REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 JUN 26 P 12:51

1. NAME OF COMMITTEE (in full)

PACIFIC LIFE INSURANCE COMPANY PAC

ADDRESS (number and street) ☐ Check if different than previously reported

700 NEWPORT CENTER DR.

CITY, STATE and ZIP CODE

NEWPORT BEACH, CA 92660

2. FEC IDENTIFICATION NUMBER

C00068528

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☒ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election)

election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election

on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 05/01/2000 through 05/31/2000		
6.	(a) Cash on Hand January 1, 2000		$ 65043.66
	(b) Cash on Hand at Beginning of Reporting Period	$ 77015.13	
	(c) Total Receipts (from Line 19)	$ 12271.80	$ 59507.40
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 89286.93	$ 124549.34
7.	Total Disbursements (from Line 30)	$ 4500.00	$ 40162.41
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 84786.93	$ 84786.93
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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

Type or Print Name of Treasurer: ROBERT G. HASKELL

Signature of Treasurer: [signature]

Date: 6/15/00

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

FEC FORM 3X
(revised 9/99)

www.neffile.net

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: PACIFIC LIFE INSURANCE COMPANY PAC

REPORT COVERING PERIOD FROM 05/01/2000 TO: 05/31/2000

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	8074.83	26733.97	11(a)(i)
ii. Unitemized	4196.97	22693.00	11(a)(ii)
iii. Total (add i and ii) >	12271.80	59426.97	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) >	12271.80	59426.97	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	78.51	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	12271.80	59505.48	19
20. Total Federal Receipts (subtract line 18 from line 19) >	12271.80	59505.48	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	162.41	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	162.41	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	4500.00	40000.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	4500.00	40162.41	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	4500.00	40162.41	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	12271.80	59426.97	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	12271.80	59426.97	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	162.41	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	162.41	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 12

FOR LINE NUMBER 11(a)(i)

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 PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code DANIEL F. BASS 35 CLERMONT NEWPORT COAST, CA 92657- ($60 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: ASSISTANT VICE PRESIDENT Aggregate Year-to-Date $ 300.00	05/25/2000	$60.00
B. Full Name, Mailing Address and ZIP Code ROBERT H. BEARDSLEE 27612 ESCUNA MISSION VIEJO, CA 92692- ($60 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	05/25/2000	$60.00
C. Full Name, Mailing Address and ZIP Code MARIANNE BEAS 1720 OCEAN BLVD. NEWPORT BEACH, CA 92661- ($40 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 200.00	05/25/2000	$40.00
D. Full Name, Mailing Address and ZIP Code PAMELA M BERGER 1633 BOULDER CREEK RD. OCEANSIDE, CA 92056- ($60 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	05/25/2000	$60.00
E. Full Name, Mailing Address and ZIP Code TRUDI S. BLAKESLEE 98 NAVARRE IRVINE, CA 92612- ($50 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	05/25/2000	$50.00
F. Full Name, Mailing Address and ZIP Code JUDITH L. BROWN 26001 BLASCOS MISSION VIEJO, CA 92691- ($75 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 330.00	05/25/2000	$75.00
F. Full Name, Mailing Address and ZIP Code DEWEY P. BUSHAW 29132 ALFIERI STREET LAGUNA NIGUEL, CA 92677- ($40 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 200.00	05/25/2000	$40.00

SUBTOTAL of Receipts This Page (optional)	385.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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 PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code EDWARD R. BYRD 17520 PAGE COURT YORBA LINDA, CA 92886-386 ($60 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 270.00	05/25/2000	$60.00
B. Full Name, Mailing Address and ZIP Code LARRY CARD 31735 SEACLIFF DR. LAGUNA BEACH, CA 92673- ($300 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 1425.00	05/25/2000	$300.00
C. Full Name, Mailing Address and ZIP Code DAVID R. CARMICHAEL 1525 SERENADE TERRACE CORONA DEL MAR, CA 92625- ($200 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 850.00	05/25/2000	$200.00
D. Full Name, Mailing Address and ZIP Code JOSEPH E. CELENTANO 26561 CAMPERINO MISSION VIEJO, CA 92691- ($50 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	05/25/2000	$50.00
E. Full Name, Mailing Address and ZIP Code SHARON A. CHEEVER 28721 MIRA VISTA LAGUNA NIGUEL, CA 92677- ($50 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 220.00	05/25/2000	$50.00
F. Full Name, Mailing Address and ZIP Code BERNADINE B. CHWALEK 33741 SHACKLETON ISLE DANA POINT, CA 92629- ($70 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 320.00	05/25/2000	$70.00
F. Full Name, Mailing Address and ZIP Code GAIL L. COBIN 31424 WEST NINE DRIVE LAGUNA NIGUEL, CA 92677- ($40 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 200.00	05/25/2000	$40.00

