

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 (12S)
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 09 01 2010 through 09 30 2010

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

Type or Print Name of Treasurer Robert Haskell

Signature of Treasurer Electronically Filed by Robert Haskell Date 10 11 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		62827.65
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	85781.63									
(c) Total Receipts (from Line 19)	18331.31	172785.29								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	104112.94	235612.94								
7. Total Disbursements (from Line 31)	41500.00	173000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	62612.94	62612.94								
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

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	17199.98	123423.82
(ii) Unitemized	1131.33	49361.47
(iii) TOTAL (add Lines 11(a)(i) and (ii)	18331.31	172785.29
(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)	18331.31	172785.29
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))	18331.31	172785.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18331.31	172785.29

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	41500.00	173000.00
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))..	41500.00	173000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41500.00	173000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	18331.31	172785.29
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18331.31	172785.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 95
	<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. DAVID R CARMICHAEL		Date of Receipt
	Mailing Address 1525 SERENADE TER		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	CORONA DEL MAR	CA	92625-1753
	FEC ID number of contributing federal political committee. C		Transaction ID: 9425937
Name of Employer Pacific Life		Occupation Law Exec (Rt.)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="250.00"/>
			Check

B.	Full Name (Last, First, Middle Initial) MR. GARY A HUGHES		Date of Receipt
	Mailing Address 139 TAROCCO		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	IRVINE	CA	92618-0311
	FEC ID number of contributing federal political committee. C		Transaction ID: 9425961
Name of Employer Pacific Life		Occupation Asst. Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="300.00"/>
			Check

C.	Full Name (Last, First, Middle Initial) MS. JUNE G ARCE		Date of Receipt
	Mailing Address 20050 EMERALD MEADOW DR		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	WALNUT	CA	91789
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10362104194
Name of Employer Pacific Life		Occupation DIR MKTG COMPL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	<input type="text" value="50.00"/>
			P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 / 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS. JULIE E TRASK

Mailing Address 181 S CRAIG DR

City State Zip Code
ORANGE CA 92869

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

Name of Employer Pacific Life Occupation DIR CUSTOMER SERVICE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: PR10362124194

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. ALAN H BROWN

Mailing Address 505 13TH ST

City State Zip Code
HUNTINGTON BEACH CA 92648

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

Name of Employer Pacific Life Occupation AVP ITS STRATEGIC SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: PR10362254194

Amount of Each Receipt this Period 70.00

P/R Deduction (\$70.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. KATHLEEN N WILSON

Mailing Address 2525 JUANITA WAY

City State Zip Code
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation SR BUS ANA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: PR10362274194

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. DEWEY P BUSHAW

Mailing Address 29132 ALFIERI ST

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation EXEC VP RSD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1503.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR10362304194

Amount of Each Receipt this Period 167.00

P/R Deduction (\$167.00 Monthly)

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

Mailing Address 17520 PAGE CT

City State Zip Code
YORBA LINDA CA 92886

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 870.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR10362324194

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 26661 CAMPESINO

City State Zip Code
MISSION VIEJO CA 92691

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR10362384194

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 367.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 95
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MS. SHARON A CHEEVER

Mailing Address 33512 VALLE RD

City State Zip Code
SN JUAN CAPISTRANO CA 92675

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

Name of Employer Pacific Life Occupation SR VP & GEN COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10362404194

Amount of Each Receipt this Period
0.00

P/R Deduction (\$0.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. LAURIE A CHURCH

Mailing Address 21851 NEWLAND ST SPC 246

City State Zip Code
HUNTINGTON BEACH CA 92646

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

Name of Employer Pacific Life Occupation STRCT STTLMNTS CONS (G)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10362424194

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

C.

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

Mailing Address 858 S BLUEBIRD CIR

City State Zip Code
ANAHEIM CA 92807

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

Name of Employer Pacific Life Occupation AVP ASST TREASURER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10362464194

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **65.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MS. GAIL C MOSCOSO	Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2010
	Mailing Address 31558 WEST NINE DR	Transaction ID: PR10362484194
	City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$60.00 Monthly)
	Name of Employer Pacific Life Occupation VP CLIENT SERVICES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00	

B.	Full Name (Last, First, Middle Initial) MR. DENNIS M CORBETT	Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2010
	Mailing Address 15136 TOURAIN WAY	Transaction ID: PR10362514194
	City State Zip Code IRVINE CA 92604	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Monthly)
	Name of Employer Pacific Life Occupation VP TAX COMPLIANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00	

C.	Full Name (Last, First, Middle Initial) MR. DANIEL C CRAIN	Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2010
	Mailing Address 36 WINTERGREEN	Transaction ID: PR10362544194
	City State Zip Code IRVINE CA 92604	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$0.00 Monthly)
	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 ▼ 230.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 95
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
MR. PAUL J CROXTON

Mailing Address 30132 HILLSIDE TER

City State Zip Code
SN JUAN CAPISTRANO CA 92675

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

Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10362554194

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

B.

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

Mailing Address 2712 LIGHTHOUSE LN

City State Zip Code
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation AVP RE ASSET MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10362564194

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

C.

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

Mailing Address 12162 WICKLOW LN

City State Zip Code
NAPLES FL 34120

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

Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10362574194

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MS. STEPHANIE J CURRY		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address PO BOX 15358		Transaction ID: PR10362594194		
	City IRVINE	State CA	Zip Code 92623	Amount of Each Receipt this Period 90.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$90.00 Monthly)		
	Name of Employer 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 ▼ 810.00			

B.	Full Name (Last, First, Middle Initial) MS. DIANE W DALES		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 28 CLERMONT		Transaction ID: PR10362604194		
	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		P/R Deduction (\$50.00 Monthly)		
	Name of Employer Pacific Life	Occupation AVP CREDIT ANALYSIS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

C.	Full Name (Last, First, Middle Initial) MS. LINDA D LARSON		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 8315 ROAD R NW		Transaction ID: PR10362624194		
	City QUINCY	State WA	Zip Code 98848	Amount of Each Receipt this Period 120.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$120.00 Monthly)		
	Name of Employer Pacific Life	Occupation AVP IND COMPLIANCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1020.00			

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. 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 ▼ 1125.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2010

Transaction ID: PR10362714194

Amount of Each Receipt this Period 125.00

P/R Deduction (\$125.00 Monthly)

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

Mailing Address 22 ARCADE

City State Zip Code
IRVINE CA 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 ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2010

Transaction ID: PR10362774194

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 718 K THANGA DR

City State Zip Code
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation AVP RE INVESTMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2010

Transaction ID: PR10362784194

Amount of Each Receipt this Period 35.00

P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 185.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 31411 MONTEREY ST

City State Zip Code
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation SR VP OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1710.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10362864194
Amount of Each Receipt this Period: 200.00
P/R Deduction (\$200.00 Monthly)

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

Mailing Address 7 SOVENTE

City State Zip Code
IRVINE CA 92606

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

Name of Employer Pacific Life Occupation AVP NEW BUSINESS SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10362904194
Amount of Each Receipt this Period: 70.00
P/R Deduction (\$70.00 Monthly)

C. 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 RLTN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10362924194
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **320.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS. 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 ▼ 225.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR10362934194

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 23672 BRASILIA ST

City State Zip Code
MISSION VIEJO CA 92691

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation APPLIC DEV MGR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR10362944194

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 12889 RALSTON CIR

City State Zip Code
SAN DIEGO CA 92130

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation SR CONSTR LOAN ACCT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR10362954194

