

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2008 JAN 30 AM 8:51
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
Peninsula Democratic Coalition

ADDRESS (number and street) **1360 Emerson Street**
Check if different than previously reported. (ACC) **Palo Alto CA 94301 3530**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 00427203

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:	April 15 Quarterly Report (Q1)	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	July 15 Quarterly Report (Q2)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	October 15 Quarterly Report (Q3)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
	<input checked="" type="checkbox"/> January 31 Year-End Report (YE)				
	July 31 Mid-Year Report (Non-election Year Only) (MY)				
Termination Report (TER)					
(b) Monthly Report Due On:					
(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)		
	Convention (12C)	Special (12S)			
	Election on M M / D D / Y Y Y Y			in the State of	
(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)		
	Election on M M / D D / Y Y Y Y			in the State of	

5. Covering Period **07^M / 01^D / 2007^Y** through **12^M / 31^D / 2007^Y**

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 **Joseph Rolfe**
Signature of Treasurer *Joseph Rolfe* Date **01 / 25 / 2008**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only										FEC FORM 3X Rev. 12/2004
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28039604423

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Peninsula Democratic Coalition

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 07 01 2007 To: ^{M M / D D / Y Y Y Y} 12 31 2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2007		3301.12
(b) Cash on Hand at Beginning of Reporting Period.....	838.96	
(c) Total Receipts (from Line 19).....	13,721.00	19,538.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	14,559.96	22,839.12
7. Total Disbursements (from Line 31).....	8313.30	16,592.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	6246.66	6246.66
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	

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

28039604424

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
Peninsula Democratic Coalition

Report Covering the Period: From: ^M07 / ^D01 / ^Y2007 To: ^M12 / ^D31 / ^Y2007

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).....	3,655.00	3,655.00
(ii) Unitemized	10,066.00	15,883.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13,721.00	19,538.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	13,721.00	19,538.00
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)).....▶	13,721.00	19,538.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	13,721.00	19,538.00

28039504425

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	2289.14	3306.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2289.14	3306.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
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	6,024.16	13,285.82
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).....	6,024.16	13,285.82
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8,213.30	16,592.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8,213.30	16,592.46

28039604426

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 1 OF 5

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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 Democratic Coalition

Full Name (Last, First, Middle Initial)

A. Barchas, Mark

Mailing Address

27142 Elena Road

City
Los Altos Hills

State
CA

Zip Code
94022

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Real Estate/retired

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

, , **200.00**

Date of Receipt

M M / D D / Y Y Y Y
08 18 2007

Amount of Each Receipt this Period

, , **200.00**

Full Name (Last, First, Middle Initial)

B. Chessin, Steohen A.

Mailing Address

1426 Lloyd Way

City
Mountain View

State
CA

Zip Code
94040

FEC ID number of contributing federal political committee.

C

Name of Employer

Sun Microsystems

Occupation

Software Engineer

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

, , **130.00**

Date of Receipt

M M / D D / Y Y Y Y
08 18 2007

Amount of Each Receipt this Period

, , **130.00**

Full Name (Last, First, Middle Initial)

C. Cochran, Francis

Mailing Address

3575 Wellesley Ct

City
Mountain View

State
CA

Zip Code
94040

FEC ID number of contributing federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

, , **150.00**

Date of Receipt

M M / D D / Y Y Y Y
08 18 2007

Amount of Each Receipt this Period

, , **150.00**

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

, , **480.00**

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

, , .

28039504427

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

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

FOR LINE NUMBER: PAGE 2 OF 5

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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 Democratic Coalition

Full Name (Last, First, Middle Initial)

A. Hartz, Gary W.

Mailing Address

2099 Fallen Leaf Lane

City **Los Altos** State **CA** Zip Code **94024**

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

Name of Employer **Veteran's Administration** Occupation **Psychologist**

Receipt For: Primary General Other (specify) Aggregate Year-to-Date **525.00**

Date of Receipt

M M / D D / Y Y Y Y
08 18 2007

Amount of Each Receipt this Period

, , **525.00**

Full Name (Last, First, Middle Initial)

B. James, Danielle

Mailing Address

1457 Ranchita Drive

City **Los Altos** State **CA** Zip Code **94024**

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 **350.00**

Date of Receipt

M M / D D / Y Y Y Y
08 18 2007

Amount of Each Receipt this Period

, , **350.00**

Full Name (Last, First, Middle Initial)

