

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) prior to 1/1/94
CITY, STATE and ZIP CODE NEWPORT BEACH, CA 92660		

1999 SEP 23 P 2 03

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:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 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 _____

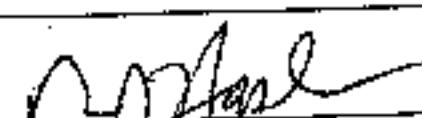
(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>08/01/1999</u> through <u>08/31/1999</u>		
6. (a) Cash on Hand January 1, 1999		27,016.91
(b) Cash on Hand at Beginning of Reporting Period	51,235.65	
(c) Total Receipts (from Line 1B)	9,696.37	80,346.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	60,932.02	107,363.02
7. Total Disbursements (from Line 3C)	4,500.00	50,931.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	56,432.02	56,432.02
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
988 E Street, NW
Washington, DC 20463
Toll Free 800-424-9690
Local 202-376-3120

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 Treasurer
ROBERT G. HASKELL

Signature of Treasurer  Date 9/20/99

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: 08/01/1999 TO: 08/31/1999	
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	6,963.33	41,958.96
ii. Unitemized	2,733.04	37,938.16
iii. Total	9,696.37	79,897.12
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions	9,696.37	79,897.12
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	448.99
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	9,696.37	80,346.11
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	9,696.37	80,346.11
20. Total Federal Receipts (subtract line 18 from line 19)		
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	291.00
b. Other Federal Operating Expenditures	0.00	291.00
c. Total Operating Expenditures (add a.i, a.ii, and b)	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	4,500.00	50,500.00
23. Contributions to Federal Candidates/Committees and Other Party Committees	0.00	0.00
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		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0.00	140.00
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	140.00
29. Other Disbursements	4,500.00	50,931.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	4,500.00	50,931.00
31. Total Federal Disbursements (subtract line 21 a.i from line 30)		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	9,696.37	79,897.12
33. Total Contribution Refunds (from line 28d)	0.00	140.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	9,696.37	79,757.12
35. Total Federal Operating Expenditures (add 21 a.i and 21 b)	0.00	291.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35)	0.00	291.00

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (OMB# 1545-0047)

PAGE OF
1 16
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 committee.

NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

<p>A. Full Name, Mailing Address and ZIP Code JUNE G. ARCE 19251 VALLEY VIEW AVE. WEST COVINA, CA 91792</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 30.00 (\$30 Monthly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation EXECUTIVE</p>	<p>Aggregate Year-to-Date > \$ 210.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code WENDY B. HALDEN 3019 CORTS PORTOFINO NEWPORT BEACH, CA 92660</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 35.00 (\$35 Monthly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation EXECUTIVE</p>	<p>Aggregate Year-to-Date > \$ 280.00</p>	
<p>C. Full Name, Mailing Address and ZIP Code JULIE B. BARNARD 3159 SICILY AVE. COSTA MESA, CA 92626</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 30.00 (\$30 Monthly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation EXECUTIVE</p>	<p>Aggregate Year-to-Date > \$ 240.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code DANIEL F. BASS 35 CLERMONT NEWPORT COAST, CA 92657</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 60.00 (\$60 Monthly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation ASSISTANT VICE PRESIDENT</p>	<p>Aggregate Year-to-Date > \$ 450.00</p>	
<p>E. Full Name, Mailing Address and ZIP Code ROBERT W. BEARDSLEE 27612 ESCUNA MISSION VIEJO, CA 92692</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 60.00 (\$60 Monthly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation EXECUTIVE</p>	<p>Aggregate Year-to-Date > \$ 480.00</p>	
<p>F. Full Name, Mailing Address and ZIP Code MARIANNE BEAZ 1720 OCEAN BLVD. NEWPORT BEACH, CA 92661</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 60.00 (\$60 Monthly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation EXECUTIVE</p>	<p>Aggregate Year-to-Date > \$ 320.00</p>	
<p>G. Full Name, Mailing Address and ZIP Code PAMELA M BERGER 1633 BOULDER CREEK RD. OCEANSIDE, CA 92056</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 60.00 (\$60 Monthly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation EXECUTIVE</p>	<p>Aggregate Year-to-Date > \$ 480.00</p>	

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>315.00</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 Summary Page (200111999 - 06/30/1999)

PAGE 2 OF 16
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 committee.