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) 100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) MR. ADRIAN S GRIGGS</p> <p>Mailing Address 8766 CANARY AVE</p> <p>City State Zip Code FOUNTAIN VALLEY CA 92708</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Pacific Life Occupation SR VP FINANCE & RISK</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 900.00</p>	<p>Date of Receipt 09 / 30 / 2010</p> <p>Transaction ID: PR10362964194</p> <p>Amount of Each Receipt this Period 100.00</p> <p>P/R Deduction (\$100.00 Monthly)</p>
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<p>B. Full Name (Last, First, Middle Initial) MS. IRENE L JACOBSEN</p> <p>Mailing Address 6052 SAN YSIDRO CIR</p> <p>City State Zip Code BUENA PARK CA 90620</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Pacific Life Occupation NATL ACCOUNTS SUPR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 270.00</p>	<p>Date of Receipt 09 / 30 / 2010</p> <p>Transaction ID: PR10362994194</p> <p>Amount of Each Receipt this Period 30.00</p> <p>P/R Deduction (\$30.00 Monthly)</p>
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<p>C. Full Name (Last, First, Middle Initial) MS. BRENDA K HARDWIG</p> <p>Mailing Address 13112 EARLHAM ST</p> <p>City State Zip Code SANTA ANA CA 92705</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Pacific Life Occupation COMMUNITY RELTNS COORD</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 510.00</p>	<p>Date of Receipt 09 / 30 / 2010</p> <p>Transaction ID: PR10363034194</p> <p>Amount of Each Receipt this Period 60.00</p> <p>P/R Deduction (\$60.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	190.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 17 / 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1880 N EL CAMINO REAL

City State Zip Code
SAN CLEMENTE CA 92672

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

Name of Employer Pacific Life Occupation SR VP PUBLIC AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3749.94

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10363064194
Amount of Each Receipt this Period: 416.66
P/R Deduction (\$416.66 Monthly)

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

Mailing Address 1137 SUNSET CLIFFS BLVD

City State Zip Code
SAN DIEGO CA 92107

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

Name of Employer Pacific Life Occupation AVP INVEST CNSL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10363074194
Amount of Each Receipt this Period: 74.00
P/R Deduction (\$74.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. ROBERT J HEMSTEAD

Mailing Address 310 E MCCOY LN

City State Zip Code
SANTA MARIA CA 93455

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

Name of Employer Pacific Life Occupation AVP & VALUATION ACTUARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 765.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10363104194
Amount of Each Receipt this Period: 85.00
P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **575.66**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 95

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MR. KEVIN A HENDRA		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 58 VIAGGIO LN		Transaction ID: PR10363114194		
	City FOOTHILL RANCH	State CA	Zip Code 92610	Amount of Each Receipt this Period 60.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$60.00 Monthly)		
	Name of Employer Pacific Life	Occupation AVP TAX	Aggregate Year-to-Date 510.00		

B.	Full Name (Last, First, Middle Initial) MR. HOWARD T HIRAKAWA		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 23972 GOLDENEYE DR		Transaction ID: PR10363164194		
	City LAGUNA NIGUEL	State CA	Zip Code 92677	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)		
	Name of Employer Pacific Life	Occupation VP INV ADVISOR OPS	Aggregate Year-to-Date 900.00		

C.	Full Name (Last, First, Middle Initial) MS. MARYBETH HUGHES		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 2283 WATERMAN WAY		Transaction ID: PR10363204194		
	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		P/R Deduction (\$40.00 Monthly)		
	Name of Employer Pacific Life	Occupation DIR CORPORATE RISK	Aggregate Year-to-Date 360.00		

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 95
(check only one)

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

A.

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

Mailing Address 27 TOULON AVE

City State Zip Code
FOOTHILL RANCH CA 92610

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

Name of Employer Pacific Life Occupation AVP FACILITIES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10363224194

Amount of Each Receipt this Period
45.00

P/R Deduction (\$45.00 Monthly)

B.

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

Mailing Address 8554 202ND STREET SW

City State Zip Code
EDMONDS WA 98026

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

Name of Employer Pacific Life Occupation NATL SLS MGR M CHANNEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10363244194

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

C.

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

Mailing Address 1 SAND OAKS RD.

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation AVP CORP FIN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10363254194

Amount of Each Receipt this Period
55.00

P/R Deduction (\$55.00 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. KENT R JOHNSON		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 25621 DEL NORTE		Transaction ID: PR10363264194		
	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		P/R Deduction (\$50.00 Monthly)		
	Name of Employer Pacific Life	Occupation VP ACTUARIAL & REINS	Aggregate Year-to-Date 450.00		

B.	Full Name (Last, First, Middle Initial) MR. MARK J JOHNSON		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 1812 LEADBURN RD		Transaction ID: PR10363274194		
	City TOWSON	State MD	Zip Code 21204	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 FVP FIELD WHOLESALING	Aggregate Year-to-Date 1125.00		

C.	Full Name (Last, First, Middle Initial) MR. SCOTT E JOHNSON		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 906 NEWTON LN		Transaction ID: PR10363284194		
	City PLACENTIA	State CA	Zip Code 92870	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)		
	Name of Employer Pacific Life	Occupation VP CORPORATE TECHNOLOGY	Aggregate Year-to-Date 840.00		

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 95

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MS. 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 Occupation
Pacific Life AVP CREDIT ANALYSIS

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10363294194

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

B.

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

Mailing Address 5531 STANFORD AVE

City State Zip Code
GARDEN GROVE CA 92845

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

Name of Employer Occupation
Pacific Life IT AUDIT CONS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 540.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10363324194

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

C.

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

Mailing Address 24611 BENJAMIN CIR

City State Zip Code
DANA POINT CA 92629

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

Name of Employer Occupation
Pacific Life VP & CORPORATE CONTROLLER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 720.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10363374194

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 95
(check only one)

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

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

Mailing Address 6307 CAMINO MARINERO

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation VP INSTITUTIONAL MARKETS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1275.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10363424194

Amount of Each Receipt this Period 150.00

P/R Deduction (\$150.00 Monthly)

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

Mailing Address 262 S FAIRFIELD LN

City State Zip Code
ORANGE CA 92869

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

Name of Employer Pacific Life Occupation AVP INVEST CNSL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 735.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10363454194

Amount of Each Receipt this Period 85.00

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 709 AVENIDA MIROLA

City State Zip Code
PALOS VERDES EST CA 90274

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10363474194

Amount of Each Receipt this Period 400.00

P/R Deduction (\$400.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **635.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 95

(check only one)

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

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

A.

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

Mailing Address 16432 CAMINO CANADA LN

City State Zip Code
HUNTINGTON BEACH CA 92649

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

Name of Employer Occupation
Pacific Life SR SYSTEMS ANALYST

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10363544194

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

B.

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

Mailing Address 1033 SECRETARIAT CIR

City State Zip Code
COSTA MESA CA 92626

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

Name of Employer Occupation
Pacific Life AVP VARIABLE REG COMPL

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10363564194

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

C.

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

Mailing Address 9901 OCEANCREST DR

City State Zip Code
HUNTINGTON BEACH CA 92646

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

Name of Employer Occupation
Pacific Life AVP FIELD FINANCIAL

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10363584194

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 74 SETON RD

City IRVINE State CA Zip Code 92612

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

Name of Employer Pacific Life Occupation AVP ANNUITY APPS ADMIN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR10363594194
Amount of Each Receipt this Period 150.00
P/R Deduction (\$150.00 Monthly)

B. 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**

Name of Employer Pacific Life Occupation VP GOVT RELNS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR10363604194
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

C. 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**

Name of Employer Pacific Life Occupation AVP INS CNSL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR10363614194
Amount of Each Receipt this Period 80.00
P/R Deduction (\$80.00 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 95
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
MR. ROBERT B MC KIBBIN

Mailing Address 6911 W 129TH PL

City OVERLAND PARK State KS Zip Code 66209

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

Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR10363624194

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

B.

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

Mailing Address 3615 PASEO DEL CAMPO

City PALOS VERDES EST State CA Zip Code 90274

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

Name of Employer Pacific Life Occupation AVP INS CNSL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR10363634194

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. MORGAN C MC KNIGHT

Mailing Address 1217 HIGHCREST DR

City BURLESON State TX Zip Code 76028

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

Name of Employer Pacific Life Occupation APPLIC DEV CONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR10363644194

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MR. HENRY M MC MILLAN

Mailing Address 4006 INLET ISLE DR

City State Zip Code
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation SR VP & CHIEF RISK OFCR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10363664194
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. CAROLYN J MIDDLEBROOKS

Mailing Address 2024 E OCEAN BLVD

City State Zip Code
NEWPORT BEACH CA 92661

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

Name of Employer Pacific Life Occupation VP & CHIEF LIFE UNDERWRITER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10363694194
Amount of Each Receipt this Period: 25.00
P/R Deduction (\$25.00 Monthly)

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

Mailing Address 26922 ROCKING HORSE LN

City State Zip Code
LAGUNA HILLS CA 92653

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

Name of Employer Pacific Life Occupation VP & SECRETARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2370.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10363714194
Amount of Each Receipt this Period: 270.00
P/R Deduction (\$270.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **395.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 95
(check only one)

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

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

A.

