

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

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

FOR LINE NUMBER: PAGE 20 OF 59  
(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. 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 ▼ 330.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR103656810115**  
 Amount of Each Receipt this Period 110.00  
 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 ▼ 930.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR103657310115**  
 Amount of Each Receipt this Period 310.00  
 P/R Deduction (\$310.00 Monthly)

**C. MR. JOHN F O'DONNELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 SILVERSTRAND  
 City DANA POINT State CA Zip Code 92629-6005  
 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 ▼ 300.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR103659610115**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 520.00  
**TOTAL** This Period (last page this line number only)..... ▶