



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="170422.05"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="180157.02"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="30384.97"/>	<input type="text" value="61119.94"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="210541.99"/>	<input type="text" value="231541.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30000.00"/>	<input type="text" value="51000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="180541.99"/>	<input type="text" value="180541.99"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Pacific Life Insurance Company Political Action Committee**

Report Covering the Period: From: M M / D D / Y Y Y Y 02 / 01 / 2016 To: M M / D D / Y Y Y Y 02 / 29 / 2016

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).....	18585.98	27301.96
(ii) Unitemized .....	11798.99	33817.98
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	30384.97	61119.94
(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) .....	30384.97	61119.94
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 Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	30384.97	61119.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30384.97	61119.94

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30000.00	51000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30000.00	51000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30000.00	51000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

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) .....	30384.97	61119.94
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30384.97	61119.94
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 OF 41
<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. MR. DEWEY P BUSHAW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5433 RESIDENCIA  
 City NEWPORT BEACH State CA Zip Code 92660-9047  
 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 ▼ 832.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103623011590**  
 Amount of Each Receipt this Period 416.00  
 Memo Item  
 P/R Deduction (\$416.00 Monthly)

**B. MR. JOSEPH E CELENTANO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26661 CAMPESINO  
 City MISSION VIEJO State CA Zip Code 92691-6048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SR VP & CHIEF RISK OFCR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103623811590**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**C. MR. DENNIS M CORBETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15136 TOURAIN WAY  
 City IRVINE State CA Zip Code 92604-3173  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP TAX COMPLIANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103625111590**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	841.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MS. DEBRA CUNNINGHAM HONERKAMP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 839 PROMONTORY DRIVE WEST  
 City NEWPORT BEACH State CA Zip Code 92660-7361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation AVP RE DEVELOPMENT & ACQUISTNS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103625611590**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$150.00 Monthly)

**B. MS. STEPHANIE J CURRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6453 MEADOWRIDGE DR  
 City SANTA ROSA State CA Zip Code 95409-5848  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation RETIREMENT STRATEGIES CONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103625911590**  
 Amount of Each Receipt this Period 105.00  
 Memo Item  
 P/R Deduction (\$105.00 Monthly)

**C. MR. MARK R FALK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 64 SUMMERSTONE  
 City IRVINE State CA Zip Code 92614-7000  
 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 ▼ 400.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103627111590**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$200.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	455.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MS. LORENE C GORDON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1640 CARMELITA  
 City LAGUNA BEACH State CA Zip Code 92651-3330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SVP OPERATIONS & PMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103629311590**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**B. MR. ADRIAN S GRIGGS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 616 NARCISSUS AVE  
 City CORONA DEL MAR State CA Zip Code 92625-2417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation EVP & CHIEF FIN OFCR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 832.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103629611590**  
 Amount of Each Receipt this Period 416.00  
 Memo Item  
 P/R Deduction (\$416.00 Monthly)

**C. MR. HOWARD T HIRAKAWA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23972 GOLDENEYE DR  
 City LAGUNA NIGUEL State CA Zip Code 92677-1332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SVP INVESTMENT ADVISOR OPS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103631611590**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 916.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8554 202ND STREET SW

City EDMONDS	State WA	Zip Code 98026-6643
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pacific Life	Occupation VP M FINANCIAL DISTRIBUTION
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	29	/	2016

**Transaction ID : PR103632411590**

Amount of Each Receipt this Period  
300.00

Memo Item

P/R Deduction (\$300.00 Monthly)

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

Mailing Address 1812 LEADBURN RD

City TOWSON	State MD	Zip Code 21204-1831
----------------	-------------	------------------------

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

Name of Employer Pacific Life	Occupation FVP FIELD WHOLESALING
----------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	29	/	2016

**Transaction ID : PR103632711590**

Amount of Each Receipt this Period  
175.00

Memo Item

P/R Deduction (\$175.00 Monthly)

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

Mailing Address 709 AVENIDA MIROLA

City PALOS VERDES ESTATES	State CA	Zip Code 90274-4307
------------------------------	-------------	------------------------

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 ▼  
800.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	29	/	2016

