364661356 Amount of Each Receipt this Period 25.00 P/R Deduction (\$25.00 Monthly)
Name of Employer Pacific Life Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation SR SYSTEMS ANA (LD) Aggregate Year-to-Date ▼ 225.00	

B. Full Name (Last, First, Middle Initial) MS. NANCY A WEBB Mailing Address 36 BLACK HAWK City IRVINE State CA Zip Code 92603 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10364701356 Amount of Each Receipt this Period 100.00 P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP FINANCE Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) MS. NAOMI D WHEELER Mailing Address 1827 MAIN ST City HUNTINGTON BEACH State CA Zip Code 92648 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10364731356 Amount of Each Receipt this Period 25.00 P/R Deduction (\$25.00 Monthly)
Name of Employer Pacific Life Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation AVP FINANCIAL ANALYSIS Aggregate Year-to-Date ▼ 205.00	

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 47 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. 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 ▼ 720.00

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

Transaction ID: PR10364741356

Amount of Each Receipt this Period
75.00

P/R Deduction (\$75.00 Monthly)

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

Mailing Address 2921 PLAYER LANE

City State Zip Code
TUSTIN CA 92782

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

Name of Employer Pacific Life Occupation DIR COMMUNICATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

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

Transaction ID: PR10364751356

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Monthly)

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

Mailing Address 32 COLORIDO

City State Zip Code
RCHO STA MARGARITA CA 92688

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

Name of Employer Pacific Life Occupation DIR OPS SUPPORT SERVICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: PR10364801356

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 / 89
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

A. Full Name (Last, First, Middle Initial) MS. ROBIN S YONIS Mailing Address 8 CASTLEBAR City IRVINE State CA Zip Code 92618 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10364821356 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 Monthly)
Name of Employer Pacific Life Occupation VP VAR REGULATORY COMPL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) MS. MARIA ZAMBELLI-DOUGHERTY Mailing Address 525 LOMBARDY RD City DREXEL HILL State PA Zip Code 19026 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10364831356 Amount of Each Receipt this Period 25.00 P/R Deduction (\$25.00 Monthly)
Name of Employer Pacific Life Occupation SUPR OPERATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) MR. MICHAEL J WAUTERS Mailing Address 2942 COPA DE ORO DR City LOS ALAMITOS State CA Zip Code 90720 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10365121356 Amount of Each Receipt this Period 55.00 P/R Deduction (\$55.00 Monthly)
Name of Employer Pacific Life Occupation AVP FIN REPTG & PLNG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00		

SUBTOTAL of Receipts This Page (optional)	130.00
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 49 / 89
	<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) A. MR. MICHAEL A BELL		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2 PRECIPICE		Transaction ID: PR10365141356	
City LAGUNA NIGUEL	State CA	Zip Code 92677	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation EVP LIFE INSURANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 2250.00		
		P/R Deduction (\$250.00 Monthly)	

Full Name (Last, First, Middle Initial) B. MR. PAUL V LIGEROS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 44 RABANO		Transaction ID: PR10365201356	
City RCHO STA MARGARITA	State CA	Zip Code 92688	Amount of Each Receipt this Period _____ 35.00
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 335.00		
		P/R Deduction (\$35.00 Monthly)	

Full Name (Last, First, Middle Initial) C. MR. REED J LLOYD		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6 SANDERLING LN		Transaction ID: PR10365211356	
City ALISO VIEJO	State CA	Zip Code 92656	Amount of Each Receipt this Period _____ 65.00
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 635.00		
		P/R Deduction (\$65.00 Monthly)	

SUBTOTAL of Receipts This Page (optional)	_____ 350.00
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 50 / 89
	<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) A. MR. REX A OLSON		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1963 PORT LAURENT PL		Transaction ID: PR10365221356
City State Zip Code NEWPORT BEACH CA 92660	Amount of Each Receipt this Period _____ 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Pacific Life Occupation SR MANAGING DIR, PAM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00	P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial) B. MR. SAMUEL TANG		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9 KEMPTON LN		Transaction ID: PR10365231356
City State Zip Code LADERA RANCH CA 92694	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C		
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 ▼ _____ 300.00	P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) C. MS. CAROLYN DEAN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address PO BOX 3051		Transaction ID: PR10365341356
City State Zip Code DANA POINT CA 92629	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Pacific Life Occupation DIR FINANCIAL RPTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 340.00	P/R Deduction (\$40.00 Monthly)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 286 VIRGINIA PL