NAME OF COMMITTEE (In Full)
PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code TRUDI E. BLAKESLEE 98 NAVARRE IRVINE, CA 92612	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 50.00 (\$50 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code JUDITH L. BROWN 26001 BLASCOS MISSION VIEJO, CA 92691	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 > \$ 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code DENNY P. BUSHAW 29132 ALFIERI STREET LAGUNA NIGUEL, CA 92677	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 40.00 (\$40 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 320.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code EDWARD R. BYRD 17520 PAGE COURT YORBA LINDA, CA 92886-3865	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 50.00 (\$50 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code LARRY CARD 31735 SEACLIFF DR. LAGUNA BEACH, CA 92677	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 275.00 (\$275 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 2,125.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code DAVID R. CARMICHAEL 1525 SERENADE TERRACE CORONA DEL MAR, CA 92625	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 150.00 (\$150 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 950.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code JOSEPH B. CELENTANO 26661 CAMPESINO MISSION VIEJO, CA 92691	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 50.00 (\$50 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 370.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	675.00
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 (03/01/1999 - 06/30/1999)

PAGE 3 OF 16
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

<p>A. Full Name, Mailing Address and ZIP Code SHARON A. CHEEVER 28721 MIRA VISTA LAGUNA NIGUEL, CA 92677</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 40.00 (\$40 Monthly)</p>
<p>B. Full Name, Mailing Address and ZIP Code BERNADINE B. CHWALEK 33741 SHACKLETON ISLE DANA POINT, CA 92629</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 > \$ 480.00</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 CYNTHIA C. COMES 1109 DELAWARE STREET HUNTINGTON BEACH, CA 92648</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 > \$ 280.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 35.00 (\$35 Monthly)</p>
<p>D. Full Name, Mailing Address and ZIP Code GAIL L. COBIN 31424 WEST NINE DRIVE LAGUNA NIGUEL, CA 92677</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 > \$ 230.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 40.00 (\$40 Monthly)</p>
<p>E. Full Name, Mailing Address and ZIP Code DENNIS M. CORRETT 15136 TOURNAINE WAY IRVINE, CA 92604</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 > \$ 400.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 50.00 (\$50 Monthly)</p>
<p>F. Full Name, Mailing Address and ZIP Code CAMERON COSGROVE 27741 MOTHERLODE COURT LAGUNA NIGUEL, CA 92677</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 > \$ 336.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 42.00 (\$42 Monthly)</p>
<p>G. Full Name, Mailing Address and ZIP Code DANIEL C. CRAIN 36 WINTERGREEN IRVINE, CA 92604</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 > \$ 265.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 35.00 (\$35 Monthly)</p>

SUBTOTAL of Receipts This Page (optional)

302.00

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 (05/01/1999 - 09/30/1999)

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FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00066528

<p>A. Full Name, Mailing Address and ZIP Code LINDA K. DAVIS 33 A FOREST DRIVE SPRINGFIELD, NJ 07081</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 35.00 (\$35 Monthly)</p>
<p>B. Full Name, Mailing Address and ZIP Code CYNTHIA S. DILLION 7 BODEGA BAY 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 > \$ 825.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 105.00 (\$105 Monthly)</p>
<p>C. Full Name, Mailing Address and ZIP Code WILLIAM J. DOOMEY 9 PARADISE COVE LAGUNA NIGUEL, CA 92677-4253</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 > \$ 300.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 100.00 (\$100 Monthly)</p>
<p>D. Full Name, Mailing Address and ZIP Code EMILE C. DUROCHER 23961 CORMORANT LANE LAGUNA NIGUEL, CA 92677</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 > \$ 310.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 50.00 (\$50 Monthly)</p>
<p>E. Full Name, Mailing Address and ZIP Code RICHARD S. EASTLYN 27556 VALLEY RIM CIRCLE SAN JUAN CAPISTRANO, CA 92675</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 > \$ 480.00</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 MARK R. FALK 64 SUMMERSTONE IRVINE, CA 92614</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 > \$ 600.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 75.00 (\$75 Monthly)</p>
<p>G. Full Name, Mailing Address and ZIP Code STEVEN T. FATICONE 6910 GOVERNOR'S CLUB PLACE BRADENTON, FL 34202</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 30.00 (\$30 Monthly)</p>