**Transaction ID : PR103634711590**

Amount of Each Receipt this Period  
400.00

Memo Item

P/R Deduction (\$400.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	875.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MS. LAURENE E MAC ELWEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1033 SECRETARIAT CIR  
 City COSTA MESA State CA Zip Code 92626-1620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP FUND COMPLIANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103635611590**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

**B. MR. JAMES T MORRIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32141 COOK LN  
 City SAN JUAN CAPISTRANO State CA Zip Code 92675-3934  
 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 ▼ 832.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103637911590**  
 Amount of Each Receipt this Period 416.00  
 Memo Item  
 P/R Deduction (\$416.00 Monthly)

**C. MR. THEODORE A PREMIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 MOLINO  
 City NEWPORT BEACH State CA Zip Code 92660-9116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SVP RE INVESTMENTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103640811590**  
 Amount of Each Receipt this Period 350.00  
 Memo Item  
 P/R Deduction (\$350.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	941.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. MR. THOMAS M RONCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 GLEN ELLEN  
 City IRVINE State CA Zip Code 92602-2002  
 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 ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103642011590**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

**B. MR. RICHARD J SCHINDLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28472 AVENIDA PLACIDA  
 City SAN JUAN CAPISTRANO State CA Zip Code 92675-6319  
 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 ▼ 832.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103642611590**  
 Amount of Each Receipt this Period 416.00  
 Memo Item  
 P/R Deduction (\$416.00 Monthly)

**C. MS. KIMBERLY K SCHULTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28392 CALLE PINON  
 City SAN JUAN CAPISTRANO State CA Zip Code 92675-5802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SR WHOLESALER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103643011590**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	766.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

**A. MR. KHANH T TRAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 47 VERNAL SPG  
City IRVINE State CA Zip Code 92603-0404  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation ACG CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 833.32

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103646011590**  
Amount of Each Receipt this Period 416.66  
 Memo Item  
P/R Deduction (\$416.66 Monthly)

**B. MR. EDDIE D TUNG**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 10386  
City NEWPORT BEACH State CA Zip Code 92658-0386  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation VP REGUALTORY PRDCTS ACCT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103646211590**  
Amount of Each Receipt this Period 110.00  
 Memo Item  
P/R Deduction (\$110.00 Monthly)

**C. MR. JOHN M WALDECK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 67 LAURELHURST DR  
City LADERA RANCH State CA Zip Code 92694-0204  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation VP COMMERCIAL MORTGAGE INV  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 833.32

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103646511590**  
Amount of Each Receipt this Period 416.66  
 Memo Item  
P/R Deduction (\$416.66 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 943.32  
**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 13 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 28532 VIA PRIMAVERA

City SAN JUAN CAPISTRANO	State CA	Zip Code 92675-5513
-----------------------------	-------------	------------------------

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

Name of Employer Pacific Life	Occupation VP SALES SUPPORT
----------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

**Transaction ID : PR103647411590**

Amount of Each Receipt this Period  
200.00

Memo Item

P/R Deduction (\$200.00 Monthly)

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

Mailing Address 31422 ALTA LOMA DR

City LAGUNA BEACH	State CA	Zip Code 92651-6926
----------------------	-------------	------------------------

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

Name of Employer Pacific Life	Occupation SR VP TECHNOLOGY
----------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

**Transaction ID : PR103654711590**

Amount of Each Receipt this Period  
275.00

Memo Item

P/R Deduction (\$275.00 Monthly)

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

Mailing Address 52 PEONY

City IRVINE	State CA	Zip Code 92618-1508
----------------	-------------	------------------------

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

Name of Employer Pacific Life	Occupation VP BRAND MGMT & PUBLIC AFFAIRS
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

**Transaction ID : PR103656111590**

Amount of Each Receipt this Period  
175.00

Memo Item

P/R Deduction (\$175.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. MS. VALERIE MORRIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 48 W YALE LOOP  
 City IRVINE State CA Zip Code 92604-3619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP HUMAN RESOURCES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103656811590**  
 Amount of Each Receipt this Period 110.00  
 Memo Item  
 P/R Deduction (\$110.00 Monthly)

