

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

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

FOR LINE NUMBER: PAGE 59 OF 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

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

**A. Bacon, Edward, F, ,**

Mailing Address 19 Coronel Pl

City  
Aliso Viejo

State  
CA

Zip Code  
92656-1631

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pacific Life Insurance Company

Occupation (for Individual)  
VP Fin Planning & Rptg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2019

**Transaction ID : PR849893816181**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

**B. 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 ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2019

**Transaction ID : PR849893916181**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

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

**C. Hourigan, Nicole, J, ,**

Mailing Address 314 Walnut St

City  
Newport Beach

State  
CA

Zip Code  
92663-1922

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pacific Life Insurance Company

Occupation (for Individual)  
Dir Financial Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2019

**Transaction ID : PR849894216181**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

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

275.00