City State Zip Code
COSTA MESA CA 92627

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

Name of Employer Pacific Life Occupation BUS SYSTEMS ANALYST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

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

Transaction ID: PR10365401356

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 25221 SPINDLEWOOD

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation COMPLIANCE MGR (FUNDS)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: PR10365451356

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

C. 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 ▼ 1175.00

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

Transaction ID: PR10365471356

Amount of Each Receipt this Period
125.00

P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 89
	<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) A. MR. RICHARD BAUDOIN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 12 INDIAN SPRING RD		Transaction ID: PR10365491356	
City NORWALK	State CT	Zip Code 06853	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation MNG DIR & CPTL MKTS PRTFL MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00		
		P/R Deduction (\$25.00 Monthly)	

Full Name (Last, First, Middle Initial) B. MR. BENJAMIN JUNG		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 115 VIA KORON		Transaction ID: PR10365511356	
City NEWPORT BEACH	State CA	Zip Code 92663	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation MANAGING DIR & COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00		
		P/R Deduction (\$25.00 Monthly)	

Full Name (Last, First, Middle Initial) C. MR. RICHARD G CHERNEY		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 27835 HOMESTEAD RD		Transaction ID: PR10365541356	
City LAGUNA NIGUEL	State CA	Zip Code 92677	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation EXEC VP GLOBAL MARKETING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 425.00		
		P/R Deduction (\$50.00 Monthly)	

SUBTOTAL of Receipts This Page (optional)	_____ 100.00
TOTAL This Period (last page this line number only)	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 1811 RIVERFORD RD

City State Zip Code
TUSTIN CA 92780

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

Name of Employer Pacific Life Occupation APPLIC DEV DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: PR10365581356

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 112 CLEARBROOK

City State Zip Code
IRVINE CA 92614

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

Name of Employer Pacific Life Occupation PUBLIC AFFAIRS MGR

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: PR10365611356

Amount of Each Receipt this Period
35.00

P/R Deduction (\$35.00 Monthly)

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

Mailing Address 703 KAHN PL

City State Zip Code
ALEXANDRIA VA 22314

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: PR10365621356

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	135.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 89
	<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) A. MR. ROBERT C HSU		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1121 EBBTIDE RD		Transaction ID: PR10365661356	
City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period _____ 130.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation SR VP ANN ADMIN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1285.00		
		P/R Deduction (\$130.00 Monthly)	

Full Name (Last, First, Middle Initial) B. MS. VALERIE MORRIS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 48 W YALE LOOP		Transaction ID: PR10365681356	
City State Zip Code IRVINE CA 92604	Amount of Each Receipt this Period _____ 85.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation VP HR PRGMS & SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 820.00		
		P/R Deduction (\$85.00 Monthly)	

Full Name (Last, First, Middle Initial) C. MS. PATRICIA S DOUGLASS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 640 SAINT JAMES RD		Transaction ID: PR10365731356	
City State Zip Code NEWPORT BEACH CA 92663	Amount of Each Receipt this Period _____ 215.00		
FEC ID number of contributing federal political committee. C _____			
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 ▼ _____ 2120.00		
		P/R Deduction (\$215.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 430.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

Mailing Address 24321 AUGUSTIN ST

City MISSION VIEJO State CA Zip Code 92691

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

Name of Employer Pacific Life Occupation MGR BUILDING OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: PR10365751356

Amount of Each Receipt this Period

								25.00
--	--	--	--	--	--	--	--	-------

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 2216 NELDA WAY

City ALAMO State CA Zip Code 94507

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: PR10365781356

Amount of Each Receipt this Period

								100.00
--	--	--	--	--	--	--	--	--------

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 1A DERICKSON DR

City WILMINGTON State DE Zip Code 19808

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt

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

Transaction ID: PR10365811356

Amount of Each Receipt this Period

								0.00
--	--	--	--	--	--	--	--	------

P/R Deduction (\$0.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) MR. DONALD M DOWNING Mailing Address 995 QUIVERA ST City LAGUNA BEACH State CA Zip Code 92651 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10365831356 Amount of Each Receipt this Period 165.00
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 ▼ 1605.00	P/R Deduction (\$165.00 Monthly)

