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)

rted

FEB 5 8 08 AM '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

☐ 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 ☒ NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 7-1-93 through 12-31-93		
6. (a)	Cash on Hand January 1, 19 93		$ 955.49
(b)	Cash on Hand at Beginning of Reporting Period	$ 562.62	
(c)	Total Receipts (from Line 19)	$ 46,215.94	$ 46,215.94
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 46,778.56	$ 47,171.43
7.	Total Disbursements (from Line 30)	$ 14,073.14	$ 14,466.01
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 32,705.42	$ 32,705.42
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	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

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

Type or Print Name of Treasurer
DAVID L. GOULD

Signature of Treasurer

Date
1-22-94

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)

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: 7-1-93 TO: 12-31-93

	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)	43,800.00	43,800.00
ii. Unitemized	300.00	300.00
iii. Total (add i and ii) ➤	44,100.00	44,100.00
b. Political Party Committees	Ø	Ø
c. Other Political Committees (such as PACs)	2,000.00	2,000.00
d. Total Contributions (add a iii, b and c) ➤	46,100.00	46,100.00
12. Transfers From Affiliated/Other Party Committees	Ø	Ø
13. All Loans Received	Ø	Ø
14. Loan Repayments Received	Ø	Ø
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	Ø	Ø
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	Ø	Ø
17. Other Federal Receipts (Dividends, Interest, etc.)	115.94	115.94
18. Transfers from Nonfederal Account for Joint Activity	Ø	Ø
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	46,215.94	46,215.94
20. Total Federal Receipts (subtract line 18 from line 19) ➤	46,215.94	46,215.94
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	Ø	Ø
ii. Non-Federal Share	Ø	Ø
b. Other Federal Operating Expenditures	14,073.14	14,466.01
c. Total Operating Expenditures (add a i, a ii, and b) ➤	14,073.14	14,466.01
22. Transfers to Affiliated/Other Party Committees	Ø	Ø
23. Contributions to Federal Candidates/Committees and Other Political Committees	Ø	Ø
24. Independent Expenditures (use Schedule E)	Ø	Ø
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	Ø	Ø
26. Loan Repayments Made	Ø	Ø
27. Loans Made	Ø	Ø
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	Ø	Ø
b. Political Party Committees	Ø	Ø
c. Other Political Committees (such as PACs)	Ø	Ø
d. Total Contribution Refunds (add a, b and c) ➤	Ø	Ø
29. Other Disbursements	Ø	Ø
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	14,073.14	14,466.01
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	14,073.14	14,466.01
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	46,100.00	46,100.00
33. Total Contribution Refunds (from line 28d)	Ø	Ø
34. Net Contributions (other than loans)(subtract line 33 from 32)	46,100.00	46,100.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	14,073.14	14,466.01
36. Offsets to Operating Expenditures (from line 15)	Ø	Ø
37. Net Operating Expenditures (subtract line 36 from 35) ➤	14,073.14	14,466.01

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 11a(i)

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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
DEANE EARL ROSS 881 ALMA REAL DR.,#205 PACIFIC PALISADES, CA 90272 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: NATIONAL HOUSING ENTERPRISE CORP. Occupation: PRESIDENT Aggregate Year-to-Date > $ 2,500.00	9-24-93	2,500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. BRUCE ROZIT 881 ALMA REAL DR., #205 PACIFIC PALISADES, CA 90272 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: NATIONAL HOUSING ENTERPRISE CORP. Occupation: CHAIRMAN OF THE BOARD Aggregate Year-to-Date > $ 2,500.00	9-24-93	2,500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
RYLAND N. MC CLENDON 840 AGAN PLACE ATLANTA, GA 30342 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: PRIOR MC CLENDON ACCOUNTS Occupation: INVESTMENT BANKER Aggregate Year-to-Date > $ 3,000.00	8-25-93	3,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JUDITH CUNNINGHAM 401 E. MANCHESTER BLVD.,#209 INGLEWOOD, CA 90301 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: CRESTWOOD ESCROW SERVICE Occupation: ENTREPRENEUR Aggregate Year-to-Date > $ 500.00	8-25-93	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ANN M. MUSCAT 3110 S. LELAND ST. SAN PEDRO, CA 90731 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: CALIFORNIA MUSEUM OF SCIENCE & INDUSTRY Occupation: DEPUTY DIRECTOR Aggregate Year-to-Date > $ 300.00	8-20-93	300.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
B.R."SONNY" WALKER 1621 WELLINGTON RD. LOS ANGELES, CA 90019 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: CALIFORNIA MUSEUM OF SCIENCE & INDUSTRY Occupation: ADMINISTRATOR Aggregate Year-to-Date > $ 300.00	8-20-93	300.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DANIEL LAMAITE 146 S. VAN NESS LOS ANGELES, CA 90004 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: LAMAITE FINANCIAL GROUP Occupation: MGMT. CONSULTANT Aggregate Year-to-Date > $ 600.00	8-20-93	600.00

SUBTOTAL of Receipts This Page (optional) 9,700.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 3

FOR LINE NUMBER 11a(i)

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NAME OF COMMITTEE (In Full)