**B. MS. PATRICIA S DOUGLASS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 640 SAINT JAMES RD  
 City NEWPORT BEACH State CA Zip Code 92663-5855  
 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 ▼ 640.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103657311590**  
 Amount of Each Receipt this Period 320.00  
 Memo Item  
 P/R Deduction (\$320.00 Monthly)

**C. MR. JOHN F O'DONNELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24566 MOONFIRE DR  
 City DANA POINT State CA Zip Code 92629-1779  
 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 ▼ 400.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103659611590**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$200.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	630.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

**A. MR. RICHARD A TAUBE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24081 NUTHATCH LN  
 City LAGUNA NIGUEL State CA Zip Code 92677-1382  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP INSTITUTIONAL SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103660411590**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

**B. MR. TRAVIS R MC KAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 48 GOLF AVE  
 City CLARENDON HILLS State IL Zip Code 60514-1252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SR WHOLESALER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103660611590**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

**C. MS. KATHARINE B YOUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18647 SANTA ISADORA ST  
 City FOUNTAIN VALLEY State CA Zip Code 92708-6232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP VALUATION & RISK MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103661011590**  
 Amount of Each Receipt this Period 210.00  
 Memo Item  
 P/R Deduction (\$210.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 560.00  
**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 OF 41
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MR. CHRISTOPHER VAN MIERLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 EL VUELO  
 City SAN CLEMENTE State CA Zip Code 92672-7513  
 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 ▼ 832.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103661511590**  
 Amount of Each Receipt this Period 416.00  
 Memo Item  
 P/R Deduction (\$416.00 Monthly)

**B. MS. MARY ANN BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 WEYMOUTH PL  
 City LAGUNA BEACH State CA Zip Code 92651-1455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation EVP CORPORATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.32

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103663111590**  
 Amount of Each Receipt this Period 416.66  
 Memo Item  
 P/R Deduction (\$416.66 Monthly)

**C. MR. SIMON S FENG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 CANDELA  
 City IRVINE State CA Zip Code 92620-1823  
 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 ▼ 400.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103663511590**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$200.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1032.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. MR. THOMAS GIBBONS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1970 PARK NEWPORT  
 City NEWPORT BEACH State CA Zip Code 92660-5068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SVP, TREASURY TAX & ENTERPRISE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103663611590**  
 Amount of Each Receipt this Period 365.00  
 Memo Item  
 P/R Deduction (\$365.00 Monthly)

**B. MR. GREGORY L KEELING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 LA JOLLA DR #2  
 City NEWPORT BEACH State CA Zip Code 92663-4143  
 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 ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103664211590**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

**C. MR. DAVID K ROSUCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 SAINT JOHN DR  
 City HAWTHORN WOODS State IL Zip Code 60047-9176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP MKTG COMMUNICATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103665011590**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	790.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MR. GEORGE A PAULIK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 314 ROLLING ROCK RD SE  
 City MARIETTA State GA Zip Code 30067-4646  
 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 ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR10366511590**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

**B. MS. CHARLENE A GRANT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3311 SEAVIEW AVE  
 City CORONA DEL MAR State CA Zip Code 92625-3056  
 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 ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103667511590**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

**C. MS. DAWN M TRAUTMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 308 REGATTA WAY  
 City SEAL BEACH State CA Zip Code 90740-5985  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SVP PRODUCT MGT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103668611590**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 4931 CAREFREE TRAIL

City PARKER State CO Zip Code 80134-5240

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

Name of Employer Pacific Life Occupation VP RETAIL SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103669111590**

Amount of Each Receipt this Period 175.00

Memo Item

P/R Deduction (\$175.00 Monthly)

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

Mailing Address 18 AMANTES

City RANCHO SANTA MARGARITA State CA Zip Code 92688-2704

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

Name of Employer Pacific Life Occupation AVP ADVANCED MRKTG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR103670211590**

Amount of Each Receipt this Period 120.00

Memo Item

P/R Deduction (\$120.00 Monthly)

**C. MR. MADHU VIJAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 SKYGATE

City ALISO VIEJO State CA Zip Code 92656-1820

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

Name of Employer Pacific Life Occupation EVP & CHIEF FIN OFCR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR106147511590**

