

**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="209746.33"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="15550.00"/>	<input type="text" value="579024.60"/>
(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="225296.33"/>	<input type="text" value="579024.60"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="58432.87"/>	<input type="text" value="412161.14"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="166863.46"/>	<input type="text" value="166863.46"/>
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: / / To: / /

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).....	14550.00	371500.00
(ii) Unitemized	0.00	2140.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14550.00	373640.00
(b) Political Party Committees	0.00	3884.60
(c) Other Political Committees (such as PACs).....	1000.00	201500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	15550.00	579024.60
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))..... ▶	15550.00	579024.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15550.00	579024.60

DETAILED SUMMARY PAGE
of Disbursements

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	12232.87	106161.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	12232.87	106161.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46200.00	301000.00
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)) ..	58432.87	412161.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58432.87	412161.14

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)	15550.00	579024.60
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15550.00	574024.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	12232.87	106161.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12232.87	106161.14

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Amy Flood
Full Name (Last, First, Middle Initial)
Mailing Address 970 Upland Road
City Redwood City State CA Zip Code 94062
FEC ID number of contributing federal political committee. **C**
Name of Employer Gilead Sciences Occupation Public Relations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 06 / 2014
Transaction ID : INCA471
Amount of Each Receipt this Period 1000.00

B. Robert T. Hale, Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 100 Newport Avenue Extension
City Quincy State MA Zip Code 02171
FEC ID number of contributing federal political committee. **C**
Name of Employer Granite Telecommunications Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 01 / 2014
Transaction ID : INCA470
Amount of Each Receipt this Period 5000.00

C. Karen R. Hale
Full Name (Last, First, Middle Initial)
Mailing Address 100 Newport Avenue Extension
City Quincy State MA Zip Code 02171
FEC ID number of contributing federal political committee. **C**
Name of Employer Hale Family Philanthropy Occupation Operator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 01 / 2014
Transaction ID : INCA469
Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional).....▶ 11000.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Peninsula PAC

A. Kathy Hibbs
Full Name (Last, First, Middle Initial)

Mailing Address 598 Rocky Way

City Woodside State CA Zip Code 94062

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

Name of Employer 23andMe Occupation Chief Legal and Regulatory Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2014

Transaction ID : INCA474

Amount of Each Receipt this Period
 250.00

B. Michael A. Kolakowski
Full Name (Last, First, Middle Initial)

Mailing Address 30 Batterson Road Park

City Farmington State CT Zip Code 06032

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

Name of Employer KBE Building Corporation Occupation President/Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2014

Transaction ID : INCA472

Amount of Each Receipt this Period
 1500.00

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

Mailing Address 26-2 Cove Road

City Old Lyme State CT Zip Code 06371

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

Name of Employer None Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2014

Transaction ID : INCA519

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	4250.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA519

Re-deposit of Returned Item

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Peninsula PAC

A. Kara Lech
Full Name (Last, First, Middle Initial)
Mailing Address 26-2 Cove Road

City Old Lyme	State CT	Zip Code 06371
------------------	-------------	-------------------

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

Name of Employer None	Occupation Homemaker
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		04		2014

Transaction ID : INCA518

Amount of Each Receipt this Period
-2500.00

B. Monica Tellado
Full Name (Last, First, Middle Initial)
Mailing Address 2048 Louise Lane

City Los Altos	State CA	Zip Code 94024
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FEC ID number of contributing federal political committee. **C**

Name of Employer Gilead Sciences	Occupation Senior Vice Pres., Commercial Oper.
-------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		11		2014

Transaction ID : INCA477

Amount of Each Receipt this Period
500.00

C. Charlotte Toerber
Full Name (Last, First, Middle Initial)
Mailing Address 55 West Delaware Place, Apt. 213

City Chicago	State IL	Zip Code 60610
-----------------	-------------	-------------------

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

Name of Employer E.ON Climate & Renewables	Occupation Attorney
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		25		2014

Transaction ID : IDTA51

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....	-1700.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA518

Bank Returned Item

Form/Schedule: SA11AI

Transaction ID: IDTA51

Contribution recieved through conduit ActBlue

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. ActBlue		Date of Receipt
Mailing Address P.O. Box 441146		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Somerville	MA	02144
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="92310.00"/>	
		Transaction ID : INCA515IDTA51
		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
		[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Kathryn Jardine Watson		Date of Receipt
Mailing Address 1180 Norval Way		<input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
San Jose	CA	95125
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Gilead Sciences	Senior Vice President, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	
		Transaction ID : INCA478
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) C. Taiyin Yang		Date of Receipt
Mailing Address 18718 Austin Way		<input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
Los Gatos	CA	95030
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Gilead Sciences	Senior Vice President, Pharmaceuticals	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	
		Transaction ID : INCA479
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="14550.00"/>