B. Full Name (Last, First, Middle Initial) MR. SILAS K DUNN Mailing Address 14 ELDERWOOD City IRVINE State CA Zip Code 92614 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10365841356 Amount of Each Receipt this Period 25.00
Name of Employer Pacific Life Occupation AVP PSD COMPLIANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial) MR. RODERICK P HANSEN Mailing Address 21612 MARIGOT DR City BOCA RATON State FL Zip Code 33428 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10365851356 Amount of Each Receipt this Period 100.00
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 ▼ 1000.00	P/R Deduction (\$100.00 Monthly)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 89
	<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) A. MR. CHARLES W HARVEY		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 411 1/2 POINSETTIA AVE		Transaction ID: PR10365861356
City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period _____ 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Pacific Life Occupation SR SYSTEMS ADMINR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00	P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial) B. MS. CHRISTINA Q HE		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 16625 SONORA STREET		Transaction ID: PR10365871356
City State Zip Code TUSTIN CA 92782	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. C		
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 ▼ _____ 400.00	P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial) C. MR. RONALD S KLINGE		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 995 QUIVERA ST		Transaction ID: PR10365921356
City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period _____ 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Pacific Life Occupation SR PRODUCT ANA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00	P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 90.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
MR. ERIC B MILLS

Mailing Address 25202 LA ESTRADA DR

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation AVP ADVANCED DESIGN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: PR10365951356

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 30 BRIAN RD

City State Zip Code
BRIDGEWATER MA 02324

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

Name of Employer Pacific Life Occupation DIVISION VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: PR10365961356

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. EVAN P OHS

Mailing Address 8124 WESTLAWN AVE

City State Zip Code
LOS ANGELES CA 90045

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 ▼ 250.00

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

Transaction ID: PR10365971356

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
MS. JULIET A PINKERTON

Mailing Address 22 N PALMIERA CIR

City THE WOODLANDS State TX Zip Code 77382

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 ▼ 1840.00

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

Transaction ID: PR10365991356

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. PHILLIP L SALEMNO

Mailing Address 47 BETSY LN

City AMBLER State PA Zip Code 19002

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

Name of Employer Pacific Life Occupation SALES MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: PR10366031356

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 24081 NUTHATCH LN

City LAGUNA NIGUEL State CA Zip Code 92677

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

Name of Employer Pacific Life Occupation AVP ACCUM PRODUCTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: PR10366041356

Amount of Each Receipt this Period
75.00

P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	350.00
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 60 / 89
	<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) A. MR. TRAVIS R MC KAY		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 24719 JOLEE CT		Transaction ID: PR10366061356	
City PLAINFIELD	State IL	Zip Code 60544	Amount of Each Receipt this Period _____ 100.00
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 ▼ _____ 1000.00		
		P/R Deduction (\$100.00 Monthly)	

Full Name (Last, First, Middle Initial) B. MS. KATHARINE B YOUNG		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 18647 SANTA ISADORA ST		Transaction ID: PR10366101356	
City FOUNTAIN VALLEY	State CA	Zip Code 92708	Amount of Each Receipt this Period _____ 75.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation AVP VALUATION & RPTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 750.00		
		P/R Deduction (\$75.00 Monthly)	

Full Name (Last, First, Middle Initial) C. MR. DALE W PATRICK		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 11975 LAMBERT		Transaction ID: PR10366141356	
City TUSTIN	State CA	Zip Code 92782	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation AVP PORT MGMT, IG TRADING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 325.00		
		P/R Deduction (\$25.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 200.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) MR. CHRISTOPHER VAN MIERLO Mailing Address 400 EL VUELO City SAN CLEMENTE State CA Zip Code 92672 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366151356 Amount of Each Receipt this Period 55.00 P/R Deduction (\$55.00 Monthly)
Name of Employer Pacific Life Occupation VP NATL ACCOUNTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00	

B. Full Name (Last, First, Middle Initial) MR. DOUGLAS J URATA Mailing Address 28202 MILLWOOD RD City TRABUCO CANYON State CA Zip Code 92679 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366161356 Amount of Each Receipt this Period 25.00 P/R Deduction (\$25.00 Monthly)
Name of Employer Pacific Life Occupation SR PROJECT COORD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) MR. MICHAEL S ROBB Mailing Address 27481 VANTAGE CIRCLE City SN JUAN CAPISTRANO State CA Zip Code 92675 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366191356 Amount of Each Receipt this Period 250.00 P/R Deduction (\$250.00 Monthly)
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 ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	330.00
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 62 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) MS. JANE K WONG-HSU Mailing Address 1121 EBBTIDE RD City State Zip Code CORONA DEL MAR CA 92625 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366211356 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 Monthly)
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 ▼ 500.00		