PEOPLE HELPING PEOPLE

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code PAUL R. TAYLOR, JR. 875 E. BROAD ST. COLUMBUS, OHIO 43205 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: PT CONSULTING Occupation: OWNER Aggregate Year-to-Date $ 4,000.00	8-20-93	4,000.00
B. Full Name, Mailing Address and ZIP Code CALVIN GRIGSBY 2406 SADDLEBACK DR. BLACKHAWK, CA 94526 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: GRIGSBY, BRANDFORD Occupation: PRESIDENT Aggregate Year-to-Date $ 5,000.00	8-20-93	5,000.00
C. Full Name, Mailing Address and ZIP Code MARTIN J. WIESHEIER 10 COUNTRY CLUB DRIVE MILL VALLEY, CA 94941 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: GRIGSBY, BRANDFORD Occupation: SENIOR VICE PRESIDENT Aggregate Year-to-Date $ 5,000.00	8-20-93	5,000.00
D. Full Name, Mailing Address and ZIP Code ROY WILSON 2524 16TH AVE. S. SEATTLE, WA 98144 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: EL CENTRO DE LA RAZA Occupation: ADMINISTRATOR Aggregate Year-to-Date $ 4,000.00	8-20-93	4,000.00
E. Full Name, Mailing Address and ZIP Code HILLARY SHOCKLEY, A SOLE PROP. PACIFIC FINANCIAL MANAGEMENT 1717 N. HIGHLAND AVE.,#1200 HOLLYWOOD, CA 90028 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: PACIFIC FINANCIAL MANAGEMENT Occupation: INVESTMENTS Aggregate Year-to-Date $ 4,000.00	8-20-93	4,000.00
F. Full Name, Mailing Address and ZIP Code BERRY GORDY 6255 SUNSET BLVD.,STE.1800 LOS ANGELES, CA 90028 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: THE GORDY COMPANY Occupation: ENTERTAINMENT Aggregate Year-to-Date $ 5,000.00	8-10-93	5,000.00
G. Full Name, Mailing Address and ZIP Code EDWARD T. LEWIS 1500 BROADWAY NEW YORK, NY 10036 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: ESSENCE COMMUNICATIONS Occupation: PUBLISHING Aggregate Year-to-Date $ 5,000.00	8-6-93	5,000.00

SUBTOTAL of Receipts This Page (optional) 32,000.00

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

2 4 5 3 3 2 1 7 4

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 3

FOR LINE NUMBER 11a(i)

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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
GARY R. HODGSON 16103 MONTOYA ST. AZUSA, CA 91802 Receipt For: [X] Primary [ ] General [ ] Other (specify):	ORO VALVES, INC. Occupation: PRESIDENT Aggregate Year-to-Date $ 300.00	7-30-93	300.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
NORMAN ADAMS, A SOLE PROP. ADAMS & COMPANY 7 HARBOR RIDGE NEWPORT BEACH, CA 92660 Receipt For: [X] Primary [ ] General [ ] Other (specify):	ADAMS & COMPANY Occupation: REAL ESTATE BROKER Aggregate Year-to-Date $ 1,500.00	7-28-93	1,500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
RANCALL C. BACON 880 W. FIRST ST., #604 LOS ANGELES, CA 90012 Receipt For: [X] Primary [ ] General [ ] Other (specify):	C.O.F. LOS ANGELES Occupation: PUBLIC ADMINISTRATOR Aggregate Year-to-Date $ 300.00	7-28-93	300.00
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) 2,100.00

TOTAL This Period (last page this line number only) 43,800.00

7 4 3 3 2 1 7 5

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11c

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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
THE FIRST BOSTON CORPORATION GOVERNMENT ACTION FUND 333 SOUTH GRAND AVE. LOS ANGELES, CA 90071 Receipt For: [X] Primary [ ] General [ ] Other (specify):	I.D. #C00111559 Aggregate Year-to-Date > $ 2,000.00	11-16-93	2,000.00
B. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	2,000.00
TOTAL This Period (last page this line number only)	2,000.00

24931175

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. DAVID L. GOULD 600 WILSHIRE BLVD.,STE.1500 LOS ANGELES, CA 90017	Professional services and office expenses Disbursement for: [X] Primary [ ] General [ ] Other (specify)	8-13-93 9-3-93 10-4-93 10-22-93	279.79 162.40 134.63 127.80
B. (CONTINUED FROM A. ABOVE)	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	12-3-93	56.85
C. LESLIE SONG WINNER & ASSOCIATES 600 WILSHIRE BLVD., STE.1505 LOS ANGELES, CA 90017	Purpose of Disbursement: Fundraising commission Disbursement for: [X] Primary [ ] General [ ] Other (specify)	8-23-93 10-4-93 12-6-93	5,302.50 1,312.50 300.00
D. COMMITTEE COMMUNICATIONS,INC. 415 E. VILLANOVA RD. OJAI, CA 93023	Purpose of Disbursement: Artwork,typesetting, etc. for invitation Disbursement for: [X] Primary [ ] General [ ] Other (specify)	9-3-93	1,921.91
E. PRINTCO GRAPHIC ARTS 752 S. SAN PEDRO ST. LOS ANGELES, CA 90014	Purpose of Disbursement: Printing of invitations Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	9-9-93 10-4-93	2,887.00 1,587.76
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) 14,073.14

TOTAL This Period (last page this line number only) 14,073.14

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
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 1-25-94
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

JMK
PREPARER

2-6-94
DATE PREPARED

FEC FORM 70-2 (12/92)