

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Pacific Life Insurance Company Political Action Committee

ADDRESS (number and street) 700 Newport Center Drive
 Check if different than previously reported. (ACC)
Newport Beach CA 92660

2. **FEC IDENTIFICATION NUMBER** C00068528
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 06 01 2008 through 06 30 2008

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

Type or Print Name of Treasurer Robert Haskell

Signature of Treasurer Electronically Filed by Robert Haskell Date 10 10 2008

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

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		92228.41
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	110536.31									
(c) Total Receipts (from Line 19)	23617.48	123425.38								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	134153.79	215653.79								
7. Total Disbursements (from Line 31)	31500.00	113000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	102653.79	102653.79								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	20505.32	79145.24
(i) Itemized (use Schedule A)		
(ii) Unitemized	3112.16	44280.14
(iii) TOTAL (add Lines 11(a)(i) and (ii)	23617.48	123425.38
(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)	23617.48	123425.38
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	23617.48	123425.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23617.48	123425.38

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31500.00	113000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	31500.00	113000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31500.00	113000.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	23617.48	123425.38
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23617.48	123425.38
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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 6 / 67
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MS. JULIET A PINKERTON		Date of Receipt
	Mailing Address 22 N PALMIERA CIR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 17 / 2008
	City	State	Zip Code
	THE WOODLANDS	TX	77382
	FEC ID number of contributing federal political committee. C		Transaction ID: 6961699
Name of Employer Pacific Life		Occupation REGIONAL VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1750.00	<input type="text"/> 500.00
			Check

B.	Full Name (Last, First, Middle Initial) MR. TODD E WOODWARD		Date of Receipt
	Mailing Address 1907 BERYL LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 17 / 2008
	City	State	Zip Code
	NEWPORT BEACH	CA	92660-4449
	FEC ID number of contributing federal political committee. C		Transaction ID: 6961700
Name of Employer Pacific Life		Occupation Sr. VP/ACG	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 300.00
			Check

C.	Full Name (Last, First, Middle Initial) MS. JUNE G ARCE		Date of Receipt
	Mailing Address 20050 EMERALD MEADOW DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2008
	City	State	Zip Code
	WALNUT	CA	91789
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10362102060
Name of Employer Pacific Life		Occupation DIR MKTG COMPL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 50.00
			P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 850.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 181 S CRAIG DR

City ORANGE State CA Zip Code 92869

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation DIR CUSTOMER SERVICE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2008

Transaction ID: PR10362122060

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. ANTHONY J BONNO

Mailing Address 61 VERNAL SPG

City IRVINE State CA Zip Code 92603

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation SR VP HR, FAC & CORP TECH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 06 / 30 / 2008

Transaction ID: PR10362232060

Amount of Each Receipt this Period 400.00

P/R Deduction (\$400.00 Monthly)

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

Mailing Address 505 13TH ST

City HUNTINGTON BEACH State CA Zip Code 92648

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation AVP INFO TECH OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 30 / 2008

Transaction ID: PR10362252060

Amount of Each Receipt this Period 70.00

P/R Deduction (\$70.00 Monthly)

SUBTOTAL of Receipts This Page (optional) 510.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 67
(check only one)

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

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

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

A.

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

Mailing Address 29132 ALFIERI ST

City State Zip Code
LAGUNA NIGUEL CA 92677

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1002.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10362302060

Amount of Each Receipt this Period
167.00

P/R Deduction (\$167.00 Monthly)

B.

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

Mailing Address 5256 LYSANDER LN

City State Zip Code
BRENTWOOD TN 37027

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 ▼ 500.04

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10362312060

Amount of Each Receipt this Period
83.34

P/R Deduction (\$0.00 Monthly)

C.

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

Mailing Address 17520 PAGE CT

City State Zip Code
YORBA LINDA CA 92886

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10362322060

Amount of Each Receipt this Period
90.00

P/R Deduction (\$90.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **340.34**

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

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

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

FOR LINE NUMBER: PAGE 9 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 26661 CAMPESINO

City MISSION VIEJO State CA Zip Code 92691

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

Name of Employer Pacific Life Occupation SVP PROD & OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10362382060
 Amount of Each Receipt this Period: 100.00
 P/R Deduction (\$100.00 Monthly)

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

Mailing Address 33512 VALLE RD

City SN JUAN CAPISTRANO State CA Zip Code 92675

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

Name of Employer Pacific Life Occupation SR VP & GEN COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10362402060
 Amount of Each Receipt this Period: 100.00
 P/R Deduction (\$100.00 Monthly)

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

Mailing Address 21851 NEWLAND ST SPC 246

City HUNTINGTON BEACH State CA Zip Code 92646

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

Name of Employer Pacific Life Occupation MGR STRUCT STTLMNTS OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10362422060
 Amount of Each Receipt this Period: 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 240.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MS. GAIL C MOSCOSO

Mailing Address 31558 WEST NINE DR

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP CLIENT SERVICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10362482060
Amount of Each Receipt this Period: 60.00
P/R Deduction (\$60.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. BRENDAN L COLLINS

Mailing Address 25551 ORCHARD RIM LN

City State Zip Code
LAKE FOREST CA 92630

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

Name of Employer Pacific Life Occupation AVP PORTFOLIO MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10362502060
Amount of Each Receipt this Period: 35.00
P/R Deduction (\$35.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. DENNIS M CORBETT

Mailing Address 15136 TOURAIN WAY

City State Zip Code
IRVINE CA 92604

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 ▼ 600.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10362512060
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 195.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MR. PAUL J CROXTON	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 30132 HILLSIDE TER	Transaction ID: PR10362552060
	City State Zip Code SN JUAN CAPISTRANO CA 92675	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)
	Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) MS. DEBRA CUNNINGHAM HONERKAMP	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 2712 LIGHTHOUSE LN	Transaction ID: PR10362562060
	City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$75.00 Monthly)
	Name of Employer Pacific Life Occupation AVP RE ASSET MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) MR. MICHAEL R CURRY	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 12162 WICKLOW LN	Transaction ID: PR10362572060
	City State Zip Code NAPLES FL 34120	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Monthly)
	Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MS. STEPHANIE J CURRY	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address PO BOX 15358	Transaction ID: PR10362592060
	City IRVINE State CA Zip Code 92623	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$90.00 Monthly)
	Name of Employer Pacific Life Occupation AVP ADVANCED SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00	