B. Full Name (Last, First, Middle Initial) MR. WILLIAM B ARMSTRONG Mailing Address 5322 LAIRD RD City State Zip Code LOOMIS CA 95650 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366221356 Amount of Each Receipt this Period 25.00 P/R Deduction (\$25.00 Monthly)
Name of Employer: Pacific Life Occupation: FVP FIELD WHOLESALING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) MR. MICHAEL P BORGATTI Mailing Address 978 BALD CYPRESS DR City State Zip Code MANDEVILLE LA 70448 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366241356 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 Monthly)
Name of Employer: Pacific Life Occupation: SR WHOLESALER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 17812 BIGELOW PARK

City State Zip Code
TUSTIN CA 92780

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

Name of Employer Pacific Life Occupation AVP IND COMP & TRANS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: PR10366291356

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. STEPHEN M BOLLINGER

Mailing Address 17345 FLAME TREE CIR

City State Zip Code
FOUNTAIN VALLEY CA 92708

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

Name of Employer Pacific Life Occupation AVP E-COMMERCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: PR10366301356

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. MARY ANN BROWN

Mailing Address 288 CHIQUITA ST

City State Zip Code
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation SR VP CORP DEVELPMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4166.60

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

Transaction ID: PR10366311356

Amount of Each Receipt this Period
416.66

P/R Deduction (\$416.66 Monthly)

SUBTOTAL of Receipts This Page (optional)	471.66
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:	PAGE 65 / 89
	(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

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) A. MS. LORI K CARRASCO		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2742 PORTOLA DR		Transaction ID: PR10366321356	
City COSTA MESA	State CA	Zip Code 92626	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation SR PARALEGAL ANALYST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00		
		P/R Deduction (\$25.00 Monthly)	

Full Name (Last, First, Middle Initial) B. MR. EDWARD T CREECH		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 168 HIGH HILLS DR		Transaction ID: PR10366331356	
City MOORESVILLE	State NC	Zip Code 28117	Amount of Each Receipt this Period _____ 25.00
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 ▼ _____ 250.00		
		P/R Deduction (\$25.00 Monthly)	

Full Name (Last, First, Middle Initial) C. MR. JEFFREY D DZIADZIOLA		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2917 CHALFONT LN		Transaction ID: PR10366341356	
City PLANO	State TX	Zip Code 75023	Amount of Each Receipt this Period _____ 25.00
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 ▼ _____ 250.00		
		P/R Deduction (\$25.00 Monthly)	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 10 CANDELA

City IRVINE State CA Zip Code 92620

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

Name of Employer Pacific Life Occupation VP INFO TECH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

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

Transaction ID: PR10366351356

Amount of Each Receipt this Period
150.00

P/R Deduction (\$150.00 Monthly)

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

Mailing Address 45137 BIG CANYON ST

City INDIIO State CA Zip Code 92201

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

Name of Employer Pacific Life Occupation VP TAX

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: PR10366361356

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 88 CALLE DE FELICIDAD

City RCHO STA MARGARITA State CA Zip Code 92688

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

Name of Employer Pacific Life Occupation M MARKETING DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: PR10366381356

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	275.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 89
	<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) A. MR. GREGORY L KEELING		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 406 1/2 HELIOTROPE AVE		Transaction ID: PR10366421356		
City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period _____ 30.00		P/R Deduction (\$30.00 Monthly)	
FEC ID number of contributing federal political committee. C _____				
Name of Employer Pacific Life	Occupation AVP FINANCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 285.00			

Full Name (Last, First, Middle Initial) B. MS. MICHAELE S NOZAKI		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 24441 CASWELL CT		Transaction ID: PR10366431356		
City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period _____ 25.00		P/R Deduction (\$25.00 Monthly)	
FEC ID number of contributing federal political committee. C _____				
Name of Employer Pacific Life	Occupation AVP INFO SECURITY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00			

Full Name (Last, First, Middle Initial) C. MR. JOSEPH W KRUM		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 43 LEMANS		Transaction ID: PR10366441356		
City State Zip Code NEWPORT COAST CA 92657	Amount of Each Receipt this Period _____ 25.00		P/R Deduction (\$25.00 Monthly)	
FEC ID number of contributing federal political committee. C _____				
Name of Employer Pacific Life	Occupation VP STRATEGIC PRGMS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00			

