

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

PEOPLE HELPING PEOPLE

ADDRESS (number and street) 3700 WILSHIRE BLVD., STE. 1050-B

Check if different than previously reported. (ACC) LOS ANGELES CA 90010-3090

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

C C00248948

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

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)  General (12G)  Runoff (12R)
  - Convention (12C)  Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2013 through [MM] / [DD] / [YYYY] 12 / 31 / 2013

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 DAVID L. GOULD

Signature of Treasurer DAVID L. GOULD [Electronically Filed] Date 01 / 15 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**PEOPLE HELPING PEOPLE**

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="2013"/>	<input type="text" value=""/>	<input type="text" value="6294.17"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="10712.67"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="16500.00"/>	<input type="text" value="21500.00"/>
(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="27212.67"/>	<input type="text" value="27794.17"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="29189.28"/>	<input type="text" value="29770.78"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="-1976.61"/>	<input type="text" value="-1976.61"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

**PEOPLE HELPING PEOPLE**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

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).....	9000.00	9000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9000.00	9000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	7500.00	12500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	16500.00	21500.00
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))..... ▶	16500.00	21500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16500.00	21500.00

**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 .....	18189.28	18770.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	18189.28	18770.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
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 .....	1000.00	1000.00
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)) ..	29189.28	29770.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29189.28	29770.78

**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) .....	16500.00	21500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16500.00	21500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	18189.28	18770.78
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	18189.28	18770.78

**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 16
<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)  
**PEOPLE HELPING PEOPLE**

**A. M Radwan Al-Sabbagh**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4923 Holt Street  
City Bellaire State TX Zip Code 77401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer M Radwan Al-Sabbagh Occupation Physican  
Receipt For: 2013  
 Primary  General  
 Other (specify)  Calendar Year

Date of Receipt  
11 / 06 / 2013  
**Transaction ID : 11AI-415**  
Amount of Each Receipt this Period  
500.00  
Aggregate Year-to-Date  
500.00

**B. Bassam Barazi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2 Radney Circle  
City Houston State TX Zip Code 77024  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ryko Development Occupation President  
Receipt For: 2013  
 Primary  General  
 Other (specify)  Calendar Year

Date of Receipt  
11 / 06 / 2013  
**Transaction ID : 11AI-418**  
Amount of Each Receipt this Period  
1000.00  
Aggregate Year-to-Date  
1000.00

**C. Rawda Barbandi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11111 Hedwig Ln.  
City Houston State TX Zip Code 77024  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired  
Receipt For: 2013  
 Primary  General  
 Other (specify)  Calendar Year

Date of Receipt  
11 / 06 / 2013  
**Transaction ID : 11AI-419**  
Amount of Each Receipt this Period  
1000.00  
Aggregate Year-to-Date  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00  
**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 16
	<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)  
**PEOPLE HELPING PEOPLE**

Full Name (Last, First, Middle Initial) <b>A. Mohamed Y Beck</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2013 <b>Transaction ID : 11AI-421</b>
Mailing Address 3388 Sage Rd. No. 2002		Amount of Each Receipt this Period 1000.00
City Houston	State TX	Zip Code 77056
FEC ID number of contributing federal political committee. C		
Name of Employer Mohamed Beck	Occupation Physician	
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Hassan Chahadeh</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2013 <b>Transaction ID : 11AI-422</b>
Mailing Address 11117 Beinhorn Rd.		Amount of Each Receipt this Period 2000.00
City Houston	State TX	Zip Code 77024
FEC ID number of contributing federal political committee. C		
Name of Employer Hassan Chahadeh	Occupation Physician	
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Moutaz Chichakli</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2013 <b>Transaction ID : 11AI-420</b>
Mailing Address 1525 Nantucket		Amount of Each Receipt this Period 500.00
City Houston	State TX	Zip Code 77057
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> 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: PAGE 8 OF 16  
(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)  
**PEOPLE HELPING PEOPLE**

Full Name (Last, First, Middle Initial)  
**A. Faye Hadidi**

Mailing Address 1 Country Ct.

City Houston State TX Zip Code 77024

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

Name of Employer Faye Hadidi Occupation Physician

Receipt For: 2013  
 Primary     General  
 Other (specify) Calendar Year

Aggregate Year-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 06 / 2013  
**Transaction ID : 11AI-417**

Amount of Each Receipt this Period  
 2500.00

Full Name (Last, First, Middle Initial)  
**B. Samer Tawakkol**

Mailing Address 3324 Bridgeberry Ln.

City Houston State TX Zip Code 77082

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

Name of Employer Samer Tawakkol Occupation Physician

Receipt For: 2013  
 Primary     General  
 Other (specify) Calendar Year

Aggregate Year-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 06 / 2013  
**Transaction ID : 11AI-416**

Amount of Each Receipt this Period  
 500.00

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 / D D / Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	9000.00

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

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

FOR LINE NUMBER: PAGE 9 OF 16  
(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)  
**PEOPLE HELPING PEOPLE**

**A. National Multi Housing Council PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1850 M St.,NW #540  
 City Washington State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C** C00130773  
 Name of Employer Occupation  
 Receipt For: 2013  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 06 / 2013  
**Transaction ID : 11C-423**  
 Amount of Each Receipt this Period  
 5000.00

**B. Wal-PAC Wal-Mart Stores Inc. Political Action Committee For Responsible Government**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 702 SW 8th St  
 City Bentonville State AR Zip Code 72716  
 FEC ID number of contributing federal political committee. **C** C00093054  
 Name of Employer Occupation  
 Receipt For: 2013  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 12 / 2013  
**Transaction ID : 11C-414**  
 Amount of Each Receipt this Period  
 2500.00

**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)  Calendar Year  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7500.00

**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

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)  
**PEOPLE HELPING PEOPLE**

Full Name (Last, First, Middle Initial)

**A. Westin Los Angeles Airport**

Mailing Address 5400 W. Century Blvd.