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

Mailing Address 20 BRYCE CYN

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation AVP PROD & PORT MKTG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10363754194

Amount of Each Receipt this Period 65.00

P/R Deduction (\$65.00 Monthly)

B.

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

Mailing Address 6412 N 159TH ST

City State Zip Code
OMAHA NE 68116

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

Name of Employer Pacific Life Occupation SYSTEMS ANALYSIS CONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10363764194

Amount of Each Receipt this Period 45.00

P/R Deduction (\$45.00 Monthly)

C.

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

Mailing Address 32141 COOK LN

City State Zip Code
SN JUAN CAPISTRANO CA 92675

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

Name of Employer Pacific Life Occupation CHAIRMAN, PRESIDENT & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10363794194

Amount of Each Receipt this Period 416.00

P/R Deduction (\$416.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **526.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. JOHN C MULVIHILL		Date of Receipt
	Mailing Address 27822 HOMESTEAD RD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	LAGUNA NIGUEL	CA	92677
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10363804194
Name of Employer Pacific Life		Occupation VP RE ASSET MGMT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1575.00"/>	<input type="text" value="175.00"/>
			P/R Deduction (\$175.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. RICHARD P OLSON		Date of Receipt
	Mailing Address 24902 SUNSET PL E		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	LAGUNA HILLS	CA	92653
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10363934194
Name of Employer Pacific Life		Occupation DIR SECURITY SVCS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	<input type="text" value="50.00"/>
			P/R Deduction (\$50.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MS. JOYCE J PEAD		Date of Receipt
	Mailing Address 25 SUNRISE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	IRVINE	CA	92603
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10364004194
Name of Employer Pacific Life		Occupation AVP TALENT ACQ & DEV	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	<input type="text" value="75.00"/>
			P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MS. ALYCE PETERSON		Date of Receipt
	Mailing Address 10033 WINESAP AVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	CHERRY VALLEY	CA	92223
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10364024194
Name of Employer Pacific Life		Occupation VP MARKETING SVCS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00	<input type="text" value="80.00"/>
			P/R Deduction (\$80.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. B P PILLION		Date of Receipt
	Mailing Address 915 STOKE RD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	VILLANOVA	PA	19085
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10364044194
Name of Employer Pacific Life		Occupation REGIONAL VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	<input type="text" value="40.00"/>
			P/R Deduction (\$40.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. YVES F PINKOWITZ		Date of Receipt
	Mailing Address 20541 VIA EL TAJO		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	YORBA LINDA	CA	92887
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10364054194
Name of Employer Pacific Life		Occupation VP CORP AUDIT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 372.00	<input type="text" value="42.00"/>
			P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="162.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. THEODORE A PREMIER		Date of Receipt
	Mailing Address 20 MOLINO		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	NEWPORT BEACH	CA	92660
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10364084194
Name of Employer Pacific Life		Occupation VP REAL ESTATE FINANCE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1800.00	225.00
			P/R Deduction (\$225.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. JOSEPH A PUM		Date of Receipt
	Mailing Address 33 BOLERO		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	MISSION VIEJO	CA	92692
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10364094194
Name of Employer Pacific Life		Occupation INTERNAL AUDIT DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00	50.00
			P/R Deduction (\$50.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. JAMES R RICE		Date of Receipt
	Mailing Address 11 STILLWATER		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	IRVINE	CA	92603
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10364144194
Name of Employer Pacific Life		Occupation VP M FINANCIAL DISTRIBUTION	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1080.00	125.00
			P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 95
(check only one)

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

A.

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

Mailing Address 19 GLEN ELLEN

City IRVINE State CA Zip Code 92602

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

Name of Employer Pacific Life Occupation VP & TAX COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10364204194
 Amount of Each Receipt this Period: 30.00
 P/R Deduction (\$30.00 Monthly)

B.

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

Mailing Address 28472 AVENIDA PLACIDA

City SN JUAN CAPISTRANO State CA Zip Code 92675

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2550.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10364264194
 Amount of Each Receipt this Period: 300.00
 P/R Deduction (\$300.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MS. KIMBERLY K SCHULTZ

Mailing Address 28392 CALLE PINON

City SN JUAN CAPISTRANO State CA Zip Code 92675

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10364304194
 Amount of Each Receipt this Period: 25.00
 P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **355.00**

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

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

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

FOR LINE NUMBER: PAGE 32 / 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 87 PELICAN CT

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation AVP CREDIT ANALYSIS

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10364314194
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

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

Mailing Address 18612 MORONGO ST

City State Zip Code
FOUNTAIN VALLEY CA 92708

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

Name of Employer Pacific Life Occupation SR HR GENERALIST COORDINATOR

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

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10364324194
Amount of Each Receipt this Period: 25.00
P/R Deduction (\$25.00 Monthly)

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

Mailing Address 30 CANYONWOOD

City State Zip Code
IRVINE CA 92620

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

Name of Employer Pacific Life Occupation AVP COMPENSATION

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10364334194
Amount of Each Receipt this Period: 45.00
P/R Deduction (\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 170.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 95
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MR. 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 TECH OFFICE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10364354194

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 ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10364444194

Amount of Each Receipt this Period
0.00

P/R Deduction (\$0.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. CAROL R SUDBECK

Mailing Address 11 SOMMET

City State Zip Code
NEWPORT COAST CA 92657

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

Name of Employer Pacific Life Occupation SR VP HR & FACILITIES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10364504194

Amount of Each Receipt this Period
200.00

P/R Deduction (\$200.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **250.00**

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

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

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

FOR LINE NUMBER: PAGE 34 / 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2130 CAMINO LAUREL

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation AVP NEW BUSINESS SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10364574194

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 355 S LORETTA DR

City State Zip Code
ORANGE CA 92869

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

Name of Employer Pacific Life Occupation VP ACCTG & RPTG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 795.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10364584194

Amount of Each Receipt this Period 90.00

P/R Deduction (\$90.00 Monthly)

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

Mailing Address 22862 ORENSE

City State Zip Code
MISSION VIEJO CA 92691

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

Name of Employer Pacific Life Occupation VP COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10364594194

Amount of Each Receipt this Period 55.00

P/R Deduction (\$55.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 170.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. KHANH T TRAN

Mailing Address 47 VERNAL SPG

City State Zip Code
IRVINE CA 92603

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

Name of Employer Occupation
Pacific Life EXEC VP CFO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3749.94

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10364604194

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. EDDIE D TUNG

Mailing Address PO BOX 10386

City State Zip Code
NEWPORT BEACH CA 92658

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

Name of Employer Occupation
Pacific Life AVP REGULATORY PROD ACCTG

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 630.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10364624194

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. CATHRYN L VAN WEY

Mailing Address 41974 CARSON CT

City State Zip Code
MURRIETA CA 92562

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10364634194

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

536.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. JOHN M WALDECK		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 67 LAURELHURST DR		Transaction ID: PR10364654194
	City LADERA RANCH	State CA	Zip Code 92694
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
	Name of Employer Pacific Life	Occupation VP RE UWG & CONST SVCS	P/R Deduction (\$150.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1275.00		

B.	Full Name (Last, First, Middle Initial) MS. NAOMI D WHEELER		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1827 MAIN ST		Transaction ID: PR10364734194
	City HUNTINGTON BEACH	State CA	Zip Code 92648
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer Pacific Life	Occupation AVP FINANCIAL ANALYSIS	P/R Deduction (\$25.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

C.	Full Name (Last, First, Middle Initial) MR. JOHN WHITE		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 32122 VIA CARLOS		Transaction ID: PR10364744194
	City SN JUAN CAPISTRANO	State CA	Zip Code 92675
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
	Name of Employer Pacific Life	Occupation VP SALES	P/R Deduction (\$120.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00		

SUBTOTAL of Receipts This Page (optional)	▶	295.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 37 / 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 32 COLORIDO

City State Zip Code
RCHO STA MARGARITA CA 92688

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

Name of Employer Pacific Life Occupation AVP OPERATIONS SUPPORT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: PR10364804194

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 8 CASTLEBAR

City State Zip Code
IRVINE CA 92618

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

Name of Employer Pacific Life Occupation VP VAR REGULATORY COMPL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: PR10364824194

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 525 LOMBARDY RD

City State Zip Code
DREXEL HILL PA 19026

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

Name of Employer Pacific Life Occupation SUPR OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: PR10364834194

Amount of Each Receipt this Period 60.00

P/R Deduction (\$60.00 Monthly)

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 95
(check only one)

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

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

A.