Amount of Each Receipt this Period 250.00

Memo Item

P/R Deduction (\$250.00 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 20 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 27621 HOMESTEAD RD

City LAGUNA NIGUEL State CA Zip Code 92677-6603

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

Name of Employer Pacific Life Occupation VP SHARED SVCS & STRAT PLNG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR106148711590**

Amount of Each Receipt this Period 175.00

Memo Item

P/R Deduction (\$175.00 Monthly)

**B. MS. RAE A MCKEATING**  
Full Name (Last, First, Middle Initial)

Mailing Address 25842 DANA BLF W

City CAPISTRANO BEACH State CA Zip Code 92624-1219

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

Name of Employer Pacific Life Occupation SVP GENERAL COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR221307111590**

Amount of Each Receipt this Period 250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

**C. MR. DENIS P KALSCHEUR**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 BELMONT

City NEWPORT BEACH State CA Zip Code 92660-6732

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

Name of Employer Pacific Life Occupation VICE CHAIRMAN ACG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 832.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR221307911590**

Amount of Each Receipt this Period 416.00

Memo Item

P/R Deduction (\$416.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 841.00

**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 21 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MR. TIMOTHY C MYERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 TROFELLO LN

City ALISO VIEJO	State CA	Zip Code 92656-6215
---------------------	-------------	------------------------

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

Name of Employer Pacific Life	Occupation CORP TAX DIRECTOR
----------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2016  
**Transaction ID : PR221308611590**

Amount of Each Receipt this Period  
125.00

Memo Item

P/R Deduction (\$125.00 Monthly)

**B. MR. RICHARD J MILLER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2628 RYCROFT CT

City CHESTERFIELD	State MO	Zip Code 63017-7108
----------------------	-------------	------------------------

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

Name of Employer Pacific Life	Occupation VP BUSINESS DEVELOPMENT
----------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2016  
**Transaction ID : PR317368411590**

Amount of Each Receipt this Period  
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

**C. MS. ADRIENNE MOUCH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2524 W WATROUS AVE

City TAMPA	State FL	Zip Code 33629-5345
---------------	-------------	------------------------

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 ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2016  
**Transaction ID : PR336779011590**

Amount of Each Receipt this Period  
175.00

Memo Item

P/R Deduction (\$175.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. PARAG S SHAH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24972 FOOTPATH LN  
 City LAGUNA NIGUEL State CA Zip Code 92677-6000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP PRODUCT DESIGN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR336779811590**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

**B. MR. MICHAEL F MIRANNE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 153 SHUTE CIR  
 City OLD HICKORY State TN Zip Code 37138-1956  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SR FVP NSM FI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR344191511590**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

**C. MR. KEVIN RODDY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23221 VIA DORADO  
 City COTO DE CAZA State CA Zip Code 92679-3922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SR VP FINANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR383708911590**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 600.00  
**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 23 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. VINCENT A SPERA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1616 LOOKOUT CIR

City WAXHAW State NC Zip Code 28173-8085

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

Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR435823511590**

Amount of Each Receipt this Period 175.00

Memo Item

P/R Deduction (\$175.00 Monthly)

**B. MS. KIM R CUNNINGHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 15117 SPECTRUM

City IRVINE State CA Zip Code 92618-3426

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

Name of Employer Pacific Life Occupation VP HUMAN RESOURCES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR713129111590**

Amount of Each Receipt this Period 175.00

Memo Item

P/R Deduction (\$175.00 Monthly)

**C. MS. JANE B FORBES**  
Full Name (Last, First, Middle Initial)

Mailing Address 3376 CUMBERLAND LN

City FRISCO State TX Zip Code 75033-2376

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

Name of Employer Pacific Life Occupation LTC REGIONAL DIR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR713129311590**

Amount of Each Receipt this Period 175.00

Memo Item

P/R Deduction (\$175.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MS. JANE M GUON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 SPRINGWOOD

City IRVINE	State CA	Zip Code 92604-4650
----------------	-------------	------------------------

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 ▼  
250.00

Date of Receipt  
02 / 29 / 2016  
**Transaction ID : PR713129511590**

Amount of Each Receipt this Period  
125.00

Memo Item

P/R Deduction (\$125.00 Monthly)