SUBTOTAL of Receipts This Page (optional)

455.00

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 (08/01/1999 - 08/31/1999)

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FOR LINE NUMBER 11(a) (1)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

<p>A. Full Name, Mailing Address and ZIP Code MICHAEL P. FENTON 4 CEDARLAKE IRVINE, CA 92614</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 50.00 (\$50 Monthly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Occupation EXECUTIVE</p>	<p>Aggregate Year-to-Date > \$ 400.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code WILLIAM L. FERRIS 1990 PORT EDWARDS CIRCLE NEWPORT BEACH, CA 92660</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 275.00 (\$275 Monthly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Occupation EXECUTIVE</p>	<p>Aggregate Year-to-Date > \$ 2,125.00</p>	
<p>C. Full Name, Mailing Address and ZIP Code MARC S. FRANKLIN 1942 PORT ALERNS PLACE NEWPORT BEACH, CA 92660</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 42.00 (\$42 Monthly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Occupation EXECUTIVE</p>	<p>Aggregate Year-to-Date > \$ 331.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code DAVID W. GARTLEY 8 KLAMATH IRVINE, CA 92612</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 30.00 (\$30 Monthly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Occupation EXECUTIVE</p>	<p>Aggregate Year-to-Date > \$ 240.00</p>	
<p>E. Full Name, Mailing Address and ZIP Code MARTHA A. GATES 31411 MONTEREY LAGUNA, CA 92677</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 40.00 (\$40 Monthly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Occupation EXECUTIVE</p>	<p>Aggregate Year-to-Date > \$ 320.00</p>	
<p>F. Full Name, Mailing Address and ZIP Code BRIAN P. GORBEL 818 SAN NICOLAS CIRCLE HUNTINGTON BEACH, CA 92648</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 60.00 (\$60 Monthly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Occupation EXECUTIVE</p>	<p>Aggregate Year-to-Date > \$ 480.00</p>	
<p>G. Full Name, Mailing Address and ZIP Code FRANK J GORTZ 7 SOVENTE IRVINE, CA 92606</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 30.00 (\$30 Monthly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Occupation EXECUTIVE</p>	<p>Aggregate Year-to-Date > \$ 240.00</p>	

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>527.00</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 Summary Page (08/01/1998 - 03/31/1999)

PAGE OF
6 16
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 committee.

NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code KEVIN P. GOODMAN 310 ALISO AVE. NEWPORT BEACH, CA 92663	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 30.00 (\$30 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
B. Full Name, Mailing Address and ZIP Code HILDA C. GOODMAN 310 ALISO AVE. NEWPORT BEACH, CA 92663	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 30.00 (\$30 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
C. Full Name, Mailing Address and ZIP Code C MARLA GRAHAM 23841 ROSEHEDGE MISSION VIEJO, CA 92691	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 30.00 (\$30 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
D. 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 100.00 (\$100 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
E. Full Name, Mailing Address and ZIP Code JEAN R. HARRISON 59 BENNINGTON IRVINE, CA 9260	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 35.00 (\$35 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 280.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
F. Full Name, Mailing Address and ZIP Code ROBERT G. HASKELL 115 VIA WAZIERS 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)
	Occupation SENIOR VICE PRESIDENT	Aggregate Year-to-Date > \$ 865.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
G. Full Name, Mailing Address and ZIP Code ELAINE M. HAVENS 1723 MIRAMAR DR. NEWPORT BEACH, CA 92661	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 > \$ 375.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			

SUBTOTAL of Receipts This Page (optional)

410.00

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 (800/1888-0831/1888)

