

**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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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) <b>A. Rolfe, Diane H.</b>		Date of Receipt M M / D D / Y Y Y Y <b>08 18 2007</b>
Mailing Address <b>1360 Emerson Street</b>		Amount of Each Receipt this Period  <b>, , 275.00</b>
City <b>Palo Alto</b>	State <b>CA</b>	
Zip Code <b>94301</b>		Amount of Each Receipt this Period  <b>, , 275.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>None</b>	Occupation <b>Retired teacher</b>	Amount of Each Receipt this Period  <b>, , 275.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼  <b>, , 275.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Thurber, James</b>		Date of Receipt M M / D D / Y Y Y Y <b>08 18 2007</b>
Mailing Address <b>694 Benvenue Ave</b>		Amount of Each Receipt this Period  <b>, , 450.00</b>
City <b>Los Altos</b>	State <b>CA</b>	
Zip Code <b>94024</b>		Amount of Each Receipt this Period  <b>, , 450.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>None</b>	Occupation <b>Retired</b>	Amount of Each Receipt this Period  <b>, , 450.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼  <b>, , 450.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Yen, Sophia</b>		Date of Receipt M M / D D / Y Y Y Y <b>08 18 2007</b>
Mailing Address <b>222 Parnasus Ave</b>		Amount of Each Receipt this Period  <b>, , 225.00</b>
City <b>San Francisco</b>	State <b>CA</b>	
Zip Code <b>94117</b>		Amount of Each Receipt this Period  <b>, , 225.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Packard Children's Hospital</b>	Occupation <b>MD</b>	Amount of Each Receipt this Period  <b>, , 225.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼  <b>, , 225.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	<b>, , 950.00</b>
<b>TOTAL</b> This Period (last page this line number only)..... ▶	<b>, , .</b>

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