**B. MR. JACQUES HUNTER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1215 GOLDENROD AVE

City CORONA DEL MAR	State CA	Zip Code 92625-1306
------------------------	-------------	------------------------

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

Name of Employer Pacific Life	Occupation SR FVP NSM RW
----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
02 / 29 / 2016  
**Transaction ID : PR713129611590**

Amount of Each Receipt this Period  
175.00

Memo Item

P/R Deduction (\$175.00 Monthly)

**C. MR. JOSEPH A NAGEL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 23995 PIRAGUA PL

City LAGUNA NIGUEL	State CA	Zip Code 92677-4233
-----------------------	-------------	------------------------

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

Name of Employer Pacific Life	Occupation VP & CONTROLLER
----------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
02 / 29 / 2016  
**Transaction ID : PR713129811590**

Amount of Each Receipt this Period  
175.00

Memo Item

P/R Deduction (\$175.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	475.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. KEVIN R BYRNE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2110 CATALINA ST

City LAGUNA BEACH State CA Zip Code 92651-3677

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

Name of Employer Pacific Life Occupation SR VP FINANCE & RISK

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR723508111590**

Amount of Each Receipt this Period 250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

**B. MR. JOHN R CRUISE**  
Full Name (Last, First, Middle Initial)

Mailing Address 4348 WAIALAE AVE #507

City HONOLULU State HI Zip Code 96816-5767

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR723508211590**

Amount of Each Receipt this Period 175.00

Memo Item

P/R Deduction (\$175.00 Monthly)

**C. MR. JAMES L EHRET**  
Full Name (Last, First, Middle Initial)

Mailing Address 6815 TRAFALGAR LOOP

City DUBLIN State OH Zip Code 43016-8316

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR723508411590**

Amount of Each Receipt this Period 175.00

Memo Item

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. THOMAS M KELLY**  
Full Name (Last, First, Middle Initial)

Mailing Address 779 ALDEN LN

City LIVERMORE State CA Zip Code 94550-4752

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 ▼ 300.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR723508711590**

Amount of Each Receipt this Period 150.00

Memo Item

P/R Deduction (\$150.00 Monthly)

**B. MR. THOMAS R MARKS**  
Full Name (Last, First, Middle Initial)

Mailing Address 203 DIERKS DR

City WESTERN SPRINGS State IL Zip Code 60558-2030

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

Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR723508911590**

Amount of Each Receipt this Period 175.00

Memo Item

P/R Deduction (\$175.00 Monthly)

**C. MS. SUSAN A WOOD**  
Full Name (Last, First, Middle Initial)

Mailing Address 809 GREER ST

City COVINGTON State KY Zip Code 41011-1350

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

Name of Employer Pacific Life Occupation ADVANCED SALES CONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR723509411590**

Amount of Each Receipt this Period 200.00

Memo Item

P/R Deduction (\$200.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. BRIAN T WOOLFOLK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 828 S 182ND ST  
 City ELKHORN State NE Zip Code 68022-5707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SVP PRICING & PRODUCT DESIGN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR723509511590**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**B. MR. JAMES B CLINKSCALES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3408 AUTUMN CT  
 City FORT WORTH State TX Zip Code 76109-2606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SR WHOLESALER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR737236511590**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

**C. MR. JOHN G REBER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 507 VIA EL RISCO  
 City SAN CLEMENTE State CA Zip Code 92673-6608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP INDEPENDENT PROD NETWORK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR749795911590**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1244 BRIDLE ESTATES DR

City YARDLEY State PA Zip Code 19067-3957

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

Name of Employer Pacific Life Occupation NATL SLS MGR WIREHOUSE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR751591211590**

Amount of Each Receipt this Period 175.00

Memo Item

P/R Deduction (\$175.00 Monthly)

**B. MR. CHRISTOPHER R CAIRNS**  
Full Name (Last, First, Middle Initial)

Mailing Address 8008 PASEO ESMERADO

City CARLSBAD State CA Zip Code 92009-9800

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

Name of Employer Pacific Life Occupation DIVISIONAL VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR754273611590**

Amount of Each Receipt this Period 175.00

Memo Item

P/R Deduction (\$175.00 Monthly)