SUBTOTAL of Receipts This Page (optional)	770.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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 PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. DENNIS M. CORBETT 15136 VOURAINE WAY IRVINE, CA 92604- ($50 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	05/25/2000	$50.00
B. CAMERON COSGROVE 27741 MOTHERLODE COURT LAGUNA NIGUEL, CA 92677- ($42 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 210.00	05/25/2000	$42.00
C. MICHAEL R. CURRY 10673 RED BERRY CT. PISHERS, IN 46038- ($50 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	05/25/2000	$50.00
D. STEPHANIE J. CURRY 136 GREENFIELD IRVINE, CA 92614- ($50 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 226.00	05/25/2000	$50.00
E. LINDA K. DAVIS 36 A FOREST DRIVE SPRINGFIELD, NJ 07081- ($50 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 205.00	05/25/2000	$50.00
F. CYNTHIA S. DILLION 7 SODEGA BAY CORONA DEL MAR, CA 92625- ($120 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 555.00	05/25/2000	$120.00
F. WILLIAM J. DOONEY 9 PARADISE COVE LAGUNA NIGUEL, CA 92677-423 ($100 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 500.00	05/25/2000	$100.00

SUBTOTAL of Receipts This Page (optional) 452.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a) (i)

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 PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. EMILE C. DUROCHER 23961 CORMORANT LANE LAGUNA NIGUEL, CA 92677- ($50 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	05/25/2000	$50.00
B. RICHARD S. EASTLYN 27556 VALLEY RIM CIRCLE SAN JUAN CAPISTRAN, CA 92675- ($60 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	05/25/2000	$60.00
C. MARK R. FALK 64 SUMMERSTONE IRVINE, CA 92614- ($75 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 375.00	05/25/2000	$75.00
D. MICHAEL P. FENTON 4 CEDARLAKE IRVINE, CA 92614- ($50 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	05/25/2000	$50.00
E. WILLIAM L. FERRIS 1990 FORT EDWARDS CIRCLE NEWPORT BEACH, CA 92660- ($300 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 1435.00	05/25/2000	$300.00
F. MARC S. FRANKLIN 1942 FORT ALBANS PLACE NEWPORT BEACH, CA 92660- ($42 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 210.00	05/25/2000	$42.00
F. MARTHA A. GATES 31411 MONTEREY LAGUNA, CA 92677- ($50 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 225.00	05/25/2000	$50.00

SUBTOTAL of Receipts This Page (optional) 621.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 5	OF 12
	FOR LINE NUMBER 11(a)(i)	

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 PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code BRIAN F. GOEBEL 816 SAN NICOLAS CIRCLE HUNTINGTON BEACH, CA 92646- ($60 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	05/25/2000	$60.00
B. Full Name, Mailing Address and ZIP Code ADRIAN S. GRIGGS 8766 CANARY AVE. FOUNTAIN VALLEY, CA 92708 ($40 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 200.00	05/25/2000	$40.00
C. Full Name, Mailing Address and ZIP Code STANLEY S HANSEN 8959 A. HARPERS PT. DRIVE CINCINNATI, OH 45249- ($125 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 550.00	05/25/2000	$125.00
D. Full Name, Mailing Address and ZIP Code ROBERT G. HASKELL 115 VIA WAZIERS NEWPORT BEACH, CA 92663- ($110 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: SENIOR VICE PRESIDENT Aggregate Year-to-Date $ 550.00	05/25/2000	$110.00
E. Full Name, Mailing Address and ZIP Code DALE K. MONLEY 1137 SUNSET CLIFFS BLVD. SAN DIEGO, CA 92107- ($68 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 263.00	05/25/2000	$68.00
F. Full Name, Mailing Address and ZIP Code ALBERT E. HEILES 408 AVONLEA COURT GIBSONIA, PA 15044- ($63 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 315.00	05/25/2000	$63.00
F. Full Name, Mailing Address and ZIP Code ROBERT J. HEMSTEAD 3335 RANCHO DEL ORO RD. # OCEANSIDE, CA 92056- ($50 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	05/25/2000	$50.00