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

Mailing Address 2 PRECIPICE

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation EVP LIFE INSURANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10365144194

Amount of Each Receipt this Period 350.00

P/R Deduction (\$350.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. PAUL V LIGEROS

Mailing Address 44 RABANO

City State Zip Code
RCHO STA MARGARITA CA 92688

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

Name of Employer Pacific Life Occupation PROD & COMPETITION CONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10365204194

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

C.

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

Mailing Address 6 SANDERLING LN

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation AVP ADVANCED MKTG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 645.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10365214194

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. REX A OLSON

Mailing Address 1963 PORT LAURENT PL

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation VP&SR MANAGING DIR (LEV FIN)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10365224194
Amount of Each Receipt this Period: 25.00
P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. SAMUEL TANG

Mailing Address 9 KEMPTON LN

City State Zip Code
LADERA RANCH CA 92694

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

Name of Employer Pacific Life Occupation PRINCIPAL PAC TRIGUARD COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10365234194
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

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

Mailing Address PO BOX 3051

City State Zip Code
DANA POINT CA 92629

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

Name of Employer Pacific Life Occupation ACCOUNTING DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10365344194
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 115.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS. 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 ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2010

Transaction ID: PR10365404194

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 DIR COMPLIANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2010

Transaction ID: PR10365454194

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 376 MYRTLE 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 TECH & OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2010

Transaction ID: PR10365474194

Amount of Each Receipt this Period 160.00

P/R Deduction (\$160.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 210.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 95

(check only one)

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

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

A.

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

Mailing Address 27835 HOMESTEAD RD

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation
Pacific Life EXECUTIVE VP

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1036544194

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. LOREN M DOLLET

Mailing Address 8 JUPITER HLS

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Occupation
Pacific Life EXEC VP GEN COUNSEL

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10365554194

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

C.

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

Mailing Address 1811 RIVERFORD RD

City State Zip Code
TUSTIN CA 92780

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

Name of Employer Occupation
Pacific Life PROGRAMS & PROJECTS CONS

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10365584194

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 95

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

MR. TENNYSON S OYLER

Mailing Address PO BOX 16145

City State Zip Code
IRVINE CA 92623

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

Name of Employer Occupation
Pacific Life AVP PUBLIC AFFAIRS

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10365614194

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. VALERIE MORRIS

Mailing Address 48 W YALE LOOP

City State Zip Code
IRVINE CA 92604

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

Name of Employer Occupation
Pacific Life VP HR PRGMS & SVCS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 810.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10365684194

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. PATRICIA S DOUGLASS

Mailing Address 640 SAINT JAMES RD

City State Zip Code
NEWPORT BEACH CA 92663

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

Name of Employer Occupation
Pacific Life VP GOVT RELNS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2175.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10365734194

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

415.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM D BURKE

Mailing Address 2216 NELDA WAY

City State Zip Code
ALAMO CA 94507

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

Name of Employer Occupation
Pacific Life REGIONAL VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10365784194

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. SILAS K DUNN

Mailing Address 14 ELDERWOOD

City State Zip Code
IRVINE CA 92614

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

Name of Employer Occupation
Pacific Life AVP PSD COMPLIANCE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10365844194

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. RODERICK P HANSEN

Mailing Address 21612 MARIGOT DR

City State Zip Code
BOCA RATON FL 33428

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

Name of Employer Occupation
Pacific Life REGIONAL VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10365854194

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

240.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS. CHRISTINA Q HE
Mailing Address 16625 SONORA STREET
City TUSTIN State CA Zip Code 92782
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 ▼ 360.00
Date of Receipt 09 / 30 / 2010
Transaction ID: PR10365874194
Amount of Each Receipt this Period 40.00
P/R Deduction (\$40.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. ERIC B MILLS
Mailing Address 25202 LA ESTRADA DR
City LAGUNA NIGUEL State CA Zip Code 92677
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP ADVANCED DESIGN UNIT
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00
Date of Receipt 09 / 30 / 2010
Transaction ID: PR10365954194
Amount of Each Receipt this Period 25.00
P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. JOHN F O'DONNELL
Mailing Address 30 BRIAN RD
City BRIDGEWATER State MA Zip Code 02324
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation NATL SLS MGR KEY ACCT MKTG
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00
Date of Receipt 09 / 30 / 2010
Transaction ID: PR10365964194
Amount of Each Receipt this Period 100.00
P/R Deduction (\$100.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 95
	<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. EVAN P OHS		Date of Receipt
	Mailing Address 8124 WESTLAWN AVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	LOS ANGELES	CA	90045
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10365974194
Name of Employer Pacific Life		Occupation FIELD VICE PRES	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	<input type="text" value="25.00"/>
			P/R Deduction (\$25.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MS. JULIET A PINKERTON		Date of Receipt
	Mailing Address 30 HISTORY ROW		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	THE WOODLANDS	TX	77380
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10365994194
Name of Employer Pacific Life		Occupation REGIONAL VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2250.00"/>	<input type="text" value="250.00"/>
			P/R Deduction (\$250.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. PHILLIP L SALEMNO		Date of Receipt
	Mailing Address 47 BETSY LN		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	AMBLER	PA	19002
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10366034194
Name of Employer Pacific Life		Occupation SALES MANAGER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	<input type="text" value="25.00"/>
			P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. RICHARD A TAUBE		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 24081 NUTHATCH LN		Transaction ID: PR10366044194
	City LAGUNA NIGUEL	State CA	Zip Code 92677
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
	Name of Employer Pacific Life	Occupation VP PRODUCT MGMT	P/R Deduction (\$75.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00		

B.	Full Name (Last, First, Middle Initial) MR. TRAVIS R MC KAY		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 15222 LINCOLNWAY CIR		Transaction ID: PR10366064194
	City PLAINFIELD	State IL	Zip Code 60544
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Pacific Life	Occupation SR WHOLESALER	P/R Deduction (\$100.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

C.	Full Name (Last, First, Middle Initial) MS. KATHARINE B YOUNG		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 18647 SANTA ISADORA ST		Transaction ID: PR10366104194
	City FOUNTAIN VALLEY	State CA	Zip Code 92708
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
	Name of Employer Pacific Life	Occupation VP VALUATION & RISK MGMT	P/R Deduction (\$90.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00		

SUBTOTAL of Receipts This Page (optional)	▶	265.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 95
(check only one)

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

A.

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

Mailing Address 11975 LAMBERT

City State Zip Code
TUSTIN CA 92782

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 ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10366144194

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER VAN MIERLO

Mailing Address 400 EL VUELO

City State Zip Code
SAN CLEMENTE CA 92672

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

Name of Employer Pacific Life Occupation SVP RSD SALES CHF MKTG OFCR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10366154194

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. DOUGLAS J URATA

Mailing Address 28202 MILLWOOD RD

City State Zip Code
TRABUCO CANYON CA 92679

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

Name of Employer Pacific Life Occupation SR MKTG ANA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10366164194

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 95

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR. MICHAEL S ROBB

Mailing Address 34 CLIFFHOUSE BLF

City State Zip Code
NEWPORT COAST CA 92657

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

Name of Employer Occupation
Pacific Life EXEC VP RE INVEST

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10366194194

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. JANE K WONG-HSU

Mailing Address 1121 EBBTIDE RD

City State Zip Code
CORONA DEL MAR CA 92625

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

Name of Employer Occupation
Pacific Life VP MKT & CREDIT RISK

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10366214194

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

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**

Name of Employer Occupation
Pacific Life FVP FIELD WHOLESALING

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10366224194

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 95
(check only one)

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

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

A.

