†) - 1<u>. *</u>

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY OF THE SENATE OO AUG 10 PM 4: 39

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

2. Address Check of different than previously reported 1341 G Street, NW Washington Suite 200 DC 20005		
Principal Place of Business (If different from line 2) City N/A State/Zip (or Country)		
4. Contact Name Felephone E-risi Jumes M. Copeland (202)347-5990 cope	i (optionat) fand@clj.com	5. Senate ID# 10800-214
7. Client Name Self Self Pacific Life Insurance Company		6. House ID # 31822015
INCOME OR EXPENSES - Complete Either	T	ations "
12. Lobbying Firms INCOME relating to lobbying activities for this reporting	13. Organiz EXPENSES relating to lobbying act	
period was:		tvities for this reporting
Less than \$10,000 (*)	period were: Less than \$10,000 (tvines for any reporting
•	Loss than \$10,000 () \$10,000 or more () >> \$	Expenses (nearest 52/6,000)
Less than \$10,000 (2) \$10,000 or more \$20,000.00	Less than \$10,000 (2)	Expenses (nearest 520,000) ck box to indicate expense for description of options, using LDA definitions only under section 6033(b)(8) of
Less than \$10,000 \$10,000 or more \$\infty\$ >> \$\frac{\$20,900.00}{\$trecome (meanest \$20,000)}\$ Provide a good faith estimate, rounded to the nearest \$20,000 of all fobbying related income from the client (including all payments to the registrant by any other entity)	Less than \$10,000 (C) \$10,000 or more (C) >> \$	Expenses (nearest \$20,000) rek box to indicate expense for description of options, using LDA definitions only under section 6033(b)(8) of e Code under section 162(e) of the
Less than \$10,000 \$10,000 or more \$\infty\$ >> \$\frac{\$20,000.60}{\$income (nearest \$20,000)}\$ Provide a good faith estimate, rounded to the nearest \$20,000 of all lobbying related income from the client (including all payments to the registrant by any other entity)	Less than \$10,000 () \$10,000 or more	Expenses (nearest 520,000) rck box to indicate expense for description of options, using LDA definitions only under section 6033(b)(8) of a Code onder section 162(a) of the ode

enge	•	sary to reflect the general issue areas in which the registrant orting period. Using a separate page for each code, provide ded.	
	coverage and HMOs. H.R.2990, To amend the Internal Revenue Code of	int), Support recognition of differences between fee for serv f 1986 to allow individuals greater access to health insuranc tion, and other health-related, Managed Care - support re	e through a
17.	House(s) of Congress and Federal agencies contacted House of Representatives Senate	Check if None	
18.	Name of each individual who acted as a fobbyist in th	nis issue area Covered Official Pasitton (Happficable)	New
18.		i	New Ne
18.	Name	i	
18.	Name	i	
	Copeland, James M.	Covered Official Position (Happfisable)	
	Name	Covered Official Position (Happfisable)	

Reg	istrant Name:	Copeland, Lowery & Jacquez		
Clie	ent Name:	Pacific Life Insurance Company		
eng	aged in lobbyin		y to reflect the general issue areas in which the registrant ing period. Using a separate page for each code, provide i.	
	General issue Specific Lobb Support funt			
	3-p.p. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	
17.	House(s) of C House of Rep Senate	ongress and Federal agencies contacted resentatives	☐ Check if None	
18.	Name of each	individual who acted as a lobbyist in this	issue area	
		Name	Covered Official Position (if applicable)	New
	Copeland, Ja		Covered Official Position (if applicable)	New
	Copeland, Ja		Covered Official Position (if applicable)	
	Copeland, Ja		Covered Official Position (if applicable)	
	Copeland, Ja		Covered Official Position (if applicable)	
	Copeland, Ja		Covered Official Position (if applicable)	
19.				
19.		mes M.		
	laterest of eac	mes M.	d on line 16 above X Check if None	No

Registrant Name:	Copeland, Lowery & Jacquez		
Client Name:	Pacific Life Insurance Company		
engaged in lobbyin	IVITY. Select as many codes as necessary to reflege on behalf of the client during the reporting periodested. Attach additional page(s) as needed.		
15. General issue	······································		
16. Specific Lobi Support pro-	ying issues osal to provide capital gains treatment for lifeti	me annuity payouts.	
17. House(s) of C House of Reg	ongress and Federal agencies contacted resentatives	☐ Check if None	
Senate			
Name of each	individual who acted as a lobbyist in this issue are	1	
	·	,	
	Name	Covered Official Position (if applicable)	New
Copeland, Ja	Name	•	
Copeland, Ja	Name	•	New No
Copeland, Ja	Name	•	
Copeland, Ja	Name	•	
Copeland, Ja	Name	•	
Copeland, Ja	Name	•	
Copelsad, Ja	Name	•	
Copeland, Ja	Name	•	
	Name M.	Cavered Official Position (if applicable)	
	Name	Cavered Official Position (if applicable)	
	Name M.	Cavered Official Position (if applicable)	
19. Interest of each	h foreign entity in the specific issues listed on line	Cavered Official Position (if applicable) 16 above Check if None	No
19. Interest of each	mes M. h foreign entity in the specific issues listed on line	Cavered Official Position (if applicable) 16 above Check if None	No
19. Interest of each	h foreign entity in the specific issues listed on line	Cavered Official Position (if applicable) 16 above Check if None	Ne