City Los Angeles State CA Zip Code 90045

Purpose of Disbursement  
Holiday Party 12/19/2013

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

007

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2013

**Transaction ID : 21B-596-S**

Amount of Each Disbursement this Period

9152.80

**[MEMO ITEM]**

SUBVENDOR to American Express

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address Box 0001

City Los Angeles State CA Zip Code 90096-8000

Purpose of Disbursement  
Holiday Party

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

007

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2013

**Transaction ID : 21B-595**

Amount of Each Disbursement this Period

9152.80

Full Name (Last, First, Middle Initial)

**C. David L. Gould Company**

Mailing Address 3700 Wilshire Blvd., Ste.1050-B

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement  
PAC Management/Political Reporting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2013

**Transaction ID : 21B-581**

Amount of Each Disbursement this Period

210.00

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

9362.80

**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

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)  
**PEOPLE HELPING PEOPLE**

Full Name (Last, First, Middle Initial)

**A. David L. Gould Company**

Mailing Address 3700 Wilshire Blvd., Ste.1050-B

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement  
Office Expenses

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2013

**Transaction ID : 21B-582**

Amount of Each Disbursement this Period

528.00

Full Name (Last, First, Middle Initial)

**B. David L. Gould Company**

Mailing Address 3700 Wilshire Blvd., Ste.1050-B

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement  
PAC Management/Political Reporting Services

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2013

**Transaction ID : 21B-584**

Amount of Each Disbursement this Period

153.75

Full Name (Last, First, Middle Initial)

**C. David L. Gould Company**

Mailing Address 3700 Wilshire Blvd., Ste.1050-B

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement  
Office Expenses

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2013

**Transaction ID : 21B-585**

Amount of Each Disbursement this Period

316.80

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

998.55

**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

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)  
**PEOPLE HELPING PEOPLE**

Full Name (Last, First, Middle Initial)

**A. David L. Gould Company**

Mailing Address 3700 Wilshire Blvd., Ste.1050-B

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement  
PAC Management/Political Reporting Services

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : 21B-586**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. David L. Gould Company**

Mailing Address 3700 Wilshire Blvd., Ste.1050-B

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement  
Office Expenses

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : 21B-587**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Valerie Goodloe**

Mailing Address 5317 S. Mullen Avenue

City Los Angeles State CA Zip Code 90043

Purpose of Disbursement  
Photography for event

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : 21B-593**

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 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

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)  
**PEOPLE HELPING PEOPLE**

Full Name (Last, First, Middle Initial)

**A. Harris & Harris Sound**

Mailing Address 4312 4th Ave.

City Los Angeles State CA Zip Code 90008

Purpose of Disbursement  
Sound for Holiday Celebration

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**007**  
Category/  
Type

Date of Disbursement  
M M / D D / Y Y Y Y Y  
12 / 19 / 2013

**Transaction ID : 21B-591**

Amount of Each Disbursement this Period  
500.00

Full Name (Last, First, Middle Initial)

**B. Deon Pitts**

Mailing Address 9710 3rd Ave.

City Inglewood State CA Zip Code 90305

Purpose of Disbursement  
Holiday Celebration Decorations

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**007**  
Category/  
Type

Date of Disbursement  
M M / D D / Y Y Y Y Y  
12 / 19 / 2013

**Transaction ID : 21B-589**

Amount of Each Disbursement this Period  
600.00

Full Name (Last, First, Middle Initial)

**C. Michael Rhoades**

Mailing Address 827 W. 111th St.

City Los Angeles State CA Zip Code 90004

Purpose of Disbursement  
Entertainment for Holiday Celebration

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**007**  
Category/  
Type

Date of Disbursement  
M M / D D / Y Y Y Y Y  
12 / 19 / 2013

**Transaction ID : 21B-592**

Amount of Each Disbursement this Period  
650.00

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

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

1750.00

**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

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)  
**PEOPLE HELPING PEOPLE**

Full Name (Last, First, Middle Initial) <b>A. Rolla Group LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 18 / 2013
Mailing Address 1220 4th St. NW #1		<b>Transaction ID : 21B-588</b>
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Fundraising Management Fee	Candidate Name	Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	18101.40

# 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

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)  
**PEOPLE HELPING PEOPLE**

Full Name (Last, First, Middle Initial)

### A. Democratic Congressional Campaign Committee

Date of Disbursement

Mailing Address 430 S. Capitol SE

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2013

City Washington State DC Zip Code 20003

**Transaction ID : 23-597**

Purpose of Disbursement  
Political Contribution

011
Category/ Type

Amount of Each Disbursement this Period

10000.00
----------

Candidate Name

**Democratic Congressional Campaign Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District: Calendar year

Full Name (Last, First, Middle Initial)

### B.

Date of Disbursement

Mailing Address

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

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: Calendar year

Full Name (Last, First, Middle Initial)

### C.

Date of Disbursement

Mailing Address

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

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: Calendar year

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

10000.00
----------

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

10000.00
----------

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
**PEOPLE HELPING PEOPLE**

Full Name (Last, First, Middle Initial)

**A. PAT FUREY FOR MAYOR 2014**

Mailing Address P.O.Box 6101

City Torrance State CA Zip Code 90504

Purpose of Disbursement  
Non-Federal Political Contribution

011

Category/  
Type

Candidate Name

**PAT FUREY FOR MAYOR 2014**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2013

**Transaction ID : 29-594**

Amount of Each Disbursement this Period

1000.00

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)..... ▶

1000.00

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

1000.00