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

Mailing Address 779 OLD COUNTRY RD

City WESTPORT State MA Zip Code 02790-1168

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR799018011590**

Amount of Each Receipt this Period 175.00

Memo Item

P/R Deduction (\$175.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. JOHN J CONOVER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 145 LINDEN DR  
 City BASKING RIDGE State NJ Zip Code 07920-1964  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SR WHOLESALER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR799018511590**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

**B. MR. KURT A DAMRON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9563 HAMPTON RESERVE DR  
 City BRENTWOOD State TN Zip Code 37027-8485  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SR WHOLESALER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR799018711590**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

**C. MR. KENNETH A MCCLINTOCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3915 BELL HOLLOW LN  
 City KATY State TX Zip Code 77494-2455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SR WHOLESALER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR799019111590**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3352 FALLING WATER CT

City	State	Zip Code
SIMI VALLEY	CA	93063-5749

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 ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

**Transaction ID : PR799019311590**

Amount of Each Receipt this Period  
175.00

Memo Item

P/R Deduction (\$175.00 Monthly)

**B. MR. WALTER B ZINYCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1376 HELLER DR

City	State	Zip Code
YARDLEY	PA	19067-2714

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 ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

**Transaction ID : PR799019511590**

Amount of Each Receipt this Period  
175.00

Memo Item

P/R Deduction (\$175.00 Monthly)

**C. MR. MARK S CAMPISANO**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 BETHANY

City	State	Zip Code
LAGUNA NIGUEL	CA	92677-2931

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

Name of Employer	Occupation
Pacific Life	VP TAX

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

**Transaction ID : PR801927311590**

Amount of Each Receipt this Period  
175.00

Memo Item

P/R Deduction (\$175.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. STUART I HUTCHINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7997 S FAIRFAX CT  
 City CENTENNIAL State CO Zip Code 80122-3883  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SR WHOLESALER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR801927411590**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

**B. MR. SAMUEL E MASEMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 CALEB DR  
 City WEST CHESTER State PA Zip Code 19382-6177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation FVP INVESTMENT SPEC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR805019111590**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

**C. MR. DAVID M DIANTONIO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 416 COLONIAL AVE  
 City WESTFIELD State NJ Zip Code 07090-3009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SR WHOLESALER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR821860211590**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. DAVID M LANGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 ANNESLEY DR  
 City State Zip Code  
 GLEN MILLS PA 19342-1357  
 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 ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : PR821860511590**  
 Amount of Each Receipt this Period  
 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

**B. MR. GEORGE M MCFADDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20721 AVALON DR  
 City State Zip Code  
 ROCKY RIVER OH 44116-1317  
 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 ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : PR829263111590**  
 Amount of Each Receipt this Period  
 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

**C. MR. PAUL B KUDYBA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9361 SW 69TH ST  
 City State Zip Code  
 MIAMI FL 33173-2360  
 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 ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : PR832704411590**  
 Amount of Each Receipt this Period  
 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. GEORGE A MAHASSEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 STONEGATE CIR  
 City GRAFTON State MA Zip Code 01519-1250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SR WHOLESALER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR835331911590**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

**B. MS. HEATHER R BRADLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 355 E OHIO ST  
 City CHICAGO State IL Zip Code 60611-5452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation LTC REGIONAL DIR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR849893911590**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

**C. MR. JOHN R CRAVEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13225 BRIGHT SKY OVERLOOK  
 City AUSTIN State TX Zip Code 78732-2392  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SR WHOLESALER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR858069911590**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 34 OF 41  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MR. MICHAEL J JORDAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 90 PILGRIM LN  
 City DREXEL HILL State PA Zip Code 19026-4808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation FVP MUTUAL FUND SPEC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : PR858070111590**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	18585.98

**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**

Full Name (Last, First, Middle Initial)

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

Mailing Address 101 Constitution Avenue, NW, Suite

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2016

**Transaction ID : 13898074**

Amount of Each Disbursement this Period

5000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Kelly Ayotte**

Mailing Address 499 South Capitol Street, SW Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name

**Sen. Kelly Ayotte**

Office Sought:  House  Senate  President  
State: NH District:

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2016

**Transaction ID : 13898075**

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Charles Boustany Jr., MD for Senate**