Reg	istrant Name:	Copeland, Lowery & Jacquez	
Çlíe	nt Name:	Pacific Life Insurance Company	
cngs	iged in lobbyin	TVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant ag on behalf of the client during the reporting period. Using a separate page for each code, provide nested. Attach additional page(s) as needed.	
	Support legis		isions.
₽ 7.	House(s) of C House of Rep Senate	Congress and Federal agencies contacted	
l 8 .	Name of each	individual who acted as a lobbyist in this issue area	
		Name Covered Official Position (if applicable)	New
••••••	Copeland, Ja	imes M.	Ne
19.	laterest of eac	ch foreign entity in the specific issues listed on line 16 above X Check if None	
Sign	ature	Date 8/11/2000	
Prin	ted Name and	Title James M. Copeland - Partner page 5	of 6

20. Citient new uddres	· · · · · · · · · · · · · · · · · · ·		registration information has	contractions.	
20. 04011210-1 200701					
21. Client new princip	pal place of business (if dif	Terent fram line 20)			······
Çily	Sit	ate/Zip (or Country)			
22 New general description	ription of elient's husiness	or activities			
LOBBYIST UPI) A TE				
		idividual who is no to	inger expected to act as a lobb	yist for the client	
				-	
ISSUE UPDATE			·····		
	ing issues previously :	reported that no longe	er pertain		
FIN					
	መንደግ ለ የሰውንን ለ የሚያስከውን				111111111111111111111111111111111111111
AFFILIATED O	RGANIZATIONS			***************************************	1919190
AFFILIATED O					
AFFILIATED O 25. Add the follow		ation(s)	address	Principal Place of B	
AFFILIATED O 25. Add the follow	ving affiliated organiz	ation(s)	•ddress		
AFFILIATED O 25. Add the follow	ving affiliated organiz	ation(s)	Address		
AFFILIATED O 25. Add the follow	ving affiliated organiz	ation(s)	Address		
AFFILIATED O 25. Add the follow	ring affiliated organiz	ation(s)	oddress	(city and state or co	
AFFILIATED O 25. Add the follow	ring affiliated organiz	ation(s)		(city and state or co	
AFFILIATED O 25. Add the follow :: 26. Name of each	ring affiliated organiz	ation(s)		(city and state or co	
AFFILIATED O 25. Add the follow	ring affiliated organiz Name previously reported or	ation(s)		(city and state or co	
AFFILIATED O 25. Add the follow 26. Name of each FOREIGN ENT: 27. Add the follow	ring affiliated organiz Name previously reported or	Ation(s) A A A A A A A A A A A A A		(city and state or co	ountry)
AFFILIATED O 25. Add the follow 26. Name of each FOREIGN ENT	ring affiliated organiz Name previously reported or	ation(s)	longer affiliated with the regis	(city and state or co	
AFFILIATED O 25. Add the follow 26. Name of each FOREIGN ENT: 27. Add the follow	ring affiliated organiz Name previously reported or	Ation(s) A A A A A A A A A A A A A	longer affilisated with the regis	(city and state or co	Changership
AFFILIATED O 25. Add the follow 26. Name of each FOREIGN ENT: 27. Add the follow	ring affiliated organiz Name previously reported or	Ation(s) A A A A A A A A A A A A A	longer affilisated with the regis	(city and state or co	Changership
AFFILIATED O 25. Add the follow 26. Name of each FOREIGN ENT 27. Add the follow Name	ring affiliated organiz Name previously reported of ITLES ring foreign entities	Address	longer affiliated with the regis Principal Place of Business (city and state or country)	(city and state or constraint or client Amount of contribution for lobbying activities	Chonership 9 in client
AFFILIATED O 25. Add the follow 26. Name of each FOREIGN ENT 27. Add the follow Name	ving affiliated organiz Name Previously reported of the state of the	Address	longer affilisated with the regis	(city and state or constraint or client Amount of contribution for lobbying activities	Chonership 9 in client