REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 20 11 22 AM '99

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) PEOPLE HELPING PEOPLE	
ADDRESS (number and street) ☐ Check if different than previously reported. 555 South Flower Street, #4510	2. FEC IDENTIFICATION NUMBER C00248948
CITY, STATE and ZIP CODE Los Angeles, CA 90071	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 preceeding _____ (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

5. Covering Period 01/01/99 through 06/30/99

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1999		22,401.69
(b) Cash on Hand at Beginning of Reporting Period	22,401.69	
(c) Total Receipts (from Line 19)	866.51	866.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	23,268.20	23,268.20
7. Total Disbursements (from Line 30)	17,885.41	17,885.41
8. Cash on Hand at Close of Reporting Period (subtract Line7 from Line 6(d))	5,382.79	5,382.79
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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
7-22-99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U. S. C. p437g.

FEC FORM 3X
(revised 9/98)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

NAME OF COMMITTEE
PEOPLE HELPING PEOPLE

REPORT COVERING PERIOD
FROM: 01/01/99 TO: 06/30/99

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,000.00	1,000.00	11(a)(i)
ii. Unitemized	(250.00)	(250.00)	11(a)(ii)
iii. Total	750.00	750.00	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions	750.00	750.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	116.51	116.51	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	866.51	866.51	19
20. Total Federal Receipts (subtract line 18 from line 19)	866.51	866.51	20
II. Disbursements			
21. Operating Expenditures			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	7,385.41	7,385.41	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	7,385.41	7,385.41	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Party Committees	0.00	0.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees(2 U.S.C.441a(d))(use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			28
a. Individuals/Persons Other Than Political Committees	500.00	500.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c)	500.00	500.00	28(d)
29. Other Disbursements	10,000.00	10,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	17,885.41	17,885.41	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	17,885.41	17,885.41	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	750.00	750.00	32
33. Total Contribution Refunds (from line 28d)	500.00	500.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	250.00	250.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	7,385.41	7,385.41	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35)	7,385.41	7,385.41	37

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (01/01/99 - 06/30/99)

PAGE 1 OF 1

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PEOPLE HELPING PEOPLE C00248948

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Robert L. Benson 4811 Dunkirk Ave, Suite A Oakland, CA 94605 Receipt For: Primary General Other (specify):	Occupation: Information Requested Aggregate Year-to-Date $ (250.00)	01/19/99 Returned	(250.00) Item - NSF
B. Geoffrey's Inner Circle 410 14th Street Oakland, CA 94612 Receipt For: Primary General Other (specify):	Name of Employer: (Partnership) Occupation Aggregate Year-to-Date $ 1,000.00	02/22/99 SEE ATTRIBUTION BELOW	1,000.00
C. Geoffrey Petis 410 14th Street Oakland, CA 94612 Receipt For: Primary General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1,000.00	02/22/99	1,000.00 MEMO
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)	750.00
TOTAL This Period (last page this line number only)	750.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Other Federal Operating Expenses

Use separate schedule(s) for each category of the Detailed Summary Page (01/01/99 - 06/30/99)

PAGE 1 OF 1

FOR LINE NUMBER 21 (b)

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NAME OF COMMITTEE (In Full)

PEOPLE HELPING PEOPLE C00248948

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
American Express Box 0001 Los Angeles, CA 90096-0001	Credit Card Payment (See Below)	01/12/99	850.56
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**
Waterfront Plaza Hotel Oakland, CA		01/12/99	850.56 MEMO
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**
California Science Center Foundation 700 State Drive Los Angeles, CA 90037	Community Event	06/14/99 05/11/99	1,800.00 1,800.00
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**
David L. Soulé Company 555 S. Flower Street, Suite 4510 Los Angeles, CA 90071	Political Reporting Services	06/01/99 05/06/99 04/05/99 03/04/99	79.05 72.55 357.46 619.05
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**
same as above		02/05/99 01/04/99	963.15 391.75
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**
First State Bank of Southern California 10400 S. Norwalk Blvd. Santa Fe Springs, CA 90670	Credit Card Payment (See Below)	01/13/99	301.26
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**
Avis Rent-A-Car		01/13/99	221.26 MEMO
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**
Unitemized other federal operating expenses (less than $200) This Period: 01/01/99 - 06/30/99			150.57
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)	7,385.41
TOTAL This Period (last page this line number only)	7,385.41

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Refunds of Contributions to Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (01/01/98 - 06/30/99)

PAGE 1 OF 1

FOR LINE NUMBER 28 (a)

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NAME OF COMMITTEE (In Full)

PEOPLE HELPING PEOPLE C00248948

	Purpose of Disbursement	Date(month, day, year)	Amount of Each Disbursement this Period
A. Full Name, Mailing Address and ZIP Code Susie Tompkins Buell Three Embarcadero Ctr. Suite 2290 San Francisco, CA 94111	Return of 12/31/98 Contribution Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	02/05/99	500.00
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)	500.00
TOTAL This Period (last page this line number only)	500.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Other Disbursements

Use separate schedule(s) for each category of the Detailed Summary Page (01/01/99 - 06/30/99)

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

PEOPLE HELPING PEOPLE C00248948

A. Full Name, Mailing Address and ZIP Code Barbara Boudreaux for Board of Education 555 S. Flower Street Suite 4510 Los Angeles, CA 90071-2300	Purpose of Disbursement Contribution Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date(month, day, year) 05/04/99	Amount of Each Disbursement this Period 10,000.00
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)	10,000.00
TOTAL This Period (last page this line number only)	10,000.00

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
☐	First Class Mail	POSTMARKED
☒	Registered/Certified Mail	POSTMARKED 7/23/99
☐	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
☐	Electronic Filing	

ENT — PREPARER

7/26/99 — DATE PREPARED

(4/98)