C. Keller, Arthur M.

Mailing Address

3881 Corina Way

City **Palo Alto** State **CA** Zip Code **94303**

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

Name of Employer **Minerva Consulting** Occupation **Consultant**

Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt

M M / D D / Y Y Y Y
08 18 2007

Amount of Each Receipt this Period

, , **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1,375.00**

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

2803960428

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

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

FOR LINE NUMBER: PAGE 3 OF 5

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

Peninsula Democratic Coalition

A. Kessler, Jon Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y 08 18 2007	
Mailing Address 10090 United Place			
City Cupertino	State CA	Zip Code 95014	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 200.00	
Name of Employer California State Senate		Occupation District Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , , 200.00	
B. Michel, Phyllis H. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y 08 18 2007	
Mailing Address 123 Concord Circle			
City Mountain View	State CA	Zip Code 94040	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 100.00	
Name of Employer None		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , , 100.00	
C. Marcias, Laura Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y 08 18 2007	
Mailing Address 1343 Ernestine			
City Mountain View	State CA	Zip Code 94040	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 200.00	
Name of Employer Comcast		Occupation Gov't Affairs Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , , 200.00	
SUBTOTAL of Receipts This Page (optional)..... ▶		, , 500.00	
TOTAL This Period (last page this line number only)..... ▶		, , .	

28039504429

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

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

FOR LINE NUMBER: PAGE 4 OF 5

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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 Democratic Coalition

Full Name (Last, First, Middle Initial)

A. Rolfe, Diane H.

Mailing Address

1360 Emerson Street

City
Palo Alto

State
CA

Zip Code
94301

FEC ID number of contributing federal political committee.

C

Name of Employer

None

Occupation

Retired teacher

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

, , **275.00**

Date of Receipt

M M / D D / Y Y Y Y
08 18 2007

Amount of Each Receipt this Period

, , **275.00**

Full Name (Last, First, Middle Initial)

B. Thurber, James

Mailing Address

694 Benvenue Ave

City
Los Altos

State
CA

Zip Code
94024

FEC ID number of contributing federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

, , **450.00**

Date of Receipt

M M / D D / Y Y Y Y
08 18 2007

Amount of Each Receipt this Period

, , **450.00**

Full Name (Last, First, Middle Initial)

C. Yen, Sophia

Mailing Address

222 Parnasus Ave

City
San Francisco

State
CA

Zip Code
94117

FEC ID number of contributing federal political committee.

C

Name of Employer

Packard Children's Hospital

Occupation

MD

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

, , **225.00**

Date of Receipt

M M / D D / Y Y Y Y
08 18 2007

Amount of Each Receipt this Period

, , **225.00**

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

, , **950.00**

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

, , .

28039504430

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

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

FOR LINE NUMBER: PAGE 5 OF 5

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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 Democratic Coalition

Full Name (Last, First, Middle Initial) A. MacDougall, John S.			Date of Receipt M M / D D / Y Y Y Y 07 25 2007		
Mailing Address 1605 Sylvaner Ave					
City St. Helena	State CA	Zip Code 94574			
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , 100.00		
Name of Employer None		Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , , 100.00			
Full Name (Last, First, Middle Initial) B. MacDougall, Inna			Date of Receipt M M / D D / Y Y Y Y 07 25 2007		
Mailing Address 1605 Sylvaner Avd					
City St. Helena	State CA	Zip Code 94574			
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , 100.00		
Name of Employer None		Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , , 100.00			
Full Name (Last, First, Middle Initial) C. Rich, Sigmund F			Date of Receipt M M / D D / Y Y Y Y 10 16 2007		
Mailing Address 22445 Cupertino Rd #87					
City Cupertino	State CA	Zip Code 95014			
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , 150.00		
Name of Employer Self		Occupation D.V.M.			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , , 150.00			
SUBTOTAL of Receipts This Page (optional).....▶			, , 350.00		
TOTAL This Period (last page this line number only).....▶			, , 3655.00		

2803960421

**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 Democratic Coalition

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 07 06 2007
Mailing Address AT&T Payment Center		Amount of Each Disbursement this Period , , 109.78
City Sacramento, CA	State CA	
Zip Code 95887-0001		
Purpose of Disbursement Telephone Service	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 08 06 2007
Mailing Address AT&T Payment Center		Amount of Each Disbursement this Period , , 161.14
City Sacramento, CA	State CA	
Zip Code 95887-0001		
Purpose of Disbursement Telephone Service	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 09 18 2007
Mailing Address AT&T Payment Center		Amount of Each Disbursement this Period , , 182.36
City Sacramento, CA	State CA	
Zip Code 95887-0001		
Purpose of Disbursement Telephone Service	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	, , 453.28
TOTAL This Period (last page this line number only).....▶	, , .