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA515IDTA51

Conduit for above contributor; total earmarked through conduit - PAC limit not affected

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 13 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Peninsula PAC

A. Full Name (Last, First, Middle Initial)
American Federation of State, County and Municipal Employees - AFL-CIO PAC

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 15 / 2014

Transaction ID : INCA476

Amount of Each Receipt this Period
1000.00

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

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

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

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).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

**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. ActBlue

Mailing Address P.O. Box 441146

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Processing Fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2014

Transaction ID : EXPB516

Amount of Each Disbursement this Period

11.85

Full Name (Last, First, Middle Initial)

B. Fiorello Consulting

Mailing Address 3914 Barcroft Mews Court

City Falls Church State VA Zip Code 22041

Purpose of Disbursement
Fundraising Consulting

003

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2014

Transaction ID : EXPB492

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Fiorello Consulting

Mailing Address 3914 Barcroft Mews Court

City Falls Church State VA Zip Code 22041

Purpose of Disbursement
Fundraising Facility Rental, Catering and Supplies

003

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2014

Transaction ID : EXPB494

Amount of Each Disbursement this Period

2522.85

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

4034.70

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 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. Hughes & Company

Mailing Address 555 Bryant Street, #241

City Palo Alto State CA Zip Code 94301

Purpose of Disbursement
Political Strategy and Consulting

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2014

Transaction ID : EXPB491

Amount of Each Disbursement this Period

5000.00

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
08 / 15 / 2014

Transaction ID : EXPB475

Amount of Each Disbursement this Period

3134.12

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank

Mailing Address 400 Capitol Mall

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Bank Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2014

Transaction ID : EXPB521

Amount of Each Disbursement this Period

29.05

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

8163.17

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 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. Wells Fargo Bank

Mailing Address 400 Capitol Mall

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Bank Fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB520

Amount of Each Disbursement this Period

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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. Appel for Iowa, Inc.

Mailing Address P.O. Box 702

City State Zip Code
Des Moines IA 50303

Purpose of Disbursement
Contribution

011

Candidate Name
Staci Appel

Category/
Type

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	4

Transaction ID : EXPB496

Amount of Each Disbursement this Period

2	4	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Belgard for Congress, Aimee

Mailing Address P.O. Box 35

City State Zip Code
Willingboro NJ 08046

Purpose of Disbursement
Contribution

011

Candidate Name
Aimee Belgard

Category/
Type

Office Sought: House
 Senate
 President
State: NJ District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	4

Transaction ID : EXPB487

Amount of Each Disbursement this Period

2	6	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Bilbray for Congress, Erin

Mailing Address 7161 South Eastern Avenue, Suite A

City State Zip Code
Las Vegas NV 89119

Purpose of Disbursement
Contribution

011

Candidate Name
Erin Bilbray

Category/
Type

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	4

Transaction ID : EXPB481

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

6	0	0	0	.	0	0
---	---	---	---	---	---	---

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

6	0	0	0	.	0	0
---	---	---	---	---	---	---

**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. Cain for Congress

Mailing Address P.O. Box 1523

City Bangor State ME Zip Code 04402

Purpose of Disbursement
Contribution

011

Candidate Name

Emily Ann Cain

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	4

Transaction ID : EXPB497

Amount of Each Disbursement this Period

2	4	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Callis for Congress, Ann

Mailing Address 517 Chapman Street

City Edwardsville State IL Zip Code 62025

Purpose of Disbursement
Contribution

011

Candidate Name

Ann Callis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	4

Transaction ID : EXPB498

Amount of Each Disbursement this Period

2	4	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Gallego for Arizona

Mailing Address P.O. Box 1710

City Phoenix State AZ Zip Code 85001

Purpose of Disbursement
Contribution

011

Candidate Name

Ruben Gallego

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	1	4

Transaction ID : EXPB505

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

9	8	0	0	.	0	0
---	---	---	---	---	---	---

9	8	0	0	.	0	0
---	---	---	---	---	---	---

**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. Garcia for Congress, Joe

Mailing Address P.O. Box 330871

City Miami State FL Zip Code 33233

Purpose of Disbursement
Contribution

011

Candidate Name

Joe Garcia

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 26

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2014

Transaction ID : EXPB499

Amount of Each Disbursement this Period

2400.00

Full Name (Last, First, Middle Initial)