SUBTOTAL of Receipts This Page (optional) ▶	_____ 80.00
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 69 / 89
	<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) A. MS. DARCY L LEWIS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 7322 RESIDENCIA		Transaction ID: PR10366451356
City State Zip Code NEWPORT BEACH CA 92660	Amount of Each Receipt this Period _____ 25.00	
FEC ID number of contributing federal political committee. C		
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 ▼ _____ 250.00	P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial) B. MR. STEPHAN P MITCHELL		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 18111 THEODORA DR		Transaction ID: PR10366461356
City State Zip Code TUSTIN CA 92780	Amount of Each Receipt this Period _____ 45.00	
FEC ID number of contributing federal political committee. C		
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 ▼ _____ 450.00	P/R Deduction (\$45.00 Monthly)

Full Name (Last, First, Middle Initial) C. MR. TERRY R PERKINS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 25522 SAWMILL LN		Transaction ID: PR10366471356
City State Zip Code LAKE FOREST CA 92630	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C		
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 ▼ _____ 500.00	P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 120.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
MR. CHAD A ROSS

Mailing Address 851 VIA BARQUERO

City State Zip Code
SAN MARCOS CA 92069

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

Name of Employer Occupation
Pacific Life KEY ACCOUNT SUPR

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

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

Transaction ID: PR10366491356

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

B. 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 Occupation
Pacific Life FIELD VICE PRES

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

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

Transaction ID: PR10366501356

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

C. 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 Occupation
Pacific Life PROJECT MANAGER

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

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

Transaction ID: PR10366511356

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) MS. PATRICIA A SANDBERG		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366521356	
Mailing Address 400 FLINT AVE		Amount of Each Receipt this Period 25.00	
City LONG BEACH	State CA	Zip Code 90814	P/R Deduction (\$25.00 Monthly)
FEC ID number of contributing federal political committee. C			
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 ▼ 250.00		

B. Full Name (Last, First, Middle Initial) MS. ELIZABETH H SKINNER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366551356	
Mailing Address 57 CORAL LK		Amount of Each Receipt this Period 25.00	
City IRVINE	State CA	Zip Code 92614	P/R Deduction (\$25.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation AVP TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) MS. CHERYL L TOBIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366571356	
Mailing Address 24426 PEACOCK ST		Amount of Each Receipt this Period 25.00	
City LAKE FOREST	State CA	Zip Code 92630	P/R Deduction (\$25.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation AVP INS CNSL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER E ULRICH

Mailing Address 152 TROFELLO LN

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation INTRNL WHLSLR SUPR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: PR10366581356

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

B. 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 ▼ 925.00

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

Transaction ID: PR10366591356

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 33742 PEQUITO DR

City State Zip Code
DANA POINT CA 92629

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

Name of Employer Pacific Life Occupation REG RPTG & ANA CONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: PR10366611356

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 89
	<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) A. MR. DENNIS L BAHLMANN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6052 MEADOW VIEW CT		Transaction ID: PR10366621356	
City JOHNSTON	State IA	Zip Code 50131	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation AVP NEW BUSINESS SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 500.00		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) B. MR. KEVIN W BERWALD		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 17601 PARKE LN		Transaction ID: PR10366631356	
City GROSSE ILE	State MI	Zip Code 48138	Amount of Each Receipt this Period _____ 25.00
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 ▼ _____ 250.00		
		P/R Deduction (\$25.00 Monthly)	

Full Name (Last, First, Middle Initial) C. MR. GEORGE A PAULIK		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2990 WINDSTONE CIR		Transaction ID: PR10366651356	
City MARIETTA	State GA	Zip Code 30062	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation FVP FIELD WHOLESALING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00		
		P/R Deduction (\$25.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 100.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
MR. JEFF J BRADSHAW

Mailing Address 27302 MONDANO DR

City State Zip Code
MISSION VIEJO CA 92692

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

Name of Employer Pacific Life Occupation AVP BUSINESS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: PR10366671356

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. DEBORAH K JOHNSON

Mailing Address 3019 SAN ANSELIN AVE

City State Zip Code
LONG BEACH CA 90808

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

Name of Employer Pacific Life Occupation SYSTEMS ANALYSIS SUPR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

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

Transaction ID: PR10366681356

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

C. 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 ▼ 400.00

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

Transaction ID: PR10366691356

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	140.00
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 75 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 570 EBBCREEK 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 ▼ 500.00