28039604432

**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)

PAGE 2 OF 4

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

Peninsula Democratic Coalition

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address

AT&T Payment Center

City

Sacramento, CA

State

CA

Zip Code

95887-0001

Purpose of Disbursement

Telephone Service

001

Candidate Name

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
10 15 2007

Amount of Each Disbursement this Period

, , **160.11**

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address

AT&T Payment Center

City

Sacramento, CA

State

CA

Zip Code

95887-0001

Purpose of Disbursement

Telephone Service

001

Candidate Name

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
11 06 2007

Amount of Each Disbursement this Period

, , **149.82**

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address

AT&T Payment Center

City

Sacramento, CA

State

CA

Zip Code

95887-0001

Purpose of Disbursement

Telephone Service

001

Candidate Name

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
11 16 2007

Amount of Each Disbursement this Period

, , **149.89**

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

, , **459.82**

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

, , .

28039604433

**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)

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

Peninsula Democratic Coalition

Full Name (Last, First, Middle Initial)

A. AT&T

Date of Disbursement

M M / D D / Y Y Y Y
12 / 21 / 2007

Mailing Address

AT&T Payment Center

City

Sacramento

State

CA

Zip Code

95887-0001

Purpose of Disbursement

Telephone service

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

, , **98.04**

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Postmaster - Los Altos, CA Post Office

Date of Disbursement

M M / D D / Y Y Y Y
07 / 06 / 2007

Mailing Address

101 1st Street

City

Los Altos

State

CA

Zip Code

94022

Purpose of Disbursement

Post Office Box rent

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

, , **108.00**

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Unitarian Universalists of Palo Alto

Date of Disbursement

M M / D D / Y Y Y Y
10 / 16 / 2007

Mailing Address

505 E. Charleston Road

City

Palo Alto

State

CA

Zip Code

94306

Purpose of Disbursement

Meeting room rent

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

, , **150.00**

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

, , **356.04**

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

, , .

28039504434

**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)

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

Peninsula Democratic Coalition

Full Name (Last, First, Middle Initial)

A. American Self Storage

Date of Disbursement

M M / D D / Y Y Y Y
10 24 2007

Mailing Address

1985 E. Bayshore Road

City

Palo Alto

State

CA

Zip Code

94303

Purpose of Disbursement

Store office furniture, equipment and supplies

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1020.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

1020.00

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

2289.14

28039504435

**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 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Peninsula Democratic Coalition

Full Name (Last, First, Middle Initial)

A. Postal Service		Date of Disbursement
Mailing Address 100 1st Street		M M / D D / Y Y Y Y 12 08 2007
City Los Altos	State CA	Amount of Each Disbursement this Period
Zip Code 94022		
Purpose of Disbursement Postage for membership drive		, , . 49.81
Candidate Name		
Office Sought:	Disbursement For:	Category/ Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

B.		Date of Disbursement
Full Name (Last, First, Middle Initial)		M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		, , .
Candidate Name		
Office Sought:	Disbursement For:	Category/ Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

C.		Date of Disbursement
Full Name (Last, First, Middle Initial)		M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		, , .
Candidate Name		
Office Sought:	Disbursement For:	Category/ Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)..... ▶ , , **49.81**

TOTAL This Period (last page this line number only)..... ▶ , , **49.81**

28039504435

**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)						PAGE 1 OF 3				
	<input 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

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NAME OF COMMITTEE (In Full)
Peninsula Democratic Coalition

Full Name (Last, First, Middle Initial) A. Great Printing and Copies		Date of Disbursement M M / D D / Y Y Y Y 07 23 2007		
Mailing Address 4600 El Camino Real		Amount of Each Disbursement this Period 569.19		
City Los Altos	State CA			Zip Code 94022
Purpose of Disbursement Newsletter printing				006
Candidate Name				Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

Full Name (Last, First, Middle Initial) B. Great Printing and Copies		Date of Disbursement M M / D D / Y Y Y Y 09 25 2007		
Mailing Address 4600 El Camino Real		Amount of Each Disbursement this Period 569.19		
City Los Altos	State CA			Zip Code 94022
Purpose of Disbursement Newsletter printing				006
Candidate Name				Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

Full Name (Last, First, Middle Initial) C. Great Printing and Copies		Date of Disbursement M M / D D / Y Y Y Y 10 18 2007		
Mailing Address 4600 El camino Real		Amount of Each Disbursement this Period 569.19		
City Los Altos	State CA			Zip Code 94022
Purpose of Disbursement Newsletter printing				006
Candidate Name				Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....▶	1707.57
TOTAL This Period (last page this line number only).....▶	