B.	Full Name (Last, First, Middle Initial) MS. DIANE W DALES	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 28 CLERMONT	Transaction ID: PR10362602060
	City NEWPORT COAST State CA Zip Code 92657	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)
	Name of Employer Pacific Life Occupation AVP CREDIT ANALYSIS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) MS. LINDA D LARSON	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 8315 ROAD R NW	Transaction ID: PR10362622060
	City QUINCY State WA Zip Code 98848	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Monthly)
	Name of Employer Pacific Life Occupation AVP IND COMPLIANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 570.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MS. NANCY E ENOMOTO		Date of Receipt
	Mailing Address 2001 BARRANCA		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	NEWPORT BEACH	CA	92660
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Pacific Life		Occupation DIR IMD OPS RSK MGMT	Transaction ID: PR10362692060
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	Amount of Each Receipt this Period <input type="text" value="35.00"/>
			P/R Deduction (\$35.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. MARK R FALK		Date of Receipt
	Mailing Address 64 SUMMERSTONE		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	IRVINE	CA	92614
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Pacific Life		Occupation AVP STRATEGIC PROGRAMS	Transaction ID: PR10362712060
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="750.00"/>	Amount of Each Receipt this Period <input type="text" value="125.00"/>
			P/R Deduction (\$125.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. DAVID R FINEAR		Date of Receipt
	Mailing Address 718 K THANGA DR		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	CORONA DEL MAR	CA	92625
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Pacific Life		Occupation AVP RE INVESTMENTS	Transaction ID: PR10362782060
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	Amount of Each Receipt this Period <input type="text" value="35.00"/>
			P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="195.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 67
(check only one)

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

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

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

A.

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

Mailing Address 31411 MONTEREY ST

City State Zip Code
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation SR VP OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10362862060

Amount of Each Receipt this Period 170.00

P/R Deduction (\$170.00 Monthly)

B.

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

Mailing Address 7 SOVENTE

City State Zip Code
IRVINE CA 92606

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

Name of Employer Pacific Life Occupation AVP NEW BUSINESS SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10362902060

Amount of Each Receipt this Period 70.00

P/R Deduction (\$70.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. KEVIN P GOODMAN

Mailing Address 310 ALISO AVE

City State Zip Code
NEWPORT BEACH CA 92663

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

Name of Employer Pacific Life Occupation ACCUM PROD CONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10362912060

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 280.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 310 ALISO AVE

City State Zip Code
NEWPORT BEACH CA 92663

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

Name of Employer Pacific Life Occupation AVP ADV & PUB RLNS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10362922060
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

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

Mailing Address 23672 BRASILIA ST

City State Zip Code
MISSION VIEJO CA 92691

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10362942060
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. ADRIAN S GRIGGS

Mailing Address 8766 CANARY AVE

City State Zip Code
FOUNTAIN VALLEY CA 92708

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

Name of Employer Pacific Life Occupation SVP FINANCE & COMPL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10362962060
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 67

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. BRENDA K HARDWIG

Mailing Address 13112 EARLHAM ST

City State Zip Code
SANTA ANA CA 92705

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

Name of Employer Occupation
Pacific Life COMMUNITY RELTNS COORD

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10363032060

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT G HASKELL

Mailing Address 31735 SEACLIFF DR

City State Zip Code
LAGUNA BEACH CA 92651

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

Name of Employer Occupation
Pacific Life SR VP PUBLIC AFFAIRS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2499.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10363062060

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. DALE E HAWLEY

Mailing Address 1137 SUNSET CLIFFS BLVD

City State Zip Code
SAN DIEGO CA 92107

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

Name of Employer Occupation
Pacific Life AVP INVEST CNSL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 444.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10363072060

Amount of Each Receipt this Period

74.00

P/R Deduction (\$74.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

540.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 67
(check only one)

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

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

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

A.

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

Mailing Address 310 E MCCOY LN

City State Zip Code
SANTA MARIA CA 93455

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

Name of Employer Pacific Life Occupation AVP & VALUATION ACTUARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10363102060

Amount of Each Receipt this Period 85.00

P/R Deduction (\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. KEVIN A HENDRA

Mailing Address 58 VIAGGIO LN

City State Zip Code
FOOTHILL RANCH CA 92610

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

Name of Employer Pacific Life Occupation CORP TAX DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10363112060

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. HOWARD T HIRAKAWA

Mailing Address 23972 GOLDENEYE DR

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP INV ADVISOR OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10363162060

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **235.00**

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 18 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MR. MARK W HOLMLUND		Date of Receipt
	Mailing Address PO BOX 2108		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	RANCHO SANTA FE	CA	92067
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10363182060
Name of Employer Pacific Life		Occupation EVP & CHIEF INVESTMENT OFFICER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>
			P/R Deduction (\$0.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MS. MARYBETH HUGHES		Date of Receipt
	Mailing Address 2283 WATERMAN WAY		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	COSTA MESA	CA	92627
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10363202060
Name of Employer Pacific Life		Occupation DIR CORPORATE RISK	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	<input type="text" value="40.00"/>
			P/R Deduction (\$40.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MS. MARY K MCWARD		Date of Receipt
	Mailing Address 2 GLASTONBURY PL		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	LAGUNA NIGUEL	CA	92677
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10363212060
Name of Employer Pacific Life		Occupation VP MARKETING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	<input type="text" value="60.00"/>
			P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5100.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 67

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
MR. CHRIS M JANOWIAK

Mailing Address 1260 CLEVELAND AVE APT C227

City State Zip Code
SAN DIEGO CA 92103

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

Name of Employer Pacific Life Occupation DIR CORP INTERNET STRATEGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10363232060

Amount of Each Receipt this Period
60.00

P/R Deduction (\$60.00 Monthly)

B.

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

Mailing Address 8554 202ND STREET SW

City State Zip Code
EDMONDS WA 98026

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

Name of Employer Pacific Life Occupation DIVISION VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10363242060

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

C.

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

Mailing Address 1 SAND OAKS RD.

