

# **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 ▼

1050.00

Date of Receipt

06 / 30 / 2019

**Transaction ID : PR849893916249**

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 ▼

300.00

Date of Receipt

06 / 30 / 2019

**Transaction ID : PR849894216249**

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 ▼

300.00

Date of Receipt

06 / 30 / 2019

**Transaction ID : PR849894416249**

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