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

Mailing Address 7124 HAWKSBEARD DR

City WESTERVILLE State OH Zip Code 43082

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR10366274194

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

B.

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

Mailing Address 26666 WHITE OAKS DR

City LAGUNA HILLS State CA Zip Code 92653

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

Name of Employer Pacific Life Occupation AVP CAPITAL MKTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR10366284194

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

C.

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

Mailing Address 17812 BIGELOW PARK

City TUSTIN State CA Zip Code 92780

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

Name of Employer Pacific Life Occupation AVP OPERATIONS COMPL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR10366294194

Amount of Each Receipt this Period 25.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 95

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR. STEPHEN 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 Occupation
Pacific Life AVP E-COMMERCE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10366304194

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

B.

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

Mailing Address 304 WEYMOUTH PL

City State Zip Code
LAGUNA BEACH CA 92651

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

Name of Employer Occupation
Pacific Life EVP CORP DEVELPMT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3749.94

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10366314194

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

C.

Full Name (Last, First, Middle Initial)
MS. LORI K CARRASCO

Mailing Address 2742 PORTOLA DR

City State Zip Code
COSTA MESA CA 92626

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

Name of Employer Occupation
Pacific Life CORP SECRETARIAL CONS

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10366324194

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

481.66

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

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

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

FOR LINE NUMBER: PAGE 51 / 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. 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 AVP BUS & TECH INTEG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR10366354194

Amount of Each Receipt this Period 200.00

P/R Deduction (\$200.00 Monthly)

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

Mailing Address 1970 PARK NEWPORT

City NEWPORT BEACH State CA Zip Code 92660

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

Name of Employer Pacific Life Occupation SVP TAX

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2340.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR10366364194

Amount of Each Receipt this Period 300.00

P/R Deduction (\$300.00 Monthly)

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

Mailing Address 6182 S 177TH ST

City OMAHA State NE Zip Code 68135

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

Name of Employer Pacific Life Occupation AVP OPS BUS SOLUTNS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR10366394194

Amount of Each Receipt this Period 45.00

P/R Deduction (\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **545.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. JAMES KARAFI	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 182 STANHOPE RD	Transaction ID: PR10366404194
	City State Zip Code SPARTA NJ 07871	Amount of Each Receipt this Period 125.00
	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 ▼ 1050.00	P/R Deduction (\$125.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. MARK A KARPE	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 16 AUTUMNLEAF	Transaction ID: PR10366414194
	City State Zip Code IRVINE CA 92614	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation DIR COMPLIANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. GREGORY L KEELING	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 406 1/2 HELIOTROPE AVE	Transaction ID: PR10366424194
	City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation VP FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00	P/R Deduction (\$40.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. JOSEPH W KRUM		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 43 LEMANS		Transaction ID: PR10366444194
	City NEWPORT COAST	State CA	Zip Code 92657
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer Pacific Life	Occupation VP CORPORATE FINANCE	P/R Deduction (\$25.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

B.	Full Name (Last, First, Middle Initial) MS. DARCY L LEWIS		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1850 INDUSTRIAL ST		Transaction ID: PR10366454194
	City LOS ANGELES	State CA	Zip Code 90021
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer Pacific Life	Occupation AVP CREDIT ANALYSIS	P/R Deduction (\$25.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

C.	Full Name (Last, First, Middle Initial) MR. STEPHAN P MITCHELL		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 18111 THEODORA DR		Transaction ID: PR10366464194
	City TUSTIN	State CA	Zip Code 92780
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Pacific Life	Occupation PROD & COMPETITION CONS	P/R Deduction (\$40.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

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

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

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

FOR LINE NUMBER: PAGE 54 / 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. 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 Pacific Life Occupation MGR BROKER DEALER SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 1 0

Transaction ID: PR10366494194

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 Pacific Life Occupation ASST DIVISIONAL VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 1 0

Transaction ID: PR10366504194

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. PATRICIA A SANDBERG

Mailing Address 400 FLINT AVE

City State Zip Code
LONG BEACH CA 90814

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

Name of Employer Pacific Life Occupation AVP INVEST CNSL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 1 0

Transaction ID: PR10366524194

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **85.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MS. ELIZABETH H SKINNER		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 57 CORAL LK		Transaction ID: PR10366554194
	City IRVINE	State CA	Zip Code 92614
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer Pacific Life	Occupation AVP TECHNOLOGY	P/R Deduction (\$25.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

B.	Full Name (Last, First, Middle Initial) MS. CHERYL L TOBIN		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 24426 PEACOCK ST		Transaction ID: PR10366574194
	City LAKE FOREST	State CA	Zip Code 92630
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer Pacific Life	Occupation AVP COUNSEL	P/R Deduction (\$25.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

C.	Full Name (Last, First, Middle Initial) MS. CATHLEEN H PULFORD		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 33742 PEQUITO DR		Transaction ID: PR10366614194
	City DANA POINT	State CA	Zip Code 92629
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer Pacific Life	Occupation REG RPTG & ANA CONS	P/R Deduction (\$25.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 6052 MEADOW VIEW CT

City JOHNSTON State IA Zip Code 50131

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

Name of Employer Pacific Life Occupation AVP NEW BUSINESS SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR10366624194
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. KEVIN W BERWALD

Mailing Address 17601 PARKE LN

City GROSSE ILE State MI Zip Code 48138

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

Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR10366634194
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. GEORGE A PAULIK

Mailing Address 2990 WINDSTONE CIR

City MARIETTA State GA Zip Code 30062

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

Name of Employer Pacific Life Occupation SR FVP-NCM FI

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR10366654194
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 95
(check only one)

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

A.

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

Mailing Address 22081 OAK GRV

City MISSION VIEJO State CA Zip Code 92692

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

Name of Employer Pacific Life Occupation AVP BUSINESS DEV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR10366674194
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B.

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

Mailing Address 3019 SAN ANSELIN AVE

City LONG BEACH State CA Zip Code 90808

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

Name of Employer Pacific Life Occupation SYSTEMS ANALYSIS SUPR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR10366684194
 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 DANA POINT State CA Zip Code 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 ▼ 360.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR10366694194
 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 95
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
MR. 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 IT DELIVERY MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10366704194
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 385 25TH AVE

City State Zip Code
MILTON WA 98354

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10366724194
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 324 TURTLE CREST DR

City State Zip Code
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation DIR RISK MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10366734194
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MS. CHARLENE A GRANT	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3311 SEAVIEW AVE	Transaction ID: PR10366754194
	City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$35.00 Monthly)
	Name of Employer Pacific Life Occupation AVP COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 315.00	

B.	Full Name (Last, First, Middle Initial) MR. DAVID C HONERKAMP	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2712 LIGHTHOUSE LN	Transaction ID: PR10366764194
	City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)
	Name of Employer Pacific Life Occupation AVP RE ACQUISITIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 450.00	

C.	Full Name (Last, First, Middle Initial) MR. JEFF A JOLLEY	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 54 ASHBROOK	Transaction ID: PR10366774194
	City State Zip Code IRVINE CA 92604	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 VP AMF CHIEF ACTUARY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 225.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 95
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
MS. KRISTINA L KENNEDY

Mailing Address 6 CAMARIN ST

City State Zip Code
FOOTHILL RANCH CA 92610

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

Name of Employer Pacific Life Occupation VP ACTUARIAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10366784194

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

B.

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

Mailing Address 795 TREPANNY LN

City State Zip Code
WAYNE PA 19087

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

Name of Employer Pacific Life Occupation FVP M MKTG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10366794194

Amount of Each Receipt this Period 60.00

P/R Deduction (\$60.00 Monthly)

C.