B. Heck for Congress, Denny

Mailing Address P.O. Box 235

City Olympia State WA Zip Code 98507

Purpose of Disbursement
Contribution

011

Candidate Name

Dennis Heck

Category/
Type

Office Sought: House
 Senate
 President
State: WA District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2014

Transaction ID : EXPB500

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Lara for New Mexico

Mailing Address P.O. Box 2326

City Carlsbad State NM Zip Code 88221

Purpose of Disbursement
Contribution

011

Candidate Name

Roxanne Lara

Category/
Type

Office Sought: House
 Senate
 President
State: NM District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2014

Transaction ID : EXPB482

Amount of Each Disbursement this Period

2000.00

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

9400.00

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. Lawrence for Congress, Brenda

Mailing Address P.O. Box 3060

City Southfield State MI Zip Code 48037

Purpose of Disbursement
Contribution

011

Candidate Name

Branda Lawrence

Category/
Type

Office Sought: House
 Senate
 President
State: MO District: 14

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2014

Transaction ID : EXPB488

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

B. Murphy for Iowa, Pat

Mailing Address P.O. Box 692

City Dubuque State IA Zip Code 52004

Purpose of Disbursement
Contribution

011

Candidate Name

Patrick Joseph Murphy

Category/
Type

Office Sought: House
 Senate
 President
State: IA District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2014

Transaction ID : EXPB501

Amount of Each Disbursement this Period

2400.00

Full Name (Last, First, Middle Initial)

C. Peters for Congress, Scott

Mailing Address P.O. Box 22074

City San Diego State CA Zip Code 92192

Purpose of Disbursement
Contribution

011

Candidate Name

Scott Peters

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 52

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2014

Transaction ID : EXPB503

Amount of Each Disbursement this Period

2400.00

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

7400.00

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. Recchia for Congress

Mailing Address 172 Gravesend Neck Road

City State Zip Code
Brooklyn NY 11223

Purpose of Disbursement
Contribution

011

Candidate Name

Domenic Recchia

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 11

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2014

Transaction ID : EXPB504

Amount of Each Disbursement this Period

2400.00

Full Name (Last, First, Middle Initial)

B. Rice for Congress, Kathleen

Mailing Address 410 Jericho Turnpike, Suite 200

City State Zip Code
Jericho NY 11753

Purpose of Disbursement
Contribution

011

Candidate Name

Kathleen Rice

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2014

Transaction ID : EXPB486

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Robertson, Committee to Elect Martha

Mailing Address P.O. Box 54

City State Zip Code
Dryden NY 13053

Purpose of Disbursement
Contribution

011

Candidate Name

Martha Robertson

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2014

Transaction ID : EXPB480

Amount of Each Disbursement this Period

2000.00

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

6400.00

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. Takai for Congress, Mark

Mailing Address P.O. Box 2267

City Pearl City State HI Zip Code 96782

Purpose of Disbursement Contribution

011

Candidate Name

Kyle Mark Takai

Category/Type

Office Sought: House Senate President
State: HI District: 01

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2014

Transaction ID : EXPB490

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

B. Tulsi for Hawai'i

Mailing Address P.O. Box 75561

City Kapolei State HI Zip Code 96707

Purpose of Disbursement Contribution

011

Candidate Name

Tulsi Gabbard

Category/Type

Office Sought: House Senate President
State: HI District: 02

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2014

Transaction ID : EXPB484

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Virgin Islanders for Plaskett

Mailing Address P.O. Box 1006

City Frederiksted State VI Zip Code 00841

Purpose of Disbursement Contribution

011

Candidate Name

Stacey Plaskett

Category/Type

Office Sought: House Senate President
State: VI District:

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2014

Transaction ID : EXPB489

Amount of Each Disbursement this Period

2600.00

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

7200.00

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

46200.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 23 OF 23
	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 Facility Rental, Catering and Supplies
Mailing Address 3914 Barcroft Mews Court	
City State Zip Code Falls Church VA 22041	

Outstanding Balance Beginning This Period <input type="text" value="2522.85"/>	Transaction ID : PAYD467	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2522.85"/>	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"/>