PAGE 7 OF 16
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

<p>A. Full Name, Mailing Address and ZIP Code DALE E. HAWLEY 1137 SUNSET CLIFFS BLVD. SAN DIEGO, CA 92107</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 > \$ 312.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 39.00 (\$39 Monthly)</p>
<p>B. Full Name, Mailing Address and ZIP Code ALBERT E. HEILES 408 AVONLEA COURT GIBSONIA, PA 15044</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 > \$ 504.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 63.00 (\$63 Monthly)</p>
<p>C. Full Name, Mailing Address and ZIP Code ROBERT J. HEMSTEAD 2335 RANCHO DEL ORO RD. & OCEANSIDE, 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 > \$ 355.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 50.00 (\$50 Monthly)</p>
<p>D. Full Name, Mailing Address and ZIP Code WILLIAM L. HEZZELWOOD 23961 CATBIRD COURT LAGUNA NIGUEL, CA 92677</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 > \$ 400.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 50.00 (\$50 Monthly)</p>
<p>E. Full Name, Mailing Address and ZIP Code DAVID L. HICKS, III 25391 REMISEA 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 > \$ 233.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 31.00 (\$31 Monthly)</p>
<p>F. Full Name, Mailing Address and ZIP Code MARYBETH HUGHES 2283 WATERMAN WAY COSTA MESA, CA 92627</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 30.00 (\$30 Monthly)</p>
<p>G. Full Name, Mailing Address and ZIP Code JOHN A. JARBOE 4210 PARK NEWPORT, APT. #410 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 > \$ 1,200.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 150.00 (\$150 Monthly)</p>

SUBTOTAL of Receipts This Page (optional)

413.00

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 (08/01/1998 - 06/30/1999)

PAGE 8 OF 16
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

<p>A. Full Name, Mailing Address and ZIP Code DARYLE G. JOHNSON 5 ALTAIR 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 > \$ 1,125.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 150.00 (\$150 Monthly)</p>
<p>B. Full Name, Mailing Address and ZIP Code MARK J. JOHNSON 1812 LEADBURN ROAD TOWSON, MD 21284</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 > \$ 400.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 100.00 (\$100 Monthly)</p>
<p>C. Full Name, Mailing Address and ZIP Code ANITA KARANJIA 9 MONTECILO FOOTHILL RANCH, CA 92610</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 30.00 (\$30 Monthly)</p>
<p>D. Full Name, Mailing Address and ZIP Code ANDREW C. KARLINSKI 6 VENTURE AVE., #305 IRVINE, CA 92618</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer A.K. FINANCIAL GROUP</p> <p>Occupation AGENT</p> <p>Aggregate Year-to-Date > \$ 700.00</p>	<p>Date(month, day, year) 08/27/1999</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>E. Full Name, Mailing Address and ZIP Code ROBERT D. KEHRER 31 ENSDENO WEST IRVINE, CA 92620</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 > \$ 400.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 50.00 (\$50 Monthly)</p>
<p>F. Full Name, Mailing Address and ZIP Code BRIAN D. KLEMENS 24611 BENJAMIN CIRCLE DANA POINT, CA 92629</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 40.00 (\$40 Monthly)</p>
<p>G. Full Name, Mailing Address and ZIP Code EUGENE S. KOLASNY 9350 PARS COVE BARR RIDGE, IL 60521</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 30.00 (\$30 Monthly)</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>500.00</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 Summary Page (08/01/1988 - 06/30/1992)