Mailing Address 1634 I Street NW, Suite 200

City Washington State DC Zip Code 20007

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name

**Rep. Charles Boustany Jr.**

Office Sought:  House  Senate  President  
State: LA District: 03

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2016

**Transaction ID : 13898076**

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brady For Congress**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement Contribution

011

Candidate Name

**Rep. Kevin Brady**

Category/Type

Office Sought:  House  Senate  President  
State: TX District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2016

**Transaction ID : 13898077**

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Carlos Curbelo for Congress**

Mailing Address 824 S. Milledge Ave Ste 101

City Athens State GA Zip Code 30605

Purpose of Disbursement Contribution

011

Candidate Name

**Rep. Carlos Curbelo**

Category/Type

Office Sought:  House  Senate  President  
State: FL District: 26

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2016

**Transaction ID : 13898078**

Amount of Each Disbursement this Period

3000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Carlos Curbelo for Congress**

Mailing Address 824 S. Milledge Ave Ste 101

City Athens State GA Zip Code 30605

Purpose of Disbursement Contribution

011

Candidate Name

**Rep. Carlos Curbelo**

Category/Type

Office Sought:  House  Senate  President  
State: FL District: 26

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2016

**Transaction ID : 13898079**

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

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

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Duncan D. Hunter For Congress**

Mailing Address 499 South Capitol Street, SW  
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Duncan Hunter**

Office Sought:  House  
 Senate  
 President  
State: CA District: 50

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 13898080**

Amount of Each Disbursement this Period

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Larson for Congress**

Mailing Address 413 New Jersey Ave, SE  
Basement Level

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

**John Larson**

Office Sought:  House  
 Senate  
 President  
State: CT District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 13898081**

Amount of Each Disbursement this Period

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Ted Lieu For Congress**

Mailing Address P.O. Box 636

City Annandale State VA Zip Code 22003

Purpose of Disbursement  
Contribution

Candidate Name

**Ted Lieu**

Office Sought:  House  
 Senate  
 President  
State: CA District: 33

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 13898082**

Amount of Each Disbursement this Period

Memo Item  
Contribution

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PAC TO THE FUTURE**

Mailing Address 430 South Capitol Street, SE  
First Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**PAC TO THE FUTURE**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2016

**Transaction ID : 13898083**

Amount of Each Disbursement this Period

2500.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Peters for Michigan**

Mailing Address 3701 Porter Street NW

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Gary Peters**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2016

**Transaction ID : 13898084**

Amount of Each Disbursement this Period

2000.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Tom Rice For Congress**

Mailing Address 516 N. Washington Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Rep. Tom Rice**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District: 07

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2016

**Transaction ID : 13898085**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Contribution

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tim Scott For Senate**

Mailing Address 499 South Capitol Street, SW  
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Sen. Tim Scott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District:

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2016

**Transaction ID : 13898086**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Swalwell For Congress**

Mailing Address 412 1st Street, SE, Suite 100

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Rep. Eric Swalwell**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 15

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2016

**Transaction ID : 13898087**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Tiberi For Congress**

Mailing Address 217 3rd Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Rep. Patrick Tiberi**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2016

**Transaction ID : 13898088**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tiberi For Congress**

Mailing Address 217 3rd Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

**Rep. Patrick Tiberi**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2016

**Transaction ID : 13898089**

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Wagner For Congress**

Mailing Address 499 South Capitol Street, SW Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

**Rep. Ann Wagner**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MO District: 02

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2016

**Transaction ID : 13898090**

Amount of Each Disbursement this Period

1500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of Mark Warner**

Mailing Address 10 G Street, NE, Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011

Candidate Name

**Mr. Mark Warner**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2016

**Transaction ID : 13898091**

Amount of Each Disbursement this Period

1000.00

Memo Item 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**

Full Name (Last, First, Middle Initial)

**A. Brady For Congress**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Rep. Kevin Brady**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2016

**Transaction ID : 13908284**

Amount of Each Disbursement this Period

500.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Brady For Congress**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Rep. Kevin Brady**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2016

**Transaction ID : 13908285**

Amount of Each Disbursement this Period

500.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

1000.00

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

30000.00