

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) PACIFIC LIFE INSURANCE COMPANY PAC	2. FEC IDENTIFICATION NUMBER C00068528
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 700 NEWPORT CENTER DR.	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee (see FEC FORM 1M)
CITY, STATE and ZIP CODE NEWPORT BEACH, CA 92660	

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

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

Termination Report

Monthly Report Due on:

- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input checked="" type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

Twelfth day report preceding _____
(Type of Election)

election on _____ in the State of _____

Thirtieth day report following the General Election on _____

_____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>04/01/2000</u> through <u>04/30/2000</u>		
6. (a) Cash on Hand January 1, 2000		65,443.85
(b) Cash on Hand at Beginning of Reporting Period	68,127.74	
(c) Total Receipts (from Line 19)	13,539.80	47,233.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	81,677.54	112,677.54
7. Total Disbursements (from Line 30)	4,662.41	35,662.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	77,015.13	77,015.13
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-121-9530
Local 301 378 3130

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 Assistant Treasurer
Mike McLaughlin

Signature of Assistant Treasurer *Mike McLaughlin* Date 5/19/00

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

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FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

NAME OF COMMITTEE PACIFIC LIFE INSURANCE COMPANY PAC	REPORT COVERING PERIOD	
	FROM: 04/01/2000	TO: 04/30/2000
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	7,091.16	18,799.14
ii. Unitemized	6,448.64	28,356.03
iii. Total	13,539.80	47,155.17
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions	13,539.80	47,155.17
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.)	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	78.51
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	13,539.80	47,233.68
20. Total Federal Receipts (subtract line 18 from line 19)	13,539.80	47,233.68
II. Disbursements		
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	162.41	162.41
c. Total Operating Expenditures (add a i, a ii, and b)	162.41	162.41
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Party Committees	2,000.00	33,000.00
24. Independent Expenditures (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 a, b and c)	0.00	0.00
29. Other Disbursements	2,500.00	2,500.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	4,662.41	35,662.41
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	4,662.41	35,662.41
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	13,539.80	47,155.17
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	13,539.80	47,155.17
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	162.41	162.41
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35)	162.41	162.41

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (CA012000 - 04/30/2000)

PAGE 1 OF 7
FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC 00068528

<p>A. Full Name, Mailing Address and ZIP Code DANIEL F. BASS 35 CLERMONT NEWPORT COAST, CA 92657</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p> <p>Occupation ASSISTANT VICE PRESIDENT</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 60.00 (\$60 Monthly)</p>
<p>B. Full Name, Mailing Address and ZIP Code ROBERT H. BEARDSLEE 27612 ESCUNA MISSION VIEJO, CA 92692</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p> <p>Occupation EXECUTIVE</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 60.00 (\$60 Monthly)</p>
<p>C. Full Name, Mailing Address and ZIP Code PAMELA M BERGER 1633 BOULDER CREEK RD. OCEANVIEW, CA 92056</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p> <p>Occupation EXECUTIVE</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 60.00 (\$60 Monthly)</p>
<p>D. Full Name, Mailing Address and ZIP Code JUDITH L. BROWN 26001 MASCOS MISSION VIEJO, CA 92691</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p> <p>Occupation EXECUTIVE</p> <p>Aggregate Year-to-Date > \$ 255.00</p>	<p>Date (month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 75.00 (\$75 Monthly)</p>
<p>E. Full Name, Mailing Address and ZIP Code EDWARD H BYRD 17520 PAGE COURT YORBA LINDA, CA 92886-3865</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p> <p>Occupation EXECUTIVE</p> <p>Aggregate Year-to-Date > \$ 210.00</p>	<p>Date (month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 60.00 (\$60 Monthly)</p>
<p>F. Full Name, Mailing Address and ZIP Code TERRY CARO 31735 SEACREST DR. LAGUNA BEACH, CA 92657</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p> <p>Occupation EXECUTIVE</p> <p>Aggregate Year-to-Date > \$ 1,125.00</p>	<p>Date (month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 300.00 (\$300 Monthly)</p>
<p>G. Full Name, Mailing Address and ZIP Code DAVID R. CARMICHAEL 1525 SERENADE TERRACE CORONA DEL MAR, CA 92625</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p> <p>Occupation EXECUTIVE</p> <p>Aggregate Year-to-Date > \$ 650.00</p>	<p>Date (month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 200.00 (\$200 Monthly)</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>815.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A ITEMIZED RECEIPTS
Contributions from Individuals/Persons