SUBTOTAL of Receipts This Page (optional)	$16.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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 PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. ANTHONY P. HENSLER 882 ROLLINGWOOD DR. VILLA HILLS, KY 41017- ($47 monthly) Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 235.00	05/25/2000	$47.00
B. WILLIAM L. HEZZELWOOD 23961 CATALIN COURT LAGUNA NIGUEL, CA 92677- ($50 monthly) Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	05/25/2000	$50.00
C. KENNETH E. JACK P. O. BOX 15193 NEWPORT BEACH, CA 92659- ($60 monthly) Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 240.00	05/25/2000	$60.00
D. DARYLE G. JOHNSON 5 ALTAIR IRVINE, CA 92612- ($200 monthly) Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 850.00	05/25/2000	$200.00
E. MARK J. JOHNSON 1812 LEADBURN ROAD TOWSON, MD 21204- ($100 monthly) Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 500.00	05/25/2000	$100.00
F. ANDREW C. KARLINSKI 6 VENTURE AVE., #105 IRVINE, CA 92618- ($100 monthly) Receipt For: Primary / General / Other (specify):	Name of Employer: A.K. FINANCIAL GROUP Occupation: AGENT Aggregate Year-to-Date $ 400.00	05/25/2000	$100.00
F. ROBERT D. HERRER 31 ENSUENO WEST IRVINE, CA 92620- ($50 monthly) Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	05/25/2000	$50.00

SUBTOTAL of Receipts This Page (optional) 607.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 21(a)(1)

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 PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. BRIAN D. KLEMENS 24612 BENJAMIN CIRCLE DANA POINT, CA 92629- ($40 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 200.00	05/25/2000	$40.00
B. JAMES B. KUHNERT 2770 MENDOZA DRIVE COSTA MESA, CA 92626- ($45 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 225.00	05/25/2000	$45.00
C. DIETRICH G. LANSON 709 AVENIDA MIROLA PALOS VERDES ESTAT, CA 90274- ($75 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 375.00	05/25/2000	$75.00
D. DAVID LEVY 135 JASMINE CREEK DRIVE CORONA DEL MAR, CA 92625- ($70 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 350.00	05/25/2000	$70.00
E. STEPHEN LI 879 PROSPECT PLACE COSTA MESA, CA 92626- ($75 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify).	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 360.00	05/25/2000	$75.00
F. GEORGE V. LONGYEAR 17992 ATHENS AVENUE VILLA PARK, CA 92861- ($50 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	05/25/2000	$50.00
F. THOMAS J. LOGEE 145 CARIBE ISLE NOVATO, CA 94949- ($50 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	05/25/2000	$50.00

SUBTOTAL of Receipts This Page (optional) 405.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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 PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. DEAMOND G. HARSH 74 GETON RD. IRVINE, CA 92612- ($50 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	05/25/2000	$50.00
B. CARL H. MC INTOSH 622 19TH STREET HUNTINGTON BEACH, CA 92648- ($45 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 225.00	05/25/2000	$45.00
C. HENRY M. MC NILLAN 4006 INLET TSLR CORONA DEL MAR, CA 92625- ($65 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 310.00	05/25/2000	$65.00
D. IOANNIS K. NERAS 1820 GRACE AVENUE SAN JOSE, CA 95125- ($50 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	05/25/2000	$50.00
E. JOHN E. MILBERG 32811 DONEGAL LANE S J CAPISTRANO, CA 92675- ($100 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 500.00	05/25/2000	$100.00
F. AUDREY L. MILFS 26922 ROCKING HORSE LANE LAGUNA HILLS, CA 92653- ($90 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 420.00	05/25/2000	$90.00
F. LYNN C. MILLER 8 DORCHESTER GREEN LAGUNA NIGUEL, CA 92677- ($84 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 420.00	05/25/2000	$84.00