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation AVP TREASURER PAF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10363252060

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 20 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 25621 DEL NORTE

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP ACTUARIAL & REINS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10363262060
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

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

Mailing Address 1812 LEADBURN RD

City State Zip Code
TOWSON MD 21204

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

Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10363272060
Amount of Each Receipt this Period: 125.00
P/R Deduction (\$125.00 Monthly)

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

Mailing Address 906 NEWTON LN

City State Zip Code
PLACENTIA CA 92870

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

Name of Employer Pacific Life Occupation VP CORP APPL SYSTEMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10363282060
Amount of Each Receipt this Period: 80.00
P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 255.00

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 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MS. SUZANNE T KAMPA		Date of Receipt
	Mailing Address 5531 STANFORD AVE		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	GARDEN GROVE	CA	92845
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10363322060
Name of Employer Pacific Life		Occupation IT AUDIT CONS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	<input type="text" value="60.00"/>
			P/R Deduction (\$60.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MS. ANITA KARANJIA		Date of Receipt
	Mailing Address 9 MONTECILO		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	FOOTHILL RANCH	CA	92610
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10363332060
Name of Employer Pacific Life		Occupation BUS ANALYST CONS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="345.00"/>	<input type="text" value="50.00"/>
			P/R Deduction (\$0.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. BRIAN D KLEMENS		Date of Receipt
	Mailing Address 24611 BENJAMIN CIR		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	DANA POINT	CA	92629
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10363372060
Name of Employer Pacific Life		Occupation VP CORPORATE CONTROLLER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="480.00"/>	<input type="text" value="80.00"/>
			P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="190.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 67

(check only one)

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

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

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

A.

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

Mailing Address 6307 CAMINO MARINERO

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Occupation
Pacific Life VP KEY ACCOUNT MKTG

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10363422060

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

B.

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

Mailing Address 262 S FAIRFIELD LN

City State Zip Code
ORANGE CA 92869

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

Name of Employer Occupation
Pacific Life AVP INVEST CNSL

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10363452060

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

C.

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

Mailing Address 709 AVENIDA MIROLA

City State Zip Code
PALOS VERDES EST CA 90274

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

Name of Employer Occupation
Pacific Life REGIONAL VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1650.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10363472060

Amount of Each Receipt this Period

400.00

P/R Deduction (\$400.00 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 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MR. DAVID LAWS	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 10935 E BERRY AVE	Transaction ID: PR10363482060
	City State Zip Code ENGLEWOOD CO 80111	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation REGIONAL VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	P/R Deduction (\$100.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MS. LAURENE E MAC ELWEE	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 1033 SECRETARIAT CIR	Transaction ID: PR10363562060
	City State Zip Code COSTA MESA CA 92626	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation AVP VARIABLE REG COMPL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	P/R Deduction (\$100.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. DESMOND G MARSH	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 74 SETON RD	Transaction ID: PR10363592060
	City State Zip Code IRVINE CA 92612	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation AVP ANNUITY APPS ADMIN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00	P/R Deduction (\$120.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	320.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 67

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
MR. THOMAS J MAYS

Mailing Address 7406 PALOMA DR

City State Zip Code
HUNTINGTON BEACH CA 92648

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

Name of Employer Occupation
Pacific Life VP GOVT RELNS

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10363602060

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. GAIL H MC INTOSH

Mailing Address 622 18TH ST

City State Zip Code
HUNTINGTON BEACH CA 92648

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

Name of Employer Occupation
Pacific Life AVP INS CNSL

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10363612060

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

C.

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

Mailing Address 207 N ELLERY DR

City State Zip Code
SAN PEDRO CA 90732

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

Name of Employer Occupation
Pacific Life AVP INS CNSL

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10363632060

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

205.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 4006 INLET ISLE DR

City State Zip Code
CORONA DEL MAR CA 92625

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10363662060
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

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

Mailing Address 26922 ROCKING HORSE LN

City State Zip Code
LAGUNA HILLS CA 92653

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

Name of Employer Pacific Life Occupation VP & SECRETARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10363712060
Amount of Each Receipt this Period: 250.00
P/R Deduction (\$250.00 Monthly)

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

Mailing Address 20 BRYCE CYN

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation AVP PROD & PORT MKTG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10363752060
Amount of Each Receipt this Period: 65.00
P/R Deduction (\$65.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 415.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 67
(check only one)

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

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

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

A.

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

Mailing Address 6412 N 159TH ST

City OMAHA State NE Zip Code 68116

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

Name of Employer Pacific Life Occupation SYSTEMS ANALYSIS CONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 06 / 30 / 2008

Transaction ID: PR10363762060

Amount of Each Receipt this Period 45.00

P/R Deduction (\$45.00 Monthly)

B.

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

Mailing Address 29022 PINTAIL CIR

City LAGUNA NIGUEL State CA Zip Code 92677

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 ▼ 2496.00

Date of Receipt 06 / 30 / 2008

Transaction ID: PR10363792060

Amount of Each Receipt this Period 416.00

P/R Deduction (\$416.00 Monthly)

C.

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

Mailing Address 27822 HOMESTEAD RD

City LAGUNA NIGUEL State CA Zip Code 92677

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

Name of Employer Pacific Life Occupation VP RE ASSET MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 06 / 30 / 2008

Transaction ID: PR10363802060

Amount of Each Receipt this Period 175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **636.00**

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 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MR. DARAGH M O'SULLIVAN		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 267 COMMONWEALTH AVE		Transaction ID: PR10363902060
	City BOSTON	State MA	Zip Code 02116
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
	Name of Employer Pacific Life	Occupation VP PRODUCT DESIGN	P/R Deduction (\$0.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

B.	Full Name (Last, First, Middle Initial) MR. RICHARD P OLSON		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 24852 CAMBERWELL ST		Transaction ID: PR10363932060
	City LAGUNA HILLS	State CA	Zip Code 92653
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Pacific Life	Occupation DIR SECURITY SVCS	P/R Deduction (\$50.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

C.	Full Name (Last, First, Middle Initial) MS. HEATHER A PAIGE		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 29352 BOBOLINK DR		Transaction ID: PR10363962060
	City LAGUNA NIGUEL	State CA	Zip Code 92677
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Pacific Life	Occupation VP IMD OPS & COMPL	P/R Deduction (\$50.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 67
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
MS. JOYCE J PEAD

Mailing Address 25 SUNRISE

City IRVINE State CA Zip Code 92603

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

Name of Employer Pacific Life Occupation AVP HR CONSULTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10364002060
 Amount of Each Receipt this Period: 50.00
 P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. ALYCE PETERSON

Mailing Address 2908 VIA HIDALGO

City SAN CLEMENTE State CA Zip Code 92673

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

Name of Employer Pacific Life Occupation VP MARKETING SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10364022060
 Amount of Each Receipt this Period: 75.00
 P/R Deduction (\$75.00 Monthly)

C.