PAGE 9 OF 16
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

<p>A. Full Name, Mailing Address and ZIP Code JAMES B. KUBHNERT 2770 MENDOZA DRIVE COSTA MESA, CA 92626</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 > \$ 360.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 45.00 (\$45 Monthly)</p>
<p>B. Full Name, Mailing Address and ZIP Code FLETCHER C. LARSON 709 AVENIDA MIROLA PALOS VERDES ESTATE, CA 90274</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 > \$ 600.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 75.00 (\$75 Monthly)</p>
<p>C. Full Name, Mailing Address and ZIP Code WAYNE D. LEHMAN 3571 PBCAN IRVINE, CA 92606</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 > \$ 280.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 35.00 (\$35 Monthly)</p>
<p>D. Full Name, Mailing Address and ZIP Code DAVID LEVY 135 JASMINE CREEK DRIVE 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 > \$ 545.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 70.00 (\$70 Monthly)</p>
<p>E. Full Name, Mailing Address and ZIP Code MARC D. LEY 1316 ANTIGUA WAY NEWPORT BEACH, CA 92660-4912</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 VICE PRESIDENT</p> <p>Aggregate Year-to-Date > \$ 350.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 50.00 (\$50 Monthly)</p>
<p>F. Full Name, Mailing Address and ZIP Code STEPHEN LI 879 PROSPECT PLACE COSTA MESA, CA 92626</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 > \$ 545.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 70.00 (\$70 Monthly)</p>
<p>G. Full Name, Mailing Address and ZIP Code GEORGE Y. LONGYEAR 17992 ATHENS AVENUE VILLA PARK, CA 92861</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 > \$ 385.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 50.00 (\$50 Monthly)</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>395.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full)
 PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code THOMAS J. LOSEE 145 CARIBE ISLE NOVATO, CA 94949	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 50.00 (\$50 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
B. Full Name, Mailing Address and ZIP Code THOMAS J. MAYS 8472 DEECLIFF DRIVE HUNTINGTON BEACH, CA 92646	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 30.00 (\$30 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
C. Full Name, Mailing Address and ZIP Code GAIL H. MC INTOSH 622 18TH STREET HUNTINGTON BEACH, CA 92648	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 45.00 (\$45 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
D. Full Name, Mailing Address and ZIP Code HENRY M. MC MILLAN 4006 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 60.00 (\$60 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
E. Full Name, Mailing Address and ZIP Code IOANNIS K. MERAS 1820 GRACE AVENUE SAN JOSE, CA 95125	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 50.00 (\$50 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
F. Full Name, Mailing Address and ZIP Code JOHN E. MILBERG 33811 DOMEAL 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)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
G. Full Name, Mailing Address and ZIP Code AUDREY L. MILLS 26922 ROCKING HORSE LANE LAGUNA HILLS, CA 92653	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 80.00 (\$80 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 625.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			

SUBTOTAL of Receipts This Page (optional)	415.00
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 (06/01/1988 - 06/30/1999)

PAGE 11 OF 16
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

<p>A. Full Name, Mailing Address and ZIP Code KIMBERLEY S. MILLER 21902 JINETES 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 > \$ 240.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 30.00 (\$30 Monthly)</p>
<p>B. Full Name, Mailing Address and ZIP Code LYNN C. MILLER 8 DORCHESTER GREEN LAGUNA NIGUEL, CA 92677</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 > \$ 672.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 84.00 (\$84 Monthly)</p>
<p>C. Full Name, Mailing Address and ZIP Code MARY E. MORGAN 1 BETTONI AISLE IRVINE, CA 92606</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 > \$ 450.00</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 JAMES T. MORRIS 29022 PINTAIL CIRCLE LAGUNA NIGUEL, CA 92677</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 > \$ 770.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 100.00 (\$100 Monthly)</p>
<p>E. Full Name, Mailing Address and ZIP Code JOHN D. MURRAY 918 SANDCASTLE DRIVE 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 > \$ 400.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 50.00 (\$50 Monthly)</p>
<p>F. Full Name, Mailing Address and ZIP Code LAURA L. O'DEA 3100 N. ELM ST., #38C GREENSBORO, NC 27408</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 BRANCH MANAGER</p> <p>Aggregate Year-to-Date > \$ 333.36</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 41.57 (\$42 Monthly)</p>
<p>G. Full Name, Mailing Address and ZIP Code ROY L. O'NEILL P. O. BOX 1068 ALLEN, TX 75013-0017</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 40.00 (\$40 Monthly)</p>

SUBTOTAL of Receipts This Page (optional)

405.67

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 (08/01/1998 - 08/31/1999)

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12 16
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 committee.

NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code DARAGH M. O'SULLIVAN 177 22ND ST., APT. 4 COSTA MESA, CA 92627-1764	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 84.00 (\$84 Monthly)
	Occupation ASSISTANT VICE PRESIDENT	Aggregate Year-to-Date > \$ 672.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code ROBERT E. OLSEN 15082 HUMPHREY CIRCLE IRVINE, CA 92604	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 50.00 (\$50 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code ELAINE E. OWENS 24252 LYSANDA DRIVE MISSION VIEJO, CA 92691	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 30.00 (\$30 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code PETER R. PASTRE 1954 PORT ALHANS PLACE NEWPORT BEACH, CA 92660	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 35.00 (\$35 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 256.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code ALYCE PETERSON 2908 VIA HIDALGO SAN CLEMENTE, CA 92673	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 45.00 (\$45 Monthly)
	Occupation ASSISTANT VICE PRESIDENT	Aggregate Year-to-Date > \$ 315.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code B.P. PILLION, JR. 915 STOKER RD VILLANOVA, PA 19085-2023	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 40.00 (\$40 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 320.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code YVES F. PINKOWITZ 5831 FURNACE CREEK YORBA LINDA, CA 92886	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 40.00 (\$40 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 305.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

324.00

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 (03/01/1988 - 03/31/1988)

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code THEODORE A. PREMIER 337 CHERRY TREE LANE NEWPORT BEACH, CA 92660	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 30.00 (\$30 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
B. Full Name, Mailing Address and ZIP Code JOSEPH A. PUM 33 BOLERO MISSION VIEJO, CA 92692	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 30.00 (\$30 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
C. Full Name, Mailing Address and ZIP Code LESTER F. REAGAN 1318 LAWRENCE ROAD MOLENA, GA 30258	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 50.00 (\$50 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
D. Full Name, Mailing Address and ZIP Code JAMES R. RICE 11 STILLWATER IRVINE, CA 92612	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 55.00 (\$55 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 440.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
E. Full Name, Mailing Address and ZIP Code GERALD W. ROBINSON 22 CANYON RIDGE IRVINE, CA 92612	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 65.00 (\$65 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 440.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
F. Full Name, Mailing Address and ZIP Code HASKELL B. ROSENBERG 11161 YARMOUTH ROAD SANTA ANA, CA 92705	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 40.00 (\$40 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 320.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
G. Full Name, Mailing Address and ZIP Code GLENN S. SCHAPER 1318 COLONY PLAZA, #139 NEWPORT BEACH, CA 92660	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 350.00 (\$350 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 2,800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			

SUBTOTAL of Receipts This Page (optional)

620.00

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 (0501/0502 - 06/31/1989)

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FOR LINE NUMBER 11(a)(1)

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 RICHARD J SCHINDLER 12530 SUMMIT KANSAS CITY, MO 64145-1198	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 40.00 (\$40 Monthly)
	Occupation EXECUTIVE Aggregate Year-to-Date > \$ 320.00	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
B. Full Name, Mailing Address and ZIP Code WILLIAM R. SCHMIDT 24772 RITTENHOUSE CIRCLE LAGUNA HILLS, CA 92653	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 95.00 (\$95 Monthly)
	Occupation EXECUTIVE Aggregate Year-to-Date > \$ 700.00	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
C. Full Name, Mailing Address and ZIP Code S. GENE SCHOFIELD 16 LEHIGH AISLE IRVINE, CA 92612	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 80.00 (\$80 Monthly)
	Occupation EXECUTIVE Aggregate Year-to-Date > \$ 580.00	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
D. Full Name, Mailing Address and ZIP Code WILLIAM J. SHARP 28256 COULTER MISSION VIEJO, CA 92692	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 50.00 (\$50 Monthly)
	Occupation EXECUTIVE Aggregate Year-to-Date > \$ 370.00	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
E. Full Name, Mailing Address and ZIP Code FRANK B. SIMON 21772 HERENCIA MISSION VIEJO, CA 92692	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 80.00 (\$80 Monthly)
	Occupation EXECUTIVE Aggregate Year-to-Date > \$ 625.00	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
F. Full Name, Mailing Address and ZIP Code ARTHUR K. SOBCEK, III 14718 CAMDEN DRIVE STRONGSVILLE, OH 44136	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 45.00 (\$45 Monthly)
	Occupation EXECUTIVE Aggregate Year-to-Date > \$ 360.00	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
G. Full Name, Mailing Address and ZIP Code MARVIN C. STEAKLEY, JR. 100 HARBOR WOODS PLACE NEWPORT BEACH, CA 92660	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 30.00 (\$30 Monthly)
	Occupation EXECUTIVE Aggregate Year-to-Date > \$ 225.00	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	