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

Transaction ID: PR10366701356

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

B. 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 ▼ 500.00

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

Transaction ID: PR10366721356

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. STEPHEN K ENG

Mailing Address 2311 BAYPOINTE DR

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation ALM CONSULTANT

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: PR10366731356

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	140.00
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 76 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
MS. CHARLENE A GRANT

Mailing Address 3311 SEAVIEW AVE

City State Zip Code
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation AVP VAR REG COMPL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: PR10366751356

Amount of Each Receipt this Period
35.00

P/R Deduction (\$35.00 Monthly)

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

Mailing Address 2712 LIGHTHOUSE LN

City State Zip Code
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation AVP RE ACQUISITIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: PR10366761356

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. JEFF A JOLLEY

Mailing Address 54 ASHBROOK

City State Zip Code
IRVINE CA 92604

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

Name of Employer Pacific Life Occupation VP AMF CHIEF ACTUARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: PR10366771356

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **110.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 89
	<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) A. MS. KRISTINA L KENNEDY		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6 CAMARIN ST		Transaction ID: PR10366781356	
City Foothill Ranch	State CA	Zip Code 92610	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation AVP IMD ACTUARIAL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00		
		P/R Deduction (\$25.00 Monthly)	

Full Name (Last, First, Middle Initial) B. MS. LINDA L KOTOWICZ		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 795 TREPANNY LN		Transaction ID: PR10366791356	
City WAYNE	State PA	Zip Code 19087	Amount of Each Receipt this Period _____ 60.00
FEC ID number of contributing federal political committee. C _____			
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 ▼ _____ 600.00		
		P/R Deduction (\$60.00 Monthly)	

Full Name (Last, First, Middle Initial) C. MR. ROBERT C O'BRIEN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 35 HERITAGE AVE		Transaction ID: PR10366811356	
City ASHLAND	State MA	Zip Code 01721	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 ▼ _____ 500.00		
		P/R Deduction (\$50.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 135.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 89
	<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) A. MR. MARK E FANE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 16373 CANON LN		Transaction ID: PR10366971356	
City CHINO HILLS	State CA	Zip Code 91709	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation SR INTERNAL 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 (\$25.00 Monthly)	

Full Name (Last, First, Middle Initial) B. MR. LARRY D GARDNER		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 214 S 202ND ST		Transaction ID: PR10366991356	
City ELKHORN	State NE	Zip Code 68022	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation COMPLIANCE MANAGER, NE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 205.00		
		P/R Deduction (\$25.00 Monthly)	

Full Name (Last, First, Middle Initial) C. MS. ADRIANNE M GEORGANTAS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 28373 BOULDER DR		Transaction ID: PR10367001356	
City TRABUCO CANYON	State CA	Zip Code 92679	Amount of Each Receipt this Period _____ 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation SR FLD SVCS PROJ ANA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00		
		P/R Deduction (\$40.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 90.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) MR. JIM Y CHU Mailing Address 120 ALBERT PL APT 10 City COSTA MESA State CA Zip Code 92627 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10367141356 Amount of Each Receipt this Period 65.00 P/R Deduction (\$65.00 Monthly)
Name of Employer: Pacific Life Occupation: AVP PROD DESIGN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		

B. Full Name (Last, First, Middle Initial) MR. ROBERT J HUNT Mailing Address 20130 NE 28TH PL City SAMMAMISH State WA Zip Code 98074 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10367161356 Amount of Each Receipt this Period 40.00 P/R Deduction (\$40.00 Monthly)
Name of Employer: Pacific Life Occupation: SR WHOLESALER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

C. Full Name (Last, First, Middle Initial) MR. STEVEN H GOLDBERG Mailing Address 18 THREE VINES CT City LADERA RANCH State CA Zip Code 92694 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10367181356 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 Monthly)
Name of Employer: Pacific Life Occupation: DIR ANNUITIES PRODUCT DEVELOPM T Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	155.00
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 84 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) MR. JASON T TODD Mailing Address 59 LAURELHURST DR City LADERA RANCH State CA Zip Code 92694 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10371991356 Amount of Each Receipt this Period 25.00 P/R Deduction (\$25.00 Monthly)
Name of Employer Pacific Life Occupation CREDIT ANALYSIS MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) MR. ROBERT J AVELLINO Mailing Address 3 PHEASANT DR. City MT. LAUREL State NJ Zip Code 08054 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10614781356 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 Monthly)
Name of Employer Pacific Life Occupation SR WHOLESALER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		