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

Mailing Address 915 STROKE RD

City VILLANOVA State PA Zip Code 19085

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 ▼ 240.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10364042060
 Amount of Each Receipt this Period: 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 165.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 20541 VIA EL TAJO

City State Zip Code
YORBA LINDA CA 92887

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

Name of Employer Pacific Life Occupation VP CORP AUDIT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt: MM / DD / YYYY
06 / 30 / 2008

Transaction ID: PR10364052060

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 20 MOLINO

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation VP REAL ESTATE FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: MM / DD / YYYY
06 / 30 / 2008

Transaction ID: PR10364082060

Amount of Each Receipt this Period 150.00

P/R Deduction (\$150.00 Monthly)

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

Mailing Address 33 BOLERO

City State Zip Code
MISSION VIEJO CA 92692

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

Name of Employer Pacific Life Occupation INTERNAL AUDIT DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: MM / DD / YYYY
06 / 30 / 2008

Transaction ID: PR10364092060

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 230.00

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 30 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MR. JAMES R RICE		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 11 STILLWATER		Transaction ID: PR10364142060		
	City IRVINE	State CA	Zip Code 92603	Amount of Each Receipt this Period 110.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$110.00 Monthly)		
	Name of Employer Pacific Life	Occupation VP M FINANCIAL DISTRIBUTION			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 660.00			

B.	Full Name (Last, First, Middle Initial) MR. GERALD W ROBINSON		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 38347 N 104TH PL		Transaction ID: PR10364182060		
	City SCOTTSDALE	State AZ	Zip Code 85262	Amount of Each Receipt this Period 325.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$325.00 Monthly)		
	Name of Employer Pacific Life	Occupation EXEC VP ANNUITIES			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1875.00			

C.	Full Name (Last, First, Middle Initial) MR. ROBERT D RUSSELL		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 51202 EASTCHURCH		Transaction ID: PR10364232060		
	City CHAPEL HILL	State NC	Zip Code 27517	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$75.00 Monthly)		
	Name of Employer Pacific Life	Occupation AVP RE INVESTMENTS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

SUBTOTAL of Receipts This Page (optional)	510.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 31 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MR. RICHARD J SCHINDLER
Mailing Address 28792 APPLETREE
City MISSION VIEJO State CA Zip Code 92692
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation SR VP LIFE CHF MKTG OFCR
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1125.00
Date of Receipt 06 / 30 / 2008
Transaction ID: PR10364262060
Amount of Each Receipt this Period 250.00
P/R Deduction (\$250.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. CATHY L SCHWARTZ
Mailing Address 87 PELICAN CT
City NEWPORT BEACH State CA Zip Code 92660
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP CREDIT ANALYSIS
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00
Date of Receipt 06 / 30 / 2008
Transaction ID: PR10364312060
Amount of Each Receipt this Period 100.00
P/R Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. SONJA V SCOTT
Mailing Address 30 CANYONWOOD
City IRVINE State CA Zip Code 92620
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP COMPENSATION
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00
Date of Receipt 06 / 30 / 2008
Transaction ID: PR10364332060
Amount of Each Receipt this Period 40.00
P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 390.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 32 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 2315 VIA ZAFIRO

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation AVP APPLIC DEV

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

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10364352060
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

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

Mailing Address 1661 UTAH CIR

City State Zip Code
COSTA MESA CA 92626

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

Name of Employer Pacific Life Occupation DIR PORTFOLIO OPS

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10364442060
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

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

Mailing Address 11 SOMMET

City State Zip Code
NEWPORT COAST CA 92657

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

Name of Employer Pacific Life Occupation VP TALENT ACQ & DEV

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

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10364502060
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

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

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

FOR LINE NUMBER: PAGE 33 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 355 S LORETTA DR

City State Zip Code
ORANGE CA 92869

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

Name of Employer Pacific Life Occupation VP ACCTG & RPTG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10364582060

Amount of Each Receipt this Period 85.00

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 22862 ORENSE

City State Zip Code
MISSION VIEJO CA 92691

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

Name of Employer Pacific Life Occupation VP & INSURANCE COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10364592060

Amount of Each Receipt this Period 55.00

P/R Deduction (\$55.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. KHANH T TRAN

Mailing Address 47 VERNAL SPG

City State Zip Code
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation EXEC VP CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.96

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10364602060

Amount of Each Receipt this Period 416.66

P/R Deduction (\$416.66 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 556.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MS. SUSAN L TULLY		Date of Receipt
	Mailing Address 6929 N HAYDEN RD PMB 157		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	SCOTTSDALE	AZ	85250
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10364612060
Name of Employer Pacific Life		Occupation SR WHOLESALER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 360.00	<input type="text"/> 60.00
			P/R Deduction (\$60.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. EDDIE D TUNG		Date of Receipt
	Mailing Address PO BOX 10386		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	NEWPORT BEACH	CA	92658
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10364622060
Name of Employer Pacific Life		Occupation AVP REGULATORY PROD ACCTG	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 390.00	<input type="text"/> 70.00
			P/R Deduction (\$70.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MS. CATHRYN L VAN WEY		Date of Receipt
	Mailing Address 41974 CARSON CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	MURRIETA	CA	92562
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10364632060
Name of Employer Pacific Life		Occupation AVP NATL ACCTS & BD SVCS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 240.00	<input type="text"/> 50.00
			P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 180.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MR. JOHN M WALDECK	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 67 LAURELHURST DR	Transaction ID: PR10364652060
	City State Zip Code LADERA RANCH CA 92694	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$125.00 Monthly)
Name of Employer Pacific Life	Occupation VP RE UWG & CONST SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	

