REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

C00248948 [illegible]
DAVID L. GOULD
PEOPLE HELPING PEOPLE
600 WILSHIRE BLVD SUITE [illegible]
LOS ANGELES CA 90017

Oct 17 2 07 PM '94

2. FEC IDENTIFICATION NUMBER
C00248948

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

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report
[ ] July 15 Quarterly Report
[X] October 15 Quarterly Report
[ ] January 31 Year End Report
[ ] July 31 Mid Year Report (Non-election Year Only)
[ ] Termination Report

Monthly Report Due On:
[ ] February 20 [ ] June 20 [ ] October 20
[ ] March 20 [ ] July 20 [ ] November 20
[ ] April 20 [ ] August 20 [ ] December 20
[ ] May 20 [ ] September 20 [ ] January 31

[ ] Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

[ ] Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? [ ] YES [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7-1-94 through 9-30-94		
6. (a) Cash on Hand January 1, 19 94		$ 32,705.42
(b) Cash on Hand at Beginning of Reporting Period	$ 22,365.20	
(c) Total Receipts (from Line 19)	$ 48.64	$ 203.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 22,413.84	$ 32,908.57
7. Total Disbursements (from Line 30)	$ 20,780.32	$ 31,275.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 1,633.52	$ 1,633.52
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Date
10-12-94

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

FEC FORM 3X
(revised 9/93)

FFaAN101

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: PEOPLE HELPING PEOPLE

REPORT COVERING PERIOD FROM 7-1-94 TO 9-30-94

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	-0-	-0-	11(a)(i)
ii. Unitemized	-0-	-0-	11(a)(ii)
iii. Total (add i and ii) ➤	-0-	-0-	11(a)(iii)
b. Political Party Committees	-0-	-0-	11(b)
c. Other Political Committees (such as PACs)	-0-	-0-	11(c)
d. Total Contributions (add a iii, b and c) ➤	-0-	-0-	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	48.64	203.15	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	48.64	203.15	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	48.64	203.15	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	21(a)(i)
ii. Non-Federal Share	-0-	-0-	21(a)(ii)
b. Other Federal Operating Expenditures	780.32	1,775.05	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	780.32	1,775.05	21(c)
22. Transfers to Affiliated/Other Party Committees	-0-	-0-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	13,000.00	17,500.00	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	-0-	-0-	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	-0-	-0-	28(d)
29. Other Disbursements	7,000.00	12,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	20,780.32	31,275.05	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	20,780.32	31,275.05	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	-0-	-0-	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	-0-	-0-	34
35. Total Federal Operating Expenditures (add 21 a and 21 b) ➤	780.32	1,775.05	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	780.32	1,775.05	37

FE4AN101

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 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. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
WESTERN BANK 1251 WESTWOOD BLVD. LOS ANGELES, CA 90024	INTEREST	7-29-94 8-31-94 9-30-94	19.83 19.28 9.53
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 203.15		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) ..... > 48.64

TOTAL This Period (last page this line number only) ..... > 48.64

FE4AN101

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)
PEOPLE HELPING PEOPLE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
DAVID L. GOULD 600 WILSHIRE BLVD.,STE.1500 LOS ANGELES, CA 90017	Professional services and office expenses	7-5-94 8-2-94 9-2-94	162.73 472.37 145.22
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 780.32

TOTAL This Period (last page this line number only) 780.32

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

PEOPLE HELPING PEOPLE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. STEVE CLUTE FOR CONGRESS P.O.BOX 8078 MORENO VALLEY, CA 92552 I.D.#C00281196	CONTRIBUTION,HOUSE OF REPRESENTATIVES,CA,44TH Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8-2-94	1,000.00
B. LOUISE SLAUGHTER RE-ELECTION COMMITTEE P.O.BOX 14117 ROCHESTER, NY 14614 I.D.#C00213611	CONTRIBUTION,HOUSE OF REPRESENTATIVES,NY,28TH Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8-19-94	5,000.00
C. BOB FILNER FOR CONGRESS P.O.BOX 127868 SAN DIEGO, CA 92112 I.D #C00261388	CONTRIBUTION,HOUSE OF REPRESENTATIVES,CA,50TH Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9-16-94	500.00
D. PETER MATHEWS FOR CONGRESS P.O.BOX 50220 LONG BEACH, CA 90815 I.D.#C00259374	CONTRIBUTION,HOUSE OF REPRESENTATIVES,CA,38TH Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9-16-94	500.00
E. BONIOR FOR CONGRESS 237 S.B.GRATIOT MT. CLEMENS, MI 48043 I.D #C00026179	Purpose of Disbursement CONTRIBUTION, DAVID BONIOR,HOUSE OF REPRESENTATIVES,MICH.,10TH Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9-23-94	1,000.00
F. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE 430 SOUTH CAPITOL ST. WASHINGTON, D.C. 20003 I.D.#C00000935	Purpose of Disbursement CONTRIBUTION Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	9-20-94	5,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 13,000.00

TOTAL This Period (last page this line number only) 13,000.00

4-00145

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

PEOPLE HELPING PEOPLE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. UNITY '94 DEMOCRATIC CAMPAIGN 445 W. WEBER AVENUE, SUITE 200 STOCKTON, CA 95203	CONTRIBUTION, STATE OF CALIF. COMMITTEE, I.D.# 941784 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8-10-94	5,000.00
B. RETAIN JUDGE RICHARD A. JONES COMMITTEE P.O. BOX 12670 SEATTLE, WA 98111-4670	CONTRIBUTION, RICHARD A. JONES, SUPERIOR COURT, KINGS COUNTY, STATE OF WASHINGTON Disbursement for: [X] Primary [ ] General [ ] Other (specify)	9-23-94	1,000.00
C. WOLPE FOR GOVERNOR CANDIDATE COMMITTEE P.O. BOX 15219 LANSING, MI 48901	CONTRIBUTION, HOWARD WOLPE, GOVERNOR, MICHIGAN Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	9-27-94	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 7,000.00

TOTAL This Period (last page this line number only) 7,000.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
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☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

Stb.
PREPARER

10-17-94
DATE PREPARED

FEC FORM 70-2 (12/92)