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

Mailing Address 21611 BLUEJAY ST

City State Zip Code
TRABUCO CANYON CA 92679

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

Name of Employer Pacific Life Occupation VP CHIEF COMPLIANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10366824194

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 95
(check only one)

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

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

Mailing Address 7424 CITY LIGHTS DR

City ALISO VIEJO State CA Zip Code 92656

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

Name of Employer Pacific Life Occupation SR VP IT & STRATEGIC PLNG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 885.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10366864194
 Amount of Each Receipt this Period: 105.00
 P/R Deduction (\$105.00 Monthly)

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

Mailing Address 2111 OWENS DRIVE

City FULLERTON State CA Zip Code 92833

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

Name of Employer Pacific Life Occupation ACTUARIAL CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10366874194
 Amount of Each Receipt this Period: 24.00
 P/R Deduction (\$24.00 Monthly)

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

Mailing Address 1 BAILEY DRIVE

City GLENWOOD State NJ Zip Code 07418

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

Name of Employer Pacific Life Occupation FIELD VICE PRES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10366884194
 Amount of Each Receipt this Period: 55.00
 P/R Deduction (\$55.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 184.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 95
(check only one)

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

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

A.

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

Mailing Address 4931 CAREFREE TRAIL

City State Zip Code
PARKER CO 80134

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

Name of Employer Pacific Life Occupation SR FVP-NCM IP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10366914194

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. BRANDON J CAGE

Mailing Address 27 SKYWOOD ST

City State Zip Code
LADERA RANCH CA 92694

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

Name of Employer Pacific Life Occupation AVP INS CNSL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10366954194

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. LARRY D GARDNER

Mailing Address 214 S 202ND ST

City State Zip Code
ELKHORN NE 68022

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

Name of Employer Pacific Life Occupation COMPLIANCE MANAGER, NE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10366994194

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 95
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
MS. ADRIANNE M GEORGANTAS

Mailing Address 28373 BOULDER DR

City State Zip Code
TRABUCO CANYON CA 92679

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

Name of Employer Pacific Life Occupation SR FLD SVCS PROJ ANA

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10367004194
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. DAVID L GOLDSTEIN

Mailing Address 12324 CANTURA ST

City State Zip Code
STUDIO CITY CA 91604

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

Name of Employer Pacific Life Occupation FVP COLI UNIT

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

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10367014194
Amount of Each Receipt this Period: 30.00
P/R Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. CHIN H KIM

Mailing Address 24 TAOS

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 ADVD MKTG

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR10367024194
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$40.00 Monthly)

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 95
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
MR. WAYNE K LEE

Mailing Address 10158 NADINE ST

City State Zip Code
TEMPLE CITY CA 91780

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

Name of Employer Pacific Life Occupation DATABASE MGMT CONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10367044194

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. RONALD C SEXTON

Mailing Address 2800 KELLER DR APT 50

City State Zip Code
TUSTIN CA 92782

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

Name of Employer Pacific Life Occupation SR DATABASE ADMINR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10367094194

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. KEITH C WERSCHKE

Mailing Address 25252 NORTHRUP DR

City State Zip Code
LAGUNA HILLS CA 92653

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

Name of Employer Pacific Life Occupation AVP AGG & INS RISK MGT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10367124194

Amount of Each Receipt this Period 50.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 95
	<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. JIM Y CHU	Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2010
	Mailing Address 22931 GALAXY LN	Transaction ID: PR10367144194
	City State Zip Code LAKE FOREST CA 92630	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation AVP PRICING & DESIGN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 840.00	P/R Deduction (\$100.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. ROBERT J HUNT	Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2010
	Mailing Address 20130 NE 28TH PL	Transaction ID: PR10367164194
	City State Zip Code SAMMAMISH WA 98074	Amount of Each Receipt this Period 40.00
	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) <input type="checkbox"/> Aggregate Year-to-Date 360.00	P/R Deduction (\$40.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. STEVEN H GOLDBERG	Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2010
	Mailing Address 11 TWIN FLOWER ST	Transaction ID: PR10367184194
	City State Zip Code LADERA RANCH CA 92694	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation DIR ANNUITIES PRODUCT DEVELOPMENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 600.00	P/R Deduction (\$75.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 95

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
MR. JASON T TODD

Mailing Address 59 LAURELHURST DR

City State Zip Code
LADERA RANCH CA 92694

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

Name of Employer Occupation
Pacific Life AVP CREDIT ANALYSIS

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10371994194

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. ROBERT J AVELLINO

Mailing Address 3 PHEASANT DR.

City State Zip Code
MT. LAUREL NJ 08054

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

Name of Employer Occupation
Pacific Life SR WHOLESALER

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10614784194

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

C.

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

Mailing Address PO BOX 1153

City State Zip Code
NEWPORT BEACH CA 92659

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

Name of Employer Occupation
Pacific Life SVP GLOBAL MKTG

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 292.50

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10614824194

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 95
(check only one)

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

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

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

Mailing Address 111 NORTHERN PINE LOOP

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation AVP INVESTMENT OVERSIGHT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10614834194

Amount of Each Receipt this Period
45.00

P/R Deduction (\$45.00 Monthly)

B. 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 ▼ 315.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10614844194

Amount of Each Receipt this Period
35.00

P/R Deduction (\$35.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. TIM N SHAHEEN

Mailing Address 27621 HOMESTEAD RD

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation AVP SLS & MKTG OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR10614874194

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 95
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR. MATTHEW WELLS

Mailing Address 120 BONITA DR

City State Zip Code
HOMEWOOD AL 35209

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: PR10614924194

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. MICHAEL J DONNELLY

Mailing Address 9 SONOMA DR

City State Zip Code
BEDFORD NH 03110

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 ▼ 225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: PR10667994194

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. JAMES P LEASURE

Mailing Address 2427 PORT WHITBY PL

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation AVP&SR MANAGING DIR (LEV FIN)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: PR10668014194

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **155.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 95

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR. JAMES F SHERIDAN

Mailing Address 9584 ROBIN AVE

City State Zip Code
FOUNTAIN VALLEY CA 92708

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

Name of Employer Occupation
Pacific Life MGR AIRCRAFT SVCS

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR11084694194

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. DAVID J VAN DE WATER

Mailing Address 6433 PALOMINO WAY

City State Zip Code
WEST LINN OR 97068

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

Name of Employer Occupation
Pacific Life MARKETING CONSULTANT

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR11106894194

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MS. ANN E FARLEY

Mailing Address 4014 ALADDIN DR

City State Zip Code
HUNTINGTON BEACH CA 92649

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

Name of Employer Occupation
Pacific Life AVP PRODUCT DEV

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 405.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR11323354194

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MR. ROGER D BOND		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 225 SAN TROPEZ CT.		Transaction ID: PR15598894194
	City LAGUNA BEACH	State CA	Zip Code 92651
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Pacific Life	Occupation SR INTERNAL AUDIT ANA	P/R Deduction (\$40.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

B.	Full Name (Last, First, Middle Initial) MR. ANDREW OLEKSIW		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 22 SKY RANCH RD		Transaction ID: PR15598904194
	City LADERA RANCH	State CA	Zip Code 92694
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Pacific Life	Occupation SVP BUSINESS DEV	P/R Deduction (\$30.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

C.	Full Name (Last, First, Middle Initial) MS. RAE A MCKEATING		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 25842 DANA BLF W		Transaction ID: PR22130714194
	City CAPISTRANO BEACH	State CA	Zip Code 92624
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
	Name of Employer Pacific Life	Occupation AVP LEGAL	P/R Deduction (\$70.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00		

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 95
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER S DALLAS

Mailing Address 23 EARLYMORN

City State Zip Code
IRVINE CA 92614

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

Name of Employer Pacific Life Occupation AVP COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR22130734194

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. EDWIN J FERRELL

Mailing Address 34 CASTLEROCK

City State Zip Code
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation VP CREDIT ANALYSIS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 855.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR22130754194

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MS. JENELLE J FRANKLIN

Mailing Address 6131 COSTA DEL REY

City State Zip Code
LONG BEACH CA 90803

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 ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR22130764194

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. DONAL P HANLEY

Mailing Address 591 S MARENGO AVE UNIT 7

City PASADENA State CA Zip Code 91106

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

Name of Employer Pacific Life Occupation VP LEGAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR22130774194
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. JENNIFER L KRUMM