B.	Full Name (Last, First, Middle Initial) MS. NANCY A WEBB	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 36 BLACK HAWK	Transaction ID: PR10364702060
	City State Zip Code IRVINE CA 92603	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation VP FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) MR. JOHN WHITE	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 32122 VIA CARLOS	Transaction ID: PR10364742060
	City State Zip Code SN JUAN CAPISTRANO CA 92675	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation VP INTERNAL WHLSLNG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	325.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 36 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MS. ROBIN S YONIS
Mailing Address 8 CASTLEBAR
City IRVINE State CA Zip Code 92618
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation VP VAR REGULATORY COMPL
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 06 / 30 / 2008
Transaction ID: PR10364822060
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. MARIA ZAMBELLI-DOUGHERTY
Mailing Address 525 LOMBARDY RD
City DREXEL HILL State PA Zip Code 19026
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation SUPR OPERATIONS
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00
Date of Receipt 06 / 30 / 2008
Transaction ID: PR10364832060
Amount of Each Receipt this Period 60.00
P/R Deduction (\$60.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL J WAUTERS
Mailing Address 2942 COPA DE ORO DR
City LOS ALAMITOS State CA Zip Code 90720
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP FINANCIAL OPS
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00
Date of Receipt 06 / 30 / 2008
Transaction ID: PR10365122060
Amount of Each Receipt this Period 55.00
P/R Deduction (\$55.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MR. MICHAEL A BELL	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 2 PRECIPICE	Transaction ID: PR10365142060
	City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$300.00 Monthly)
Name of Employer Pacific Life	Occupation EVP LIFE INSURANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

B.	Full Name (Last, First, Middle Initial) MR. PAUL V LIGEROS	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 44 RABANO	Transaction ID: PR10365202060
	City State Zip Code RCHO STA MARGARITA CA 92688	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Monthly)
Name of Employer Pacific Life	Occupation PROD & COMPETITION CONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C.	Full Name (Last, First, Middle Initial) MR. REED J LLOYD	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 6 SANDERLING LN	Transaction ID: PR10365212060
	City State Zip Code ALISO VIEJO CA 92656	Amount of Each Receipt this Period 65.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$65.00 Monthly)
Name of Employer Pacific Life	Occupation AVP ADVANCED MKTG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	405.00
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 38 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MS. CAROLYN DEAN		Date of Receipt
	Mailing Address PO BOX 3051		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	DANA POINT	CA	92629
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: PR10365342060
Name of Employer Pacific Life		Occupation ACCOUNTING DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
		<input type="text"/> 240.00	P/R Deduction (\$40.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. PHILIP A TEETER		Date of Receipt
	Mailing Address 376 MYRTLE ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LAGUNA BEACH	CA	92651
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: PR10365472060
Name of Employer Pacific Life		Occupation VP ANN TECHNOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 825.00	P/R Deduction (\$150.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. RICHARD G CHERNEY		Date of Receipt
	Mailing Address 27835 HOMESTEAD RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LAGUNA NIGUEL	CA	92677
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: PR10365542060
Name of Employer Pacific Life		Occupation EXEC VP GLOBAL MARKETING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 300.00	P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 240.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 67

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. KAREN S WALL

Mailing Address 1811 RIVERFORD RD

City	State	Zip Code
TUSTIN	CA	92780

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

Name of Employer Pacific Life	Occupation SYS ANALYSIS DIR
----------------------------------	--------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
---	------------------------------------

Date of Receipt

MM / DD / YYYY
06 / 30 / 2008

Transaction ID: PR10365582060

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. TENNYSON S OYLER

Mailing Address 112 CLEARBROOK

City	State	Zip Code
IRVINE	CA	92614

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

Name of Employer Pacific Life	Occupation DIR PUBLIC AFFAIRS
----------------------------------	----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00
---	------------------------------------

Date of Receipt

MM / DD / YYYY
06 / 30 / 2008

Transaction ID: PR10365612060

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM D COTTON

Mailing Address 703 KAHN PL

City	State	Zip Code
ALEXANDRIA	VA	22314

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

Name of Employer Pacific Life	Occupation SR WHOLESALER
----------------------------------	-----------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
---	------------------------------------

Date of Receipt

MM / DD / YYYY
06 / 30 / 2008

Transaction ID: PR10365622060

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 67
(check only one)

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

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

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

A.

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

Mailing Address 1121 EBBTIDE RD

City State Zip Code
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation SR VP ANN ADMIN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt: 06 / 30 / 2008

Transaction ID: PR10365662060

Amount of Each Receipt this Period: 130.00

P/R Deduction (\$130.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. VALERIE MORRIS

Mailing Address 48 W YALE LOOP

City State Zip Code
IRVINE CA 92604

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

Name of Employer Pacific Life Occupation VP HR PRGMS & SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 06 / 30 / 2008

Transaction ID: PR10365682060

Amount of Each Receipt this Period: 90.00

P/R Deduction (\$90.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MS. PATRICIA S DOUGLASS

Mailing Address 640 SAINT JAMES RD

City State Zip Code
NEWPORT BEACH CA 92663

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

Name of Employer Pacific Life Occupation VP GOVT RELNS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1320.00

Date of Receipt: 06 / 30 / 2008

Transaction ID: PR10365732060

Amount of Each Receipt this Period: 225.00

P/R Deduction (\$225.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 445.00

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 41 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MR. WILLIAM D BURKE		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 2216 NELDA WAY		Transaction ID: PR10365782060
	City ALAMO	State CA	Zip Code 94507
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Pacific Life	Occupation REGIONAL VP	P/R Deduction (\$100.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

B.	Full Name (Last, First, Middle Initial) MR. RODERICK P HANSEN		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 21612 MARIGOT DR		Transaction ID: PR10365852060
	City BOCA RATON	State FL	Zip Code 33428
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Pacific Life	Occupation REGIONAL VP	P/R Deduction (\$100.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

C.	Full Name (Last, First, Middle Initial) MS. CHRISTINA Q HE		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 16625 SONORA STREET		Transaction ID: PR10365872060
	City TUSTIN	State CA	Zip Code 92782
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Pacific Life	Occupation AVP PORTFOLIO MGMT	P/R Deduction (\$40.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

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

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

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

FOR LINE NUMBER: PAGE 42 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 30 BRIAN RD

City State Zip Code
BRIDGEWATER MA 02324

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

Name of Employer Pacific Life Occupation DIVISION VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10365962060
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

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

Mailing Address 22 N PALMIERA CIR

City State Zip Code
THE WOODLANDS TX 77382

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10365992060
Amount of Each Receipt this Period: 250.00
P/R Deduction (\$250.00 Monthly)

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

Mailing Address 24081 NUTHATCH LN

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP PRODUCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10366042060
Amount of Each Receipt this Period: 75.00
P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 425.00

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 43 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MR. TRAVIS R MC KAY	Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Mailing Address 24719 JOLEE CT	Transaction ID: PR10366062060
	City State Zip Code PLAINFIELD IL 60544	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation SR WHOLESALER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) MS. KATHARINE B YOUNG	Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Mailing Address 18647 SANTA ISADORA ST	Transaction ID: PR10366102060
	City State Zip Code FOUNTAIN VALLEY CA 92708	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$80.00 Monthly)
Name of Employer Pacific Life	Occupation AVP VAL & RISK MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00	

C.	Full Name (Last, First, Middle Initial) MR. CHRISTOPHER VAN MIERLO	Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Mailing Address 400 EL VUELO	Transaction ID: PR10366152060
	City State Zip Code SAN CLEMENTE CA 92672	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$60.00 Monthly)
Name of Employer Pacific Life	Occupation VP NATL ACCOUNTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 67
(check only one)

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

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

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

A.