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

NAME OF COMMITTEE (in Full)
PACIFIC LIFE INSURANCE COMPANY PAC 00068528

A. Full Name, Mailing Address and ZIP Code DONALD W. F. CHAMBER 33741 SHACKLETON ISLE DANA POINT, CA 92629	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date (month, day, year) payroll deduction	Amount of Each Receipt This Period 70.00 (\$70 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
B. Full Name, Mailing Address and ZIP Code CYNTHIA S. DILLION 7 BODECA BAY CORONA DEL MAR, CA 92625	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date (month, day, year) payroll deduction	Amount of Each Receipt This Period 120.00 (\$120 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 435.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
C. Full Name, Mailing Address and ZIP Code JOHN L. DIXON 250 AUSTRALIAN AVE., S. STE. 1800 WEST PALM BEACH, FL 33401	Name of Employer MUTUAL SERVICE CORPORATION	Date (month, day, year) 04/05/2000	Amount of Each Receipt This Period 500.00
	Occupation PRESIDENT & CEO	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
D. Full Name, Mailing Address and ZIP Code WILLIAM J. DOOMEY 9 PARADISE COVE LAGUNA NIGUEL, CA 92677-4353	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date (month, day, year) payroll deduction	Amount of Each Receipt This Period 100.00 (\$100 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
E. Full Name, Mailing Address and ZIP Code RICHARD S. EASTLYN 27556 VALLEY RIM CIRCLE SAN JUAN CAPISTRANO, CA 92675	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date (month, day, year) payroll deduction	Amount of Each Receipt This Period 60.00 (\$60 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
F. Full Name, Mailing Address and ZIP Code MARK R. FALK 64 SIMMERSTONE IRVINE, CA 92614	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date (month, day, year) payroll deduction	Amount of Each Receipt This Period 75.00 (\$75 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
G. Full Name, Mailing Address and ZIP Code WILLIAM L. PRARTS 1990 PORT EDUARDE CIRCLE NEWPORT BEACH, CA 92660	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date (month, day, year) payroll deduction	Amount of Each Receipt This Period 300.00 (\$300 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 1,125.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			

SUBTOTAL of Receipts This Page (optional)	1,225.00
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (0401/0200 - 0403/0200)

PAGE 3 OF 7
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code WALTER B. GSKKEN 1 POINT LOMA DR. CORONA DEL MAR, CA 92625	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date (month, day, year) 04/05/2000	Amount of Each Receipt This Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code BRIAN P. GOEDEL 818 SAN NICOLAS CIRCLE HUNTINGTON BEACH, CA 92648	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date (month, day, year) payroll deduction	Amount of Each Receipt This Period 60.00 (\$60 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 240.00	
C. Full Name, Mailing Address and ZIP Code STANLEY D HANSEN 8959 A. HARPERS PT. DRIVE CINCINNATI, OH 45249	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date (month, day, year) payroll deduction	Amount of Each Receipt This Period 125.00 (\$125 MONTHLY)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 425.00	
D. Full Name, Mailing Address and ZIP Code ROBERT G. HASKELL 115 VIA MAZIEERS NEWPORT BEACH, CA 92663	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date (month, day, year) payroll deduction	Amount of Each Receipt This Period 110.00 (\$110 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation SENIOR VICE PRESIDENT	Aggregate Year-to-Date > \$ 440.00	
E. Full Name, Mailing Address and ZIP Code ALBERT E. HEILES 402 AVONLEA COURT GIBSONIA, PA 15044	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date (month, day, year) payroll deduction	Amount of Each Receipt This Period 63.00 (\$63 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 252.00	
F. Full Name, Mailing Address and ZIP Code DARVLE C. JOHNSON 5 ALTAIR IRVINE, CA 92612	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date (month, day, year) payroll deduction	Amount of Each Receipt This Period 200.00 (\$200 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 650.00	
G. Full Name, Mailing Address and ZIP Code MARK J. JOHNSON 1812 LEADBURN ROAD TOWSON, MD 21204	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date (month, day, year) payroll deduction	Amount of Each Receipt This Period 100.00 (\$100 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	

SUBTOTAL of Receipts This Page (optional)	1,658.00
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS
Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC 00068528