Mailing Address 1083 CAMPANILE

City NEWPORT BEACH State CA Zip Code 92660

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

Name of Employer Pacific Life Occupation AVP FIN & DERIVATIVE RPTG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR22130804194
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$60.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. SUSAN MELEIKA

Mailing Address 233 ROBIN HOOD PLACE

City COSTA MESA State CA Zip Code 92627

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

Name of Employer Pacific Life Occupation DIR INV ACCTG & RPTG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR22130824194
 Amount of Each Receipt this Period 45.00
 P/R Deduction (\$45.00 Monthly)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 95

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR. GUY M MOCKELMAN

Mailing Address 4227 N BRANCH DR

City State Zip Code
OMAHA NE 68116

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

Name of Employer Occupation
Pacific Life INTERNAL WHOLESALER

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR22130834194

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. PATRICK M MORRISSEY

Mailing Address 41 VIA BELLEZA

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Occupation
Pacific Life AVP PRODUCT MGMT

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR22130854194

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. TIMOTHY C MYERS

Mailing Address 23819 CLAYMORE WAY

City State Zip Code
VALENCIA CA 91354

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

Name of Employer Occupation
Pacific Life CORP TAX DIRECTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 705.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR22130864194

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. SCOTT P ROBINSON	Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2010
	Mailing Address 130 LAKE PINES DR	Transaction ID: PR22130884194
	City State Zip Code BRIGHTON MI 48114	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 ▼ 225.00	P/R Deduction (\$25.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. JAY C HAMILTON	Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2010
	Mailing Address 14 ARGOS	Transaction ID: PR22336354194
	City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation VP CONTRACTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. SHEPHEARD M JAMES	Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2010
	Mailing Address 18030 BROOKHURST ST.	Transaction ID: PR22336364194
	City State Zip Code FOUNTAIN VALLEY CA 92708	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation DIR FIN CNTRL & IT AUDIT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	80.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 95
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR. MICHAEL L ADAMS

Mailing Address 29362 ELBA DR

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation FVP M MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 30 / 2010

Transaction ID: PR23430884194

Amount of Each Receipt this Period: 25.00

P/R Deduction (\$25.00 Monthly)

B.

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

Mailing Address 2628 RYCROFT CT

City State Zip Code
CHESTERFIELD MO 63017

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 30 / 2010

Transaction ID: PR31736844194

Amount of Each Receipt this Period: 50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. DOUGLAS P JACKSON

Mailing Address 59 AUGUSTA

City State Zip Code
COTO DE CAZA CA 92679

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

Name of Employer Pacific Life Occupation FVP SALES DEVELOPMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt: 09 / 30 / 2010

Transaction ID: PR32777124194

Amount of Each Receipt this Period: 75.00

P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. PATRICK M ALLEN		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 49 VIA ABRUZZI		Transaction ID: PR33677824194		
	City ALISO VIEJO	State CA	Zip Code 92656	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 MGR EQ ACCTG & RPTG			

B.	Full Name (Last, First, Middle Initial) MR. WILLIAM D BELL		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 12123 COURSER AVE		Transaction ID: PR33677844194		
	City LA MIRADA	State CA	Zip Code 90638	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 DIR ADVANCED DESIGNS			

C.	Full Name (Last, First, Middle Initial) MS. MARIAN C BLACKSHEAR		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 5528 BELLFLOWER BLVD		Transaction ID: PR33677854194		
	City LAKEWOOD	State CA	Zip Code 90713	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 SYSTEMS ANALYST			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 95
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MS. LAURA J GLENN

Mailing Address 246 PARKCREST

City State Zip Code
NEWPORT COAST CA 92657

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

Name of Employer Pacific Life Occupation INTERNAL AUDIT CONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR33677864194

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. KATHRYN N HENSLER

Mailing Address 24372 ENCORVADO LN

City State Zip Code
MISSION VIEJO CA 92691

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

Name of Employer Pacific Life Occupation SR PARALEGAL ANA I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR33677874194

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. DANIEL E KOMOROSKE

Mailing Address 8 OSPREY AVE

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation AVP LIFE REINSURANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR33677884194

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. DEAN R LAGERBORG

Mailing Address 58 BRISA FRESCA

City State Zip Code
RCHO STA MARGARITA CA 92688

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

Name of Employer Pacific Life Occupation AVP INFO TECH SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR33677894194
Amount of Each Receipt this Period: 25.00
P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. ADRIENNE MOUCH

Mailing Address 2524 W WATROUS AVE

City State Zip Code
TAMPA FL 33629

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR33677904194
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. KAREN L MOYER

Mailing Address 4821 SUNNYBROOK AVE

City State Zip Code
BUENA PARK CA 90621

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

Name of Employer Pacific Life Occupation SR SYSTEMS ANA (LD)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR33677914194
Amount of Each Receipt this Period: 25.00
P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MR. DANIEL R MYTHEN	Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2010
	Mailing Address 21307 NE 97TH PL	Transaction ID: PR33677924194
	City State Zip Code REDMOND WA 98053	Amount of Each Receipt this Period 0.00
	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 ▼ 700.00	P/R Deduction (\$0.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MS. CYNTHIA A NEWMAN	Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2010
	Mailing Address 293 N PASEO DE JUAN	Transaction ID: PR33677934194
	City State Zip Code ANAHEIM CA 92807	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation SR FACILITIES COORD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$25.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. BRIAN D PEAD	Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2010
	Mailing Address 25 SUNRISE	Transaction ID: PR33677944194
	City State Zip Code IRVINE CA 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 APPL ARCH & INTEG. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. JEFFREY S PHILLIPS		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 14932 PENFIELD CIR		Transaction ID: PR33677954194
	City HUNTINGTON BEACH	State CA	Zip Code 92647
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer Pacific Life	Occupation PROJECT MANAGER	P/R Deduction (\$25.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

B.	Full Name (Last, First, Middle Initial) MR. CHRISTOPHER L RATCHFORD		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2807 FOUNDERS BRIDGE RD		Transaction ID: PR33677964194
	City MIDLOTHIAN	State VA	Zip Code 23113
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer Pacific Life	Occupation FVP FIELD WHOLESALING	P/R Deduction (\$25.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

C.	Full Name (Last, First, Middle Initial) MR. JON W RUELLE		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 14 FULMAR LN		Transaction ID: PR33677974194
	City ALISO VIEJO	State CA	Zip Code 92656
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer Pacific Life	Occupation SR CLIENT SVC PROJECT ANA	P/R Deduction (\$25.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. PARAG S SHAH		Date of Receipt
	Mailing Address 24972 FOOTPATH LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	LAGUNA NIGUEL	CA	92677
	FEC ID number of contributing federal political committee. C		Transaction ID: PR33677984194
Name of Employer Pacific Life		Occupation VP PRODUCT DESIGN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	<input type="text"/> 25.00
			P/R Deduction (\$25.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MS. KARI S TURIGLIATTO		Date of Receipt
	Mailing Address 253 NIETO AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	LONG BEACH	CA	90803
	FEC ID number of contributing federal political committee. C		Transaction ID: PR33677994194
Name of Employer Pacific Life		Occupation AVP INS CNSL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 315.00	<input type="text"/> 40.00
			P/R Deduction (\$40.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MS. MARTHA A WIEDMANN		Date of Receipt
	Mailing Address 11201 BARDON HILL DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	BAKERSFIELD	CA	93312
	FEC ID number of contributing federal political committee. C		Transaction ID: PR33678004194
Name of Employer Pacific Life		Occupation PSD COMPLIANCE CONS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	<input type="text"/> 25.00
			P/R Deduction (\$25.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) MS. DEIDRE B WILSON</p> <p>Mailing Address 24215 SPARKLING SPRING LN</p> <p>City State Zip Code LAKE FOREST CA 92630</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Pacific Life SUPR LITIGATION & COMPL</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 225.00</p>	<p>Date of Receipt 09 / 30 / 2010</p> <p>Transaction ID: PR33678014194</p> <p>Amount of Each Receipt this Period 25.00</p> <p>P/R Deduction (\$25.00 Monthly)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) MR. JAMES P WITKOWSKI</p> <p>Mailing Address 5620 FOXTAIL LOOP</p> <p>City State Zip Code CARLSBAD CA 92010</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Pacific Life CHANNEL MKTG DIR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 405.00</p>	<p>Date of Receipt 09 / 30 / 2010</p> <p>Transaction ID: PR33678024194</p> <p>Amount of Each Receipt this Period 45.00</p> <p>P/R Deduction (\$45.00 Monthly)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) MR. MICHAEL F MIRANNE</p> <p>Mailing Address 153 SHUTE CIR</p> <p>City State Zip Code OLD HICKORY TN 37138</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Pacific Life FVP FIELD WHOLESALING</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 225.00</p>	<p>Date of Receipt 09 / 30 / 2010</p> <p>Transaction ID: PR34419154194</p> <p>Amount of Each Receipt this Period 25.00</p> <p>P/R Deduction (\$25.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	95.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. MATTHEW F WILHOIT