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

Mailing Address 27481 VANTAGE CIRCLE

City State Zip Code
SN JUAN CAPISTRANO CA 92675

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

Name of Employer Pacific Life Occupation EXEC VP RE INVEST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: PR10366192060

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

B.

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

Mailing Address 1121 EBBTIDE RD

City State Zip Code
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation VP MKT & CREDIT RISK

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: PR10366212060

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. MICHAEL P BORGATTI

Mailing Address 978 BALD CYPRESS DR

City State Zip Code
MANDEVILLE LA 70448

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: PR10366242060

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 67

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD M WILKES

Mailing Address 7124 HAWKSBEARD DR

City State Zip Code
WESTERVILLE OH 43082

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 ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10366272060

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. RICHARD S BANNO

Mailing Address 26666 WHITE OAKS DR

City State Zip Code
LAGUNA HILLS CA 92653

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

Name of Employer Occupation
Pacific Life AVP CAPITAL MKTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10366282060

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. STEPHEN M BOLLINGER

Mailing Address 17345 FLAME TREE CIR

City State Zip Code
FOUNTAIN VALLEY CA 92708

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

Name of Employer Occupation
Pacific Life AVP E-COMMERCE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10366302060

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

215.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MS. MARY ANN BROWN		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 304 WEYMOUTH PL		Transaction ID: PR10366312060
	City LAGUNA BEACH	State CA	Zip Code 92651
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.66
	Name of Employer Pacific Life	Occupation SR VP CORP DEVELPMT	P/R Deduction (\$416.66 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.96		

B.	Full Name (Last, First, Middle Initial) MR. SIMON S FENG		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 10 CANDELA		Transaction ID: PR10366352060
	City IRVINE	State CA	Zip Code 92620
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
	Name of Employer Pacific Life	Occupation VP INFO TECH	P/R Deduction (\$150.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

C.	Full Name (Last, First, Middle Initial) MR. THOMAS GIBBONS		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 3010 PARK NEWPORT		Transaction ID: PR10366362060
	City NEWPORT BEACH	State CA	Zip Code 92660
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 180.00
	Name of Employer Pacific Life	Occupation VP TAX	P/R Deduction (\$180.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00		

SUBTOTAL of Receipts This Page (optional)	746.66
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 47 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MS. MARY M HAWKINS
Mailing Address 6182 S 177TH ST
City OMAHA State NE Zip Code 68135
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP NEB OPS CENTER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00
Date of Receipt 06 / 30 / 2008
Transaction ID: PR10366392060
Amount of Each Receipt this Period 45.00
P/R Deduction (\$45.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. JAMES KARAFI
Mailing Address 182 STANHOPE RD
City SPARTA State NJ Zip Code 07871
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 ▼ 525.00
Date of Receipt 06 / 30 / 2008
Transaction ID: PR10366402060
Amount of Each Receipt this Period 100.00
P/R Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. STEPHAN P MITCHELL
Mailing Address 18111 THEODORA DR
City TUSTIN State CA Zip Code 92780
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation SR PROD & COMPETITION ANA
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 315.00
Date of Receipt 06 / 30 / 2008
Transaction ID: PR10366462060
Amount of Each Receipt this Period 60.00
P/R Deduction (\$60.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 67
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
MR. TERRY R PERKINS

Mailing Address 25522 SAWMILL LN

City State Zip Code
LAKE FOREST CA 92630

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

Name of Employer Pacific Life Occupation VP ADVANCE DESIGN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: PR10366472060

Amount of Each Receipt this Period 50.00

P/R Deduction (\$0.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. KYLE R WOODDELL

Mailing Address 2500 CHRISTOPHER OAKS CT

City State Zip Code
SAINT LOUIS MO 63129

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: PR10366592060

Amount of Each Receipt this Period 100.00

P/R Deduction (\$0.00 Monthly)

C.

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

Mailing Address 6052 MEADOW VIEW CT

City State Zip Code
JOHNSTON IA 50131

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

Name of Employer Pacific Life Occupation AVP NEW BUSINESS SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: PR10366622060

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 67

(check only one)

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

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

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

A.

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

Mailing Address 27302 MONDANO DR

City State Zip Code
MISSION VIEJO CA 92692

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

Name of Employer Occupation
Pacific Life AVP BUSINESS DEV

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10366672060

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B.

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

Mailing Address 3019 SAN ANSELIN AVE

City State Zip Code
LONG BEACH CA 90808

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

Name of Employer Occupation
Pacific Life SYSTEMS ANALYSIS SUPR

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10366682060

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MS. KAREN M BROWN

Mailing Address 11 FOREST HILLS CT

City State Zip Code
DANA POINT CA 92629

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

Name of Employer Occupation
Pacific Life AVP MODEL OFC ANN TECH

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR10366692060

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 67
(check only one)

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

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

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

A.

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

Mailing Address 570 EBBCREEK DR APT P

City State Zip Code
CORONA CA 92880

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

Name of Employer Pacific Life Occupation APPLIC DEV CONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: PR10366702060

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. STEVEN R ELDER

Mailing Address 37936 19TH AVE S

City State Zip Code
FEDERAL WAY WA 98003

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: PR10366722060

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

C.