A. Full Name, Mailing Address and ZIP Code FLETCHER C. LARSON 709 AVENIDA MIROLA PALOS VERDES ESTATE, CA 90274	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	AMOUNT OF EACH Receipt this Period 75.00 (\$75 Monthly)	
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	B. Full Name, Mailing Address and ZIP Code DAVID LEVY 135 JASMINE CREEK DRIVE CORONA DEL MAR, CA 92625	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 70.00 (\$70 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 280.00		
C. Full Name, Mailing Address and ZIP Code STEPHEN LI 879 PROSPER PLACE COSTA MESA, CA 92626	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 75.00 (\$75 Monthly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 285.00		
D. Full Name, Mailing Address and ZIP Code EUGENE M. LYONS 1014 SEA LANE CORONA DEL MAR, CA 92625	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) 04/21/2000	Amount of Each Receipt this Period 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00		
E. Full Name, Mailing Address and ZIP Code HENRY M. MC MILLAN 4000 INLET ISLE CORONA DEL MAR, CA 92625	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 65.00 (\$65 Monthly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 245.00		
F. Full Name, Mailing Address and ZIP Code DAVID J. WEIZEN 4590 DUNCASTER DRIVE MILLICENT CITY, MD 21043	Name of Employer EXECUTIVE	Date(month, day, year) 04/05/2000	Amount of Each Receipt this Period 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation PACIFIC LIFE INSURANCE COMPANY	Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code JOHN S. MILBERG 33811 DONEGAL LANE S J CAPISTRANO, CA 92675	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00		

SUBTOTAL of Receipts This Page (optional)

1,085.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (page 0100 - 1440/2100)

PAGE 5 OF 7
FOR LINE NUMBER 11(a) (1)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
AUDREY L. MILFB 26922 ROCKING HORSE LANE LAGUNA HILLS, CA 92653	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	90.00 (\$90 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 330.00	
B. Full Name, Mailing Address and ZIP Code LYNN C. MILLER 8 DORCHESTER GREEN LAGUNA NIGUEL, CA 92677	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	84.00 (\$84 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 336.00	
C. Full Name, Mailing Address and ZIP Code MARY E. MORGAN 1 BERTONI AISLE IRVINE, CA 92606	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	70.00 (\$70 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code JAMES T. MURRIS 29022 PINTAIL CIRCLE LAGUNA NIGUEL, CA 92677	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	110.00 (\$110 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 410.00	
E. Full Name, Mailing Address and ZIP Code DARAGH M. O'SULLIVAN 177 22ND ST., APT. 4 COSTA MESA, CA 92627-1760	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	86.00 (\$86 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation ASSISTANT VICE PRESIDENT	Aggregate Year-to-Date > \$ 336.00	
F. Full Name, Mailing Address and ZIP Code ROBERT E. OLSEN 15082 HUMPHREY CIRCLE IRVINE, CA 92604	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	100.00 (\$100 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code ALAN S. PEARLSTEIN 3142 DONA CONCHITA PL. STANFORD CITY, CA 91604	PACIFIC LIFE INSURANCE COMPANY	04/05/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

788.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for non-voluntary of the Detailed Summary Page (4401/2000 - 04/30/2000)

PAGE 6 OF 7
FOUR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (in full)