28039504437

**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)						PAGE 2 OF 3	
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input checked="" type="checkbox"/> 26 <input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
Peninsula Democratic Coalition

Full Name (Last, First, Middle Initial) A. Great Printing and Copies			Date of Disbursement M M / D D / Y Y Y Y 12 12 2007		
Mailing Address 4600 El Camino Real			Amount of Each Disbursement this Period 744.14		
City Los Altos	State CA	Zip Code 94022			006 Category/ Type
Purpose of Disbursement Newsletter printing		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. Pacific Printing			Date of Disbursement M M / D D / Y Y Y Y 07 12 2007		
Mailing Address 2260 Monterey Highway			Amount of Each Disbursement this Period 102.84		
City San Jose	State CA	Zip Code 95112			006 Category/ Type
Purpose of Disbursement Campaign Flyers		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) C. Postal Service Stamp Fulfillment Services			Date of Disbursement M M / D D / Y Y Y Y 08 26 2007		
Mailing Address 8300 NE Underground Drive Pillar 210			Amount of Each Disbursement this Period 206.00		
City Kansas City	State MO	Zip Code 64144-0001			006 Category/ Type
Purpose of Disbursement Newsletter postage		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional).....▶	1052.98
TOTAL This Period (last page this line number only).....▶	

28039604438

**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)

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

Peninsula Democratic Coalition

Full Name (Last, First, Middle Initial)

A. Postal Service Stamp Fullfillment Service

Date of Disbursement

M M / D D / Y Y Y Y
09 25 2007

Mailing Address

8300 NE Underground Drive Pillar 210

City State Zip Code
Kansas City MO 64144-0001

Purpose of Disbursement
Newsletter postage

006

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

, , 165.00

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Postal Service Stamp Fullfillment Service

Date of Disbursement

M M / D D / Y Y Y Y
11 16 2007

Mailing Address

8300 NE Underground Drive Pillar 210

City State Zip Code
Kansas City MO 64144-0001

Purpose of Disbursement
Newsletter postage

006

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

, , 165.00

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶ , , 330.00

TOTAL This Period (last page this line number only)..... ▶ , , 3090.55

28039504439

**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 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Peninsula Democratic Coalition

Full Name (Last, First, Middle Initial)

A. Great Printing and Copies

Date of Disbursement

M M / D D / Y Y Y Y
09 06 2007

Mailing Address

4600 El Camino Real

City State Zip Code
Los Altos CA 94022

Purpose of Disbursement

Meeting Notice printing

007

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

29.55

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

B. Jade Palace Restaurant

Date of Disbursement

M M / D D / Y Y Y Y
09 15 2007

Mailing Address

151 S. California Ave.

City State Zip Code
Palo Alto CA 94306

Purpose of Disbursement

Food, drinks and service for meeting

007

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1380.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

C. Jade Palace Restaurant

Date of Disbursement

M M / D D / Y Y Y Y
12 09 2007

Mailing Address

151 S. California Ave

City State Zip Code
Palo Alto CA 94306

Purpose of Disbursement

Food, drink and service for meeting

007

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

900.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

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

2309.55

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

28039504440

**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 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Peninsula Democratic Coalition

Full Name (Last, First, Middle Initial)

Harbortown Homeowners Association

Mailing Address

c/o Sprague & Associates 1710 S. Amphlett Boulevard, #301

City State Zip Code
San Mateo CA 94402

Purpose of Disbursement
Meeting room rent

Candidate Name

007

Disbursement

M M / D D / Y Y Y Y
07 06 2007

Amount of Each Disbursement this Period
50.00

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Pizza My Heart

Mailing Address

220 University Ave.

City State Zip Code
Palo Alto CA 94301

Purpose of Disbursement

Candidate Name

007

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
07 06 2007

Amount of Each Disbursement this Period
174.25

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

224.25

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

2533.80

2803950441

**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)

PAGE 1 OF 1

<input 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Peninsula Democratic Coalition

Full Name (Last, First, Middle Initial)

A. San Mateo County Democratic Central Committee

Date of Disbursement

M M / D D / Y Y Y Y
11 16 2007

Mailing Address

433 Airport Blvd.

City
Burlingame

State
CA

Zip Code
94010

Purpose of Disbursement

Share Straw Poll Meeting costs

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

350.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

A

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

350.00

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

350.00

2803950442

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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Postmark Illegible

No Postmark


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Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

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Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked



PREPARER
(3/2005)

1/30/08
DATE PREPARED

28039504443