SUBTOTAL of Receipts This Page (optional) 484.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a) (i)

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 PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MARY E. MORGAN 1 BETTONI AISLE IRVINE, CA 92606- ($70 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 320.00	05/25/2000	$70.00
JAMES T. MORRIS 29022 PINTAIL CIRCLE LAGUNA NIGUEL, CA 92677- ($110 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 520.00	05/25/2000	$110.00
CORY D. MURRAY 918 SANDCASTLE DRIVE CORONA DEL MAR, CA 92625- ($50 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	05/25/2000	$50.00
LAURA L. O'DEA 3100 N. ELM ST., #38C GREENSBORO, NC 27408- ($41.67 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: BRANCH MANAGER Aggregate Year-to-Date $ 206.35	05/25/2000	$41.67
DARACH M. O'SULLIVAN 177 22ND ST., APT. 4 COSTA MESA, CA 92627-176 ($84 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: ASSISTANT VICE PRESIDENT Aggregate Year-to-Date $ 420.00	05/25/2000	$84.00
ROBERT E. OLSEN 15092 HUMPHREY CIRCLE IRVINE, CA 92604- ($100 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 350.00	05/25/2000	$100.00
ALYCE PETERSON 2908 VIA HIDALGO SAN CLEMENTE, CA 92673- ($45 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: ASSISTANT VICE PRESIDENT Aggregate Year-to-Date $ 225.00	05/25/2000	$45.00

SUBTOTAL of Receipts This Page (optional) 500.67

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

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 10 OF 12
	FOR LINE NUMBER 11(a)(i)

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 PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code B.D. DILLION 915 STOKE RD VILLANOVA, PA 19085-202 ($40 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 200.00	05/25/2000	$40.00
B. Full Name, Mailing Address and ZIP Code YVES F. PINKOWITZ 5831 FURNACE CREEK YORBA LINDA, CA 92886- (643 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 206.00	05/25/2000	$43.00
C. Full Name, Mailing Address and ZIP Code LESTER F. REAGAN 1318 LAWRENCE ROAD MOLENA, GA 30258- ($50 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	05/25/2000	$50.00
D. Full Name, Mailing Address and ZIP Code JAMES R. RICE 11 STILLWATER IRVINE, CA 92612- ($55 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 275.00	05/25/2000	$55.00
E. Full Name, Mailing Address and ZIP Code GERALD W. ROBINSON 22 CANYON RIDGE IRVINE, CA 92612- ($65 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 325.00	05/25/2000	$65.00
F. Full Name, Mailing Address and ZIP Code HASKELL D. ROSENBERG 11161 YARMOUTH ROAD SANTA ANA, CA 92705- ($40 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 200.00	05/25/2000	$40.00
F. Full Name, Mailing Address and ZIP Code GLENN S. SCHAFER 1318 COLONY PLAZA, #139 NEWPORT BEACH, CA 92660- ($350 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 1750.00	05/25/2000	$350.00

SUBTOTAL of Receipts This Page (optional)	643.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 11 OF 12

FOR LINE NUMBER 11(a)(i)

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 PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. RICHARD C SCHINDLER 12530 SUMMIT KANSAS CITY, MO 64145-115 ($40 monthly) Receipt For: Primary General Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	05/25/2000	$40.00
B. S. GENE SCHOFIELD 16 LEHIGH AISLE IRVINE, CA 92612- ($83.5 monthly) Receipt For: Primary General Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 497.00	05/25/2000	$83.50
C. WILLIAM J. SHARP 28236 COULTER MISSION VIEJO, CA 92692- ($50 monthly) Receipt For: Primary General Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	05/25/2000	$50.00
D. FRANK D. SIMON 31773 FERENCIA MISSION VIEJO, CA 92692- ($85 monthly) Receipt For: Primary General Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 510.00	05/25/2000	$85.00
E. III ARTHUR X. NORCZAK 19718 CAMDEN DRIVE STRONGSVILLE, OH 44136 ($45 monthly) Receipt For: Primary General Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 225.00	05/25/2000	$45.00
F. CHRISTINA M. SUMPTER 10326 FALCON AVENUE FOUNTAIN VALLEY, CA 92708- ($80 monthly) Receipt For: Primary General Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 400.00	05/25/2000	$80.00
F. THOMAS C. SUTTON 111 SHORECLIFF ROAD CORONA DEL MAR, CA 92625- ($416.66 monthly) Receipt For: Primary General Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 2083.30	05/25/2000	$416.66

