

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. 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 ▼

1750.00

Date of Receipt

10 / 31 / 2019

Transaction ID : PR849893916607

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

B. 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 ▼

500.00

Date of Receipt

10 / 31 / 2019

Transaction ID : PR849894216607

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

C. Kang, Monica, M R, ,

Mailing Address 113 Doverwood

City
Irvine

State
CA

Zip Code
92620-2175

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pacific Life Insurance Company

Occupation (for Individual)
Advd Design Cons

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2019

Transaction ID : PR849894416607

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