

# 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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dell'Andrea, Darrell, , ,**

Mailing Address 1 Bluecoat

City  
Irvine

State  
CA

Zip Code  
92620-2607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pacific Life Insurance Company

Occupation (for Individual)  
AVP Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2020

**Transaction ID : PR840159116989**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Edmund, M, ,**

Mailing Address 23 Hollyhock Ln

City

Mission Viejo

State

CA

Zip Code

92692-5944

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pacific Life Insurance Company

Occupation (for Individual)  
AVP Architecture

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2020

**Transaction ID : PR848549916989**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bradley, Heather, R, ,**

Mailing Address 140 Colony Way

City

Aliso Viejo

State

CA

Zip Code

92656-4239

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pacific Life Insurance Company

Occupation (for Individual)  
LTC Regional Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2020

**Transaction ID : PR849893916989**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

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

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

375.00