Mailing Address 416 HELIOTROPE 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 VP LEGAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR34659104194

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. KEVIN RODDY

Mailing Address 23221 VIA DORADO

City State Zip Code
COTO DE CAZA CA 92679

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation VP FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR38370894194

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 26362 YOLANDA ST

City State Zip Code
LAGUNA HILLS CA 92656

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation DIR FLD COMP & CONTRACTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR43582264194

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) 105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. CARLA M MILLER

Mailing Address 890 SHORES BLVD

City State Zip Code
ROCKWALL TX 75087

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
09 / 30 / 2010

Transaction ID: PR43582274194

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. JOSEPH J NICOLOSI

Mailing Address 5865 E ANDOVER DR

City State Zip Code
HANOVER PARK IL 60133

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
09 / 30 / 2010

Transaction ID: PR43582294194

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. VINCENT E SAMA

Mailing Address 39 SAMMIS ST

City State Zip Code
HUNTINGTON NY 11743

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

Name of Employer Occupation
Pacific Life SR WHOLESALER

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR43582334194

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 85 / 95

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR. VINGENT A SPERA

Mailing Address 1616 LOOKOUT CIR

City State Zip Code
WAXHAW NC 28173

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

Name of Employer Occupation
Pacific Life FVP FIELD WHOLESALING

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR43582354194

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. JOANNE T GAGNON

Mailing Address 359 PEARL ST

City State Zip Code
READING MA 01867

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

Name of Employer Occupation
Pacific Life FVP M MARKETING

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR48232224194

Amount of Each Receipt this Period

42.00

P/R Deduction (\$42.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. GARY D PENCE

Mailing Address 27691 BLOSSOM HILL RD

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation
Pacific Life ADVD DESIGN CONS

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR48232264194

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

167.00

TOTAL This Period (last page this line number only)

17199.98

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Bachus for Congress</p> <p>Mailing Address 217 Third Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Congressman Spencer Bachus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9499334 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Brian Bilbray for Congress</p> <p>Mailing Address P.O. Box 455</p> <p>City Rancho Sante Fe State CA Zip Code 92067</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Brian Bilbray</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9499537 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) The Freedom Project</p> <p>Mailing Address 424 C Street, NE, Lower Level</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9499540 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dave Camp for Congress	Transaction ID: 9499543 Date of Disbursement 09 / 20 / 2010
	Mailing Address 139 Ashman Road	Amount of Each Disbursement this Period 1000.00
	City Midland State MI Zip Code 48640	
	Purpose of Disbursement Contribution Candidate Name David Camp 011 Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Friends of Dennis Cardoza	Transaction ID: 9499546 Date of Disbursement 09 / 20 / 2010
	Mailing Address 200 East Jefferson Street	Amount of Each Disbursement this Period 1000.00
	City Falls Church State VA Zip Code 22046	
	Purpose of Disbursement Contribution Candidate Name Dennis Cardoza 011 Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Carper for Senate	Transaction ID: 9499707 Date of Disbursement 09 / 20 / 2010
	Mailing Address 19 East Commons Blvd Second Floor	Amount of Each Disbursement this Period 1500.00
	City New Castle State DE Zip Code 19720	
	Purpose of Disbursement Contribution Candidate Name Thomas Carper 011 Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) CROWLEY FOR CONGRESS</p> <p>Mailing Address P.O. Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Contribution Candidate Name Joseph Crowley Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 07</p>	<p>Transaction ID: 9499708 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Dick Durbin</p> <p>Mailing Address 200 East Jefferson Street</p> <p>City Falls Church State VA Zip Code 22046</p> <p>Purpose of Disbursement Contribution Candidate Name Sen. Richard Durbin Category/Type 011</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District:</p>	<p>Transaction ID: 9499710 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Hoyer for Congress</p> <p>Mailing Address 4201 Northview Drive, Suite 307</p> <p>City Bowie State MD Zip Code 20716</p> <p>Purpose of Disbursement Contribution Candidate Name Steny Hoyer Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MD District: 05</p>	<p>Transaction ID: 9499712 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Tim Johnson for South Dakota</p> <p>Mailing Address 122 Maryland Ave., NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Tim Johnson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9499714 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Campaign for Our Country</p> <p>Mailing Address P.O. Box 78116</p> <p>City Washington State DC Zip Code 20013-8116</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9499715 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Kind For Congress</p> <p>Mailing Address 401 9th Street, NW Suite 725 North</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Ron Kind</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9499717 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Larson for Congress</p> <p>Mailing Address 718 7th Street, NW, Suite 300</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name John Larson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9499718</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Larson for Congress</p> <p>Mailing Address 718 7th Street, NW, Suite 300</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name John Larson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9499719</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) McConnell Senate Committee</p> <p>Mailing Address 400 North Capitol Street, NW Suite 585</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Mitch McConnell</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KY District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9499721</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p>Contribution</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3500.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Buck McKeon for Congress</p> <p>Mailing Address 23942 Lyons Avenue, #105</p> <p>City Santa Clarita State CA Zip Code 91321</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Howard McKeon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 25</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9499775</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Congressman George Miller</p> <p>Mailing Address 228 2nd Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name George Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9499777</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Pelosi for Congress</p> <p>Mailing Address 430 South Capitol Street, SE 1st Floor</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Nancy Pelosi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9499778</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Royce Campaign Committee <hr/> Mailing Address PO Box 2525 <hr/> City Orange State CA Zip Code 92859 <hr/> Purpose of Disbursement Contribution Candidate Name Edward Royce Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9499779 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 1 0	Amount of Each Disbursement this Period 2000.00
		Contribution	
B.	Full Name (Last, First, Middle Initial) Prosperity PAC <hr/> Mailing Address 1006 Pendleton Street <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Contribution Candidate Name Prosperity PAC 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) ▼	Transaction ID: 9499781 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00
		Contribution	
C.	Full Name (Last, First, Middle Initial) Shelby for U.S. Senate <hr/> Mailing Address 700 12th Street, NW, Suite 700 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Contribution Candidate Name Richard Shelby Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9499783 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00
		Contribution	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Snowe for Senate</p> <p>Mailing Address P.O. Box 2012</p> <p>City Portland State ME Zip Code 04104</p> <p>Purpose of Disbursement Contribution Candidate Name Olympia Snowe Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District:</p>	<p>Transaction ID: 9499784 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee</p> <p>Mailing Address P.O. Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Contribution Candidate Name Fortney Stark Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 13</p>	<p>Transaction ID: 9499785 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Lee Terry For Congress</p> <p>Mailing Address PO Box 540098</p> <p>City Omaha State NE Zip Code 68154</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Lee Terry Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 02</p>	<p>Transaction ID: 9499786 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Montanans For Tester</p> <p>Mailing Address PO Box 1135</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement Contribution Candidate Name Sen. Jon Tester</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9499787 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Majority Committee PAC</p> <p>Mailing Address 104 Hume Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9499793 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Mike Thompson for Congress</p> <p>Mailing Address 236 Massachusetts Avenue, NE Suite 603</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution Candidate Name Mike Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9499889 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 95 / 95

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

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gary Miller for Congress

Mailing Address 721 S Brea Canyon Road Suite 7

City State Zip Code
Diamond Bar CA 91789

Purpose of Disbursement
Contribution

Candidate Name
Gary Miller

Office Sought: House
 Senate
 President

State: CA District: 42

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 9499890

Date of Disbursement

09 / 21 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

41500.00