SUBTOTAL of Receipts This Page (optional) 800.16

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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 PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code NANCY A. WEBB 12266 CIRCULA PANORAMA SANTA ANA, CA 92705- ($50 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	05/25/2000	$50.00
B. Full Name, Mailing Address and ZIP Code JOHN WHITE 10 CONFLOWER IRVINE, CA 92604- ($40 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 200.00	05/25/2000	$40.00
C. Full Name, Mailing Address and ZIP Code LEE E. WIRTHLIN 16596 SUGARLOAF FOUNTAIN VALLEY, CA 92708- ($85 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 425.00	05/25/2000	$85.00
D. Full Name, Mailing Address and ZIP Code CLAYTON M. YOKOTA 34602 CALLE LA PRIMAVERA DANA POINT, CA 92629- ($50 monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	05/25/2000	$50.00
E. Full Name, Mailing Address and ZIP Code ERIC GRITZMACHER 16 CORONADO POINTE LAGUNA NIGUEL, CA 92677- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 2250.00	05/31/2000	$1,250.00
F. Full Name, Mailing Address and ZIP Code ADRIENNE NOUCH 1715 N. WESTSHORE BLVD., #900 TAMPA, FL 33607- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 200.00	05/31/2000	$200.00
F. Full Name, Mailing Address and ZIP Code JOHN W. PACKER 1951 PORT WEYBRIDGE NEWPORT BEACH, CA 92660- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 200.00	05/31/2000	$200.00

SUBTOTAL of Receipts This Page (optional)	1875.00
TOTAL This Period (last page this line number only)	8074.63

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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 PAC

A. Full name, Mailing Address and ZIP code JERRY LEWIS FOR CONGRESS COMMITTEE 4451 BROOKFIELD CORPORATE DR. CHANTILLY, VA 20151	Purpose of Disbursement JERRY LEWIS MEMBER OF CONGRESS; STATE: CA; DIST. 40 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 05/05/2000	Amount of Each Disbursement This Period $1,000.00
B. Full name, Mailing Address and ZIP code ELLEN TAUSCHER FOR CONGRESS 501 CAPITOL COURT, N.E., SUITE 10 WASHINGTON, DC 20002	Purpose of Disbursement ELLEN TAUSCHER MEMBER OF CONGRESS; STATE: CA; DIST. 10 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 05/23/2000	Amount of Each Disbursement This Period $1,000.00
C. Full name, Mailing Address and ZIP code FRIENDS OF LOIS CAPPS 38 IVY ST., SE WASHINGTON, DC 20003	Purpose of Disbursement LOIS CAPPS MEMBER OF CONGRESS; STATE: CA; DIST. 22 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 05/23/2000	Amount of Each Disbursement This Period $1,000.00
D. Full name, Mailing Address and ZIP code RE-ELECT BRIAN BILBRAY FOR CONGRESS 1535 DR. MAR HEIGHTS ROAD, STE. 36 SAN DIEGO, CA 92130	Purpose of Disbursement BRIAN BILBRAY MEMBER OF CONGRESS; STATE: CA; DIST. 48 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 05/23/2000	Amount of Each Disbursement This Period $1,000.00
E. Full name, Mailing Address and ZIP code THE COMMITTEE TO RE-ELECT MARGE ROUKEMA P.O. BOX 625 RIDGEWOOD, NJ 07451	Purpose of Disbursement MARGE ROUKEMA MEMBER OF CONGRESS; STATE: NJ; DIST. 5 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 05/23/2000	Amount of Each Disbursement This Period $500.00
F. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$500.00
TOTAL This Period (last page this line number only)	$500.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 6-26-00
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

JMU
PREPARER

6-26-00
DATE PREPARED

(4/98)