

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Peninsula PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="123957.79"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11500.00"/>	<input type="text" value="617024.60"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="135457.79"/>	<input type="text" value="617024.60"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="33818.98"/>	<input type="text" value="515385.79"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="101638.81"/>	<input type="text" value="101638.81"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Peninsula PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y 10 / 15 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10000.00	401400.00
(ii) Unitemized	0.00	2240.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10000.00	403640.00
(b) Political Party Committees	0.00	3884.60
(c) Other Political Committees (such as PACs).....	1500.00	209500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	11500.00	617024.60
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.) (Carry Totals to Line 37, page 5).....	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	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	11500.00	617024.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11500.00	617024.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	3418.98	119385.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3418.98	119385.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30400.00	391000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5000.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	33818.98	515385.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33818.98	515385.79

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11500.00	617024.60
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11500.00	612024.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3418.98	119385.79
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3418.98	119385.79

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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)
Peninsula PAC

Full Name (Last, First, Middle Initial)
A. Scott Cook

Mailing Address 386 Mountain Homes Road

City State Zip Code
Woodside CA 94062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Intuit Chairman, Executive Committee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 04 / 2014
Transaction ID : INCA570

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. H. Signe Ostby

Mailing Address 386 Mountain Home Road

City State Zip Code
Woodside CA 94062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
None Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 04 / 2014
Transaction ID : INCA571

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶ 10000.00

TOTAL This Period (last page this line number only)..... ▶ 10000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 12
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Peninsula PAC

Full Name (Last, First, Middle Initial)
A. PG&E Corporation Employees EnergyPAC

Mailing Address 77 Beale Street

City San Francisco State CA Zip Code 94177

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2014

Transaction ID : INCA569

Amount of Each Receipt this Period
1500.00

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	1500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Peninsula PAC

Full Name (Last, First, Middle Initial)

A. Fiorello Consulting

Mailing Address 3914 Barcroft Mews Court

City Falls Church State VA Zip Code 22041

Purpose of Disbursement
Fundraising Catering and Facility Rental

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2014

Transaction ID : EXPB563

Amount of Each Disbursement this Period

992.27

Full Name (Last, First, Middle Initial)

B. Olson Hagel & Fishburn LLP

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Legal & Reporting Services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2014

Transaction ID : EXPB565

Amount of Each Disbursement this Period

2426.71

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

3418.98

TOTAL This Period (last page this line number only)..... ▶

3418.98

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Peninsula PAC

Full Name (Last, First, Middle Initial)

A. Esty, Friends of Elizabeth

Mailing Address P.O. Box 61

City Cheshire State CT Zip Code 06410

Purpose of Disbursement Contribution

011

Candidate Name

Elizabeth Esty

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: CT District: 05

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2014

Transaction ID : EXPB568

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Garamendi for Congress

Mailing Address 1050 17th Street NW 590

City Washington State DC Zip Code 20036

Purpose of Disbursement Contribution

011

Candidate Name

John Garamendi

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: CA District: 03

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2014

Transaction ID : EXPB553

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Hays for Congress, Patrick Henry

Mailing Address P.O. Box 94886

City North Little Rock State AR Zip Code 72190

Purpose of Disbursement Contribution

011

Candidate Name

Patrick Henry Hays

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: AR District: 02

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2014

Transaction ID : EXPB548

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

13000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Peninsula PAC

Full Name (Last, First, Middle Initial)

A. Keating Committee, The Bill

Mailing Address P.O. Box 3065

City Buzzards Bay State MA Zip Code 02532

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

William Keating

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2014			

Transaction ID : EXPB549

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Lieu for Congress, Ted

Mailing Address 6380 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Contribution - Primary Debt Retirement

011

Category/
Type

Candidate Name

Ted Lieu

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2014			

Transaction ID : EXPB550

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Nolan for Congress Volunteer Committee

Mailing Address P.O. Box 1041

City Brainerd State MN Zip Code 56401

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Richard Michael Nolan

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

Transaction ID : EXPB554

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

15000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Peninsula PAC

Full Name (Last, First, Middle Initial)

A. Takai for Congress, Mark

Mailing Address P.O. Box 2267

City Pearl City State HI Zip Code 96782

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Kyle Mark Takai

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: HI District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 08 / 2014

Transaction ID : EXPB551

Amount of Each Disbursement this Period

2400.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

2400.00

TOTAL This Period (last page this line number only)..... ▶

30400.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 12
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Peninsula PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fiorello Consulting	Nature of Debt (Purpose): Fundraising Catering and Facility Rental
Mailing Address 3914 Barcroft Mews Court	
City State Zip Code Falls Church VA 22041	

Outstanding Balance Beginning This Period <input type="text" value="992.27"/>	Transaction ID : PAYD562	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="992.27"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="0.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>