PACIFIC LIFE INSURANCE COMPANY PAC C0006B538

<p>A. Full Name, Mailing Address and ZIP Code JAMES R. RICE 11 STILLWATER IRVINE, CA 92612</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p> <p>Occupation EXECUTIVE</p> <p>Aggregate Year-to-Date > \$ 220.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 55.00 (\$55 Monthly)</p>
<p>B. Full Name, Mailing Address and ZIP Code GERALD W. ROBINSON 22 CANYON RIDGE IRVINE, CA 92612</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p> <p>Occupation EXECUTIVE</p> <p>Aggregate Year-to-Date > \$ 260.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 65.00 (\$65 Monthly)</p>
<p>C. Full Name, Mailing Address and ZIP Code GLENN S. SCHAFER 1318 COLONY PLAZA, #139 NEWPORT BEACH, CA 92660</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p> <p>Occupation EXECUTIVE</p> <p>Aggregate Year-to-Date > \$ 1,400.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 350.00 (\$350 Monthly)</p>
<p>D. Full Name, Mailing Address and ZIP Code S. GENE SCHOFIELD 16 LEHIGH ATLAS IRVINE, CA 92612</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p> <p>Occupation EXECUTIVE</p> <p>Aggregate Year-to-Date > \$ 343.30</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 03.50 (\$84 Monthly)</p>
<p>E. Full Name, Mailing Address and ZIP Code FRANK D. SIMON 21722 HERENCIA MISSION VIEJO, CA 92692</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p> <p>Occupation EXECUTIVE</p> <p>Aggregate Year-to-Date > \$ 325.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 85.00 (\$85 Monthly)</p>
<p>F. Full Name, Mailing Address and ZIP Code CHRISTINA H. SUMPTER 10326 FALCON AVENUE FOUNTAIN VALLEY, CA 92708</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p> <p>Occupation EXECUTIVE</p> <p>Aggregate Year-to-Date > \$ 320.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 80.00 (\$80 Monthly)</p>
<p>G. Full Name, Mailing Address and ZIP Code THOMAS C. SUTTON 111 SHORECLIFF ROAD CORONA DEL MAR, CA 92625</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p> <p>Occupation EXECUTIVE</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 416.66 (\$417 Monthly)</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>1,335.16</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A ITEMIZED RECEIPTS
Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Quarterly Report (0401/0200 - 0403/0300)

PAGE 7 OF 7
FORM NUMBER 12 (a) (i)

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

NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JILL MARIE WALSH 120 SOUTH CALLE BLAZ ANAHEIM HILLS, CA 92807-3907	PACIFIC LIFE INSURANCE COMPANY	04/06/2000	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SR. PLANNING ANALYST Aggregate Year-to-Date > \$ 300.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEE R. WIRTHLIN 16596 SUGARLOAF FOUNTAIN VALLEY, CA 92708	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	85.00 (\$85 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date > \$ 340.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	385.00
TOTAL This Period (last page this line number only)	7,091.16

SCHEDULE B

ITEMIZED DISBURSEMENTS

Other Federal Operating Expenses

Use separate schedule(s) for each category of the Detailed Summary Page (04/01/2000 - 04/30/2000)

PAGE 1 OF 1
FOR LINE NUMBER 21(b)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC 000068528

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Itemized other federal operating expenses (less than \$200) this Period: 04/01/2000 - 04/30/2000	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		162.41
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> P.L. <input type="checkbox"/> Other <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional)	162.41
TOTAL This Period (last page this line number only)	162.41

SCHEDULE B ITEMIZED DISBURSEMENTS
 Contribution to Federal Candidates/Committees and Other Party Committees

Use separate schedule(s) for each category of the Detailed Summary Page (0401/2000 - 0490/2000)

PAGE 1 OF 1
 FORM NO. 10000
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
COMMITTEE TO RE-ELECT LORETTA SANCHEZ 12553 S. HARBOR BLVD. GARDEN GROVE, CA 92840	LORETTA SANCHEZ HOUSE CA-46 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/26/2000	1,000.00
FRIENDS OF SCOTT MCINNIS P.O. BOX 4157 GRAND JUNCTION, CO 81502	SCOTT MCINNIS HOUSE CO-03 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/04/2000	500.00
JEFFORDS FOR VERMONT 507 CAPITOL COURT, NE, STE. 100 WASHINGTON, DC 20002	JIM JEFFORDS SENATE -VT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/27/2000	1,000.00
JERRY WELLS FOR CONGRESS 4451 BROOKFIELD CORPORATE DR., STR. 2000 CHANTILLY, VA 20151-1652	JERRY WELLS HOUSE IL-11 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/04/2000	500.00
MCCRERY'S LEADERSHIP PAC P.O. BOX 22514 ALEXANDRIA, VA 22304	JTM MCCRERY HOUSE LA-04 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/04/2000	1,000.00
MCNUITY FOR CONGRESS P.O. BOX 75214 WASHINGTON, DC 20013	MIKE MCNUITY HOUSE NY -21 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/04/2000	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

4,500.00

TOTAL This Period (last page this line number only)

4,500.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/>	Hand Delivered	Date of Receipt
<input type="checkbox"/>	First Class Mail	POSTMARKED
<input checked="" type="checkbox"/>	Registered/Certified Mail	POSTMARKED 5/19/08
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/>	Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/>	Electronic Filing	
D.A.O.		5/23/08
PREPARER		DATE PREPARED