C. Full Name (Last, First, Middle Initial) MR. STEPHEN K BEST Mailing Address 445 FLINT AVE City LONG BEACH State CA Zip Code 90814 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10614791356 Amount of Each Receipt this Period 100.00 P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life Occupation SR WHOLESALER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00		

SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
MR. CARL B JACKSON

Mailing Address 22395 WOODGROVE RD

City State Zip Code
LAKE FOREST CA 92630

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

Name of Employer Pacific Life Occupation BUS CONT PRGM DIR

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: PR10614811356

Amount of Each Receipt this Period
45.00

P/R Deduction (\$45.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. CARLETON J MUENCH

Mailing Address 510 SAN NICHOLAS CT

City State Zip Code
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation AVP INVESTMENT OVERSIGHT

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: PR10614831356

Amount of Each Receipt this Period
45.00

P/R Deduction (\$45.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. PATRICK J O'BRIEN

Mailing Address 1112 LAS POSAS

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation AVP SPECIALIZED MRKTS

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: PR10614841356

Amount of Each Receipt this Period
35.00

P/R Deduction (\$35.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) MR. ALEX M RUIZ		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address PO BOX 7312		Transaction ID: PR10614861356	
City NEWPORT BEACH	State CA	Zip Code 92658	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation ACTUARIAL CONSULTANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		
		P/R Deduction (\$35.00 Monthly)	

B. Full Name (Last, First, Middle Initial) MR. TIM N SHAHEEN		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 28 STONE PNE		Transaction ID: PR10614871356	
City ALISO VIEJO	State CA	Zip Code 92656	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation AVP MARKETING OPS		
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)	

C. Full Name (Last, First, Middle Initial) MR. MATTHEW WELLS		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 120 BONITA DR		Transaction ID: PR10614921356	
City HOMEWOOD	State AL	Zip Code 35209	Amount of Each Receipt this Period 100.00
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 ▼ 700.00		
		P/R Deduction (\$100.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	185.00
TOTAL This Period (last page this line number only) ▶	16411.65

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

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

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

A. Collins for Senator Full Name (Last, First, Middle Initial) Mailing Address PO Box 1096 City Bangor State ME Zip Code 04402 Purpose of Disbursement Contribution Candidate Name Susan Collins Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 4539568 Date of Disbursement 10 / 30 / 2007 Amount of Each Disbursement this Period 1000.00 Contribution
B. Friends of Kent Conrad Full Name (Last, First, Middle Initial) Mailing Address PO Box 812 City Bismarck State ND Zip Code 58502 Purpose of Disbursement Contribution Candidate Name Kent Conrad Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 4539569 Date of Disbursement 10 / 30 / 2007 Amount of Each Disbursement this Period 1000.00 Contribution
C. People for English Full Name (Last, First, Middle Initial) Mailing Address PO Box 1940 City Erie State PA Zip Code 16507 Purpose of Disbursement Contribution Candidate Name Phil English Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 3 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 4539570 Date of Disbursement 10 / 30 / 2007 Amount of Each Disbursement this Period 1000.00 Contribution

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 88 / 89

<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

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) A. First State PAC		Transaction ID: 4539567 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 426 C Street, NE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Contribution Candidate Name Category/Type: 011	
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) ▼	Contribution

Full Name (Last, First, Middle Initial) B. Wally Herger for Congress		Transaction ID: 4539571 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address P.O. Box 16021		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22302	Purpose of Disbursement Contribution Candidate Name Wally Herger Category/Type: 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

Full Name (Last, First, Middle Initial) C. Kendrick Meek For Congress		Transaction ID: 4170392 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 499 S. Capitol Street, SW Suite 412		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution Candidate Name Rep. Kendrick Meek Category/Type: 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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) A. Friends of John Tanner		Transaction ID: 4170393 Date of Disbursement
Mailing Address 236 Massachusetts Ave., NE Suite 508		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name John Tanner		<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 8	

Full Name (Last, First, Middle Initial) B. Wyden For Senate		Transaction ID: 4539572 Date of Disbursement
Mailing Address 232 Ne 9th Avenue		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
City Portland	State OR	Zip Code 97232
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="1500.00"/>
Candidate Name Sen. Ron Wyden		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR	District:	

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)