SUBTOTAL of Receipts This Page (optional)

420.00

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 (OMB 1538-0047/1-898)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00069528

<p>A. Full Name, Mailing Address and ZIP Code CHRISTINA M. SUMPTER 10326 FALCON AVENUE FOUNTAIN VALLEY, CA 92708</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 80.00 (\$80 Monthly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Occupation EXECUTIVE</p>	<p>Aggregate Year-to-Date > \$ 460.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code THOMAS C. SUTTON 111 SHORECLIFF ROAD CORONA DEL MAR, CA 92625</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 416.66 (\$417 Monthly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Occupation EXECUTIVE</p>	<p>Aggregate Year-to-Date > \$ 3,333.28</p>	
<p>C. Full Name, Mailing Address and ZIP Code STEVEN E. TANIHARA 2707 SALEROSO DRIVE ROWLAND HEIGHTS, CA 91748</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 30.00 (\$30 Monthly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Occupation EXECUTIVE</p>	<p>Aggregate Year-to-Date > \$ 240.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code NANCY A. WEBB 12266 CIRCULA PANORAMA SANTA ANA, CA 92705</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 50.00 (\$50 Monthly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Occupation EXECUTIVE</p>	<p>Aggregate Year-to-Date > \$ 420.00</p>	
<p>E. Full Name, Mailing Address and ZIP Code JOHN WHITE 19 SUNFLOWER IRVINE, CA 92604</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 40.00 (\$40 Monthly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Occupation EXECUTIVE</p>	<p>Aggregate Year-to-Date > \$ 260.00</p>	
<p>F. Full Name, Mailing Address and ZIP Code KAREN S. WILBY 2541 COVENTRY CIRCLE FULLERTON, CA 92833</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 35.00 (\$35 Monthly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Occupation EXECUTIVE</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>	
<p>G. Full Name, Mailing Address and ZIP Code LEE R. WIRTHLIN 16596 SUGARLOAF FOUNTAIN VALLEY, CA 92708</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 85.00 (\$85 Monthly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Occupation EXECUTIVE</p>	<p>Aggregate Year-to-Date > \$ 650.00</p>	

SUBTOTAL of Receipts This Page (optional)

736.66

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 (09/01/1990 - 03/31/1999)

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

<p>A. Full Name, Mailing Address and ZIP Code CLAYTON M. YOKOTA 34602 CALLE LA PRIMAVERA DANA POINT, CA 92629</p>	<p>Name of Employer PACIFIC LIFE INSURANCE COMPANY</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 50.00 (50 Monthly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation EXECUTIVE</p>	<p>Aggregate Year-to-Date > \$ 400.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>C. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>D. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

6,963.33

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 (08/01/1999 - 08/31/1999)

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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
GEHARDT IN CONGRESS COMMITTEE 635B PENNSYLVANIA AVE., S.E. WASHINGTON, DC 20003	RICHARD A. GEHARDT HOUSE MD - 03 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/19/1999	1,000.00
B. Full Name, Mailing Address and ZIP Code LIFE PAC 1001 PENNSYLVANIA AVE., N.W. WASHINGTON, DC 20004-2599	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/19/1999	2,500.00
C. Full Name, Mailing Address and ZIP Code ROYCE CAMPAIGN COMMITTEE P.O. BOX 6765 FULLERTON, CA 92834	Purpose of Disbursement ED ROYCE HOUSE CA - 39 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/19/1999	1,000.00
D. 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
E. 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
F. 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
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