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

Mailing Address 2311 BAYPOINTE DR

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation DIR RISK MGMT (IMD)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: PR10366732060

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 140.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MS. CHARLENE A GRANT	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 3311 SEAVIEW AVE	Transaction ID: PR10366752060
	City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$35.00 Monthly)
	Name of Employer Pacific Life Occupation AVP VAR REG COMPL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) MR. DAVID C HONERKAMP	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 2712 LIGHTHOUSE LN	Transaction ID: PR10366762060
	City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)
	Name of Employer Pacific Life Occupation AVP RE ACQUISITIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) MS. LINDA L KOTOWICZ	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 795 TREPANNY LN	Transaction ID: PR10366792060
	City State Zip Code WAYNE PA 19087	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$60.00 Monthly)
	Name of Employer Pacific Life Occupation FVP M MKTG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	145.00
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 52 / 67
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
MR. ROBERT C O'BRIEN

Mailing Address 35 HERITAGE AVE

City ASHLAND State MA Zip Code 01721

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: 06 / 30 / 2008
Transaction ID: PR10366812060
 Amount of Each Receipt this Period: 50.00
 P/R Deduction (\$50.00 Monthly)

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

Mailing Address 21611 BLUEJAY ST

City TRABUCO CANYON State CA Zip Code 92679

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

Name of Employer Pacific Life Occupation VP CHIEF COMPLIANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10366822060
 Amount of Each Receipt this Period: 40.00
 P/R Deduction (\$40.00 Monthly)

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

Mailing Address 1 BAILEY DRIVE

City GLENWOOD State NJ Zip Code 07418

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

Name of Employer Pacific Life Occupation FIELD VICE PRES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10366882060
 Amount of Each Receipt this Period: 55.00
 P/R Deduction (\$55.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MR. TODD E WOODWARD		Date of Receipt
	Mailing Address 1907 BERYL LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2008
	City	State	Zip Code
	NEWPORT BEACH	CA	92660-4449
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10366892060
Name of Employer Pacific Life		Occupation Sr. VP/ACG	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 0.00
			P/R Deduction (\$0.00)

B.	Full Name (Last, First, Middle Initial) MR. STUART A HOLLAND		Date of Receipt
	Mailing Address 4931 CAREFREE TRAIL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2008
	City	State	Zip Code
	PARKER	CO	80134
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10366912060
Name of Employer Pacific Life		Occupation SR FVP-NCM IP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 450.00	<input type="text"/> 75.00
			P/R Deduction (\$75.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MS. ADRIANNE M GEORGANTAS		Date of Receipt
	Mailing Address 28373 BOULDER DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2008
	City	State	Zip Code
	TRABUCO CANYON	CA	92679
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10367002060
Name of Employer Pacific Life		Occupation SR FLD SVCS PROJ ANA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 240.00	<input type="text"/> 40.00
			P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 115.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MR. CHIN H KIM	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 24 TAOS	Transaction ID: PR10367022060
	City State Zip Code RCHO STA MARGARITA CA 92688	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pacific Life DIR ADVD MKTG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$40.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. JAMES M RUGGERIO	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 449 SAINT ANNES DR	Transaction ID: PR10367082060
	City State Zip Code BIRMINGHAM AL 35244	Amount of Each Receipt this Period 65.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pacific Life SR WHOLESALER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$65.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. KEITH C WERSCHKE	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 25252 NORTHRUP DR	Transaction ID: PR10367122060
	City State Zip Code LAGUNA HILLS CA 92653	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pacific Life AVP AGG & INS RISK MGT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MR. JIM Y CHU	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 120 ALBERT PL APT 10	Transaction ID: PR10367142060
	City State Zip Code COSTA MESA CA 92627	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$80.00 Monthly)
	Name of Employer Pacific Life Occupation AVP PROD DESIGN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 435.00	

B.	Full Name (Last, First, Middle Initial) MR. ROBERT J HUNT	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 20130 NE 28TH PL	Transaction ID: PR10367162060
	City State Zip Code SAMMAMISH WA 98074	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Monthly)
	Name of Employer Pacific Life Occupation SR WHOLESALER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) MR. STEVEN H GOLDBERG	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 11 TWIN FLOWER ST	Transaction ID: PR10367182060
	City State Zip Code LADERA RANCH CA 92694	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)
	Name of Employer Pacific Life Occupation DIR ANNUITIES PRODUCT DEVELOPMENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	170.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MR. ROBERT J AVELLINO	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 3 PHEASANT DR.	Transaction ID: PR10614782060
	City State Zip Code MT. LAUREL NJ 08054	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)
	Name of Employer Pacific Life Occupation SR WHOLESALER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) MR. STEPHEN K BEST	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 445 FLINT AVE	Transaction ID: PR10614792060
	City State Zip Code LONG BEACH CA 90814	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$0.00 Monthly)
	Name of Employer Pacific Life Occupation SR WHOLESALER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) MR. CARL B JACKSON	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 22395 WOODGROVE RD	Transaction ID: PR10614812060
	City State Zip Code LAKE FOREST CA 92630	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$45.00 Monthly)
	Name of Employer Pacific Life Occupation BUS CONT PRGM DIR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	

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

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

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

FOR LINE NUMBER: PAGE 57 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 510 SAN NICHOLAS CT

City State Zip Code
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation AVP INVESTMENT OVERSIGHT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10614832060
Amount of Each Receipt this Period: 45.00
P/R Deduction (\$45.00 Monthly)

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

Mailing Address 1112 LAS POSAS

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation AVP SPECIALIZED MRKTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10614842060
Amount of Each Receipt this Period: 35.00
P/R Deduction (\$35.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. ALEX M RUIZ

Mailing Address PO BOX 7312

City State Zip Code
NEWPORT BEACH CA 92658

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

Name of Employer Pacific Life Occupation ACTUARIAL CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR10614862060
Amount of Each Receipt this Period: 35.00
P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 115.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MR. TIM N SHAHEEN		Date of Receipt
	Mailing Address 28 STONE PNE		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	ALISO VIEJO	CA	92656
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Pacific Life		Occupation AVP SLS & MKTG OPS	Transaction ID: PR10614872060
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			P/R Deduction (\$50.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. MATTHEW WELLS		Date of Receipt
	Mailing Address 120 BONITA DR		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	HOMEWOOD	AL	35209
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Pacific Life		Occupation SR WHOLESALER	Transaction ID: PR10614922060
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
			P/R Deduction (\$100.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. DAVID J VAN DE WATER		Date of Receipt
	Mailing Address 2062 MOUNT SHASTA DR		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	SAN PEDRO	CA	90732
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Pacific Life		Occupation MARKETING CONSULTANT	Transaction ID: PR11106892060
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="200.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MS. ANN E FARLEY	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 4014 ALADDIN DR	Transaction ID: PR11323352060
	City State Zip Code HUNTINGTON BEACH CA 92649	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$45.00 Monthly)
	Name of Employer Occupation Pacific Life AVP PRODUCT DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

B.	Full Name (Last, First, Middle Initial) MS. JENNIFER R JEWETT	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 31901 VIRGINIA WAY	Transaction ID: PR12361942060
	City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period 65.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$65.00 Monthly)
	Name of Employer Occupation Pacific Life AVP INVEST CNSL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

C.	Full Name (Last, First, Middle Initial) MR. EDWIN J FERRELL	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 34 CASTLEROCK	Transaction ID: PR22130752060
	City State Zip Code IRVINE CA 92603	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$85.00 Monthly)
	Name of Employer Occupation Pacific Life VP CREDIT ANALYSIS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 60 / 67	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) MR. TIMOTHY C MYERS		Date of Receipt																					
	Mailing Address 23819 CLAYMORE WAY		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		3	0		2	0	0	8														
	City State Zip Code VALENCIA CA 91354		Transaction ID: PR22130862060																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00																					
Name of Employer Occupation Pacific Life CORP TAX DIRECTOR		P/R Deduction (\$75.00 Monthly)																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								
Aggregate Year-to-Date ▼ 225.00																								

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	20505.32

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Max Baucus</p> <p>Mailing Address 818 Connecticut Avenue, NW Suite 1100</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Contribution Candidate Name Max Baucus</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6833710 Date of Disbursement 06 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Melissa Bean For Congress</p> <p>Mailing Address Post Office Box 3068</p> <p>City Barrington State IL Zip Code 60011</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Melissa Bean</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6833711 Date of Disbursement 06 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Brian Bilbray for Congress</p> <p>Mailing Address P.O. Box 455</p> <p>City Rancho Sante Fe State CA Zip Code 92067</p> <p>Purpose of Disbursement Contribution Candidate Name Brian Bilbray</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6833712 Date of Disbursement 06 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Rahm Emanuel</p> <p>Mailing Address P.O. Box 101124</p> <p>City Chicago State IL Zip Code 60610</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Rahm Emanuel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 05</p>	<p>Transaction ID: 6833715 Date of Disbursement 06 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Barney Frank for Congress Committee</p> <p>Mailing Address 38 Ivy Street, S.E.</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Barney Frank</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 04</p>	<p>Transaction ID: 6833716 Date of Disbursement 06 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Barney Frank for Congress Committee</p> <p>Mailing Address 38 Ivy Street, S.E.</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Barney Frank</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 04</p>	<p>Transaction ID: 6833717 Date of Disbursement 06 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

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

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

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

A. Full Name (Last, First, Middle Initial)
McConnell Senate Committee '08

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement
Contribution

Candidate Name
Sen. Mitch McConnell

Category/
Type

Office Sought: House Senate President
State: KY District:
Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: 6833718
Date of Disbursement

/

Amount of Each Disbursement this Period

Contribution

B. Full Name (Last, First, Middle Initial)
Friends of Congressman George Miller

Mailing Address 301 4th Street, NE, Suite 202

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name
George Miller

Category/
Type

Office Sought: House Senate President
State: CA District: 07
Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: 6833719
Date of Disbursement

/

Amount of Each Disbursement this Period

Contribution

C. Full Name (Last, First, Middle Initial)
Porter For Congress

Mailing Address 7840 Red Leaf Drive

City Las Vegas State NV Zip Code 89131

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jon Porter

Category/
Type

Office Sought: House Senate President
State: NV District: 03
Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: 6833720
Date of Disbursement

/

Amount of Each Disbursement this Period

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

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

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

A. Full Name (Last, First, Middle Initial) Rangel for Congress <hr/> Mailing Address PO Box 5577 Manhattanville Station <hr/> City New York State NY Zip Code 10027 <hr/> Purpose of Disbursement Contribution Candidate Name Charles Rangel <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6833721 Date of Disbursement 06 / 06 / 2008
	Amount of Each Disbursement this Period 500.00 <hr/> Contribution

B. Full Name (Last, First, Middle Initial) Rangel for Congress <hr/> Mailing Address PO Box 5577 Manhattanville Station <hr/> City New York State NY Zip Code 10027 <hr/> Purpose of Disbursement Contribution Candidate Name Charles Rangel <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6833722 Date of Disbursement 06 / 06 / 2008
	Amount of Each Disbursement this Period 2500.00 <hr/> Contribution

C. Full Name (Last, First, Middle Initial) The Committee to Re-Elect Loretta Sanchez <hr/> Mailing Address 604 South Harbor Boulevard <hr/> City Santa Ana State CA Zip Code 92704 <hr/> Purpose of Disbursement Contribution Candidate Name Loretta Sanchez <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6833723 Date of Disbursement 06 / 06 / 2008
	Amount of Each Disbursement this Period 1000.00 <hr/> Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Ellen Tauscher for Congress</p> <p>Mailing Address 20 Park Road Suite E</p> <p>City Burlingame State CA Zip Code 94010</p> <p>Purpose of Disbursement Contribution Candidate Name Ellen Tauscher</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 10</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6833724 Date of Disbursement 06 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Collins for Senator</p> <p>Mailing Address PO Box 1096</p> <p>City Bangor State ME Zip Code 04402</p> <p>Purpose of Disbursement Contribution Candidate Name Susan Collins</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: ME District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6833726 Date of Disbursement 06 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Mark Pryor for US Senate Committee</p> <p>Mailing Address 420 C Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution Candidate Name Mark Pryor</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AR District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6966120 Date of Disbursement 06 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial) Udall For Us All <hr/> Mailing Address 303 Massachusetts Avenue, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Tom Udall <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6966121 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00 <hr/> Contribution
B. Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc <hr/> Mailing Address 19528 Ventura Blvd., Suite 647 <hr/> City Tarzana State CA Zip Code 91356 <hr/> Purpose of Disbursement Contribution Candidate Name Sen. Elizabeth Dole <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6966122 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00 <hr/> Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

31500.00

Image# 28992382060

Form/Schedule: **F3XA**
Transaction ID:

July 20th Monthly report needed to be amended because contribution was made to Tom Udall (Udall for Us All), not Mark Udall.
