REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 DEC -5 A 11:37

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 C00268948
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 11/07/2000 in the State of CA

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/19/2000 through 11/22/2000		
6. (a) Cash on Hand January 1, 2000		8,055.48
(b) Cash on Hand at Beginning of Reporting Period	27,180.66	
(c) Total Receipts (from Line 19)	89.85	68,050.78
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	27,270.51	76,106.26
7. Total Disbursements (from Line 30)	650.97	49,486.72
8. Cash on Hand at Close of Reporting Period (subtract Line7 from Line 6(d))	26,619.54	26,619.54
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: [signature]

Date: 11-30-00

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 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

NAME OF COMMITTEE
PEOPLE HELPING PEOPLE

REPORT COVERING PERIOD
FROM: 10/19/2000 TO: 11/27/2000

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)	0.00	57,000.00	11(a)(i)
ii. Unitemized	0.00	5,000.00	11(a)(ii)
iii. Total	0.00	62,000.00	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	0.00	62,000.00	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	5,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	89.85	1,050.78	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)	89.85	68,050.78	19
20. Total Federal Receipts (subtract line 18 from line 19)	89.85	68,050.78	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	650.97	17,986.72	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	650.97	17,986.72	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	31,500.00	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	0.00	0.00	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)	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	650.97	49,486.72	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	650.97	49,486.72	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	0.00	62,000.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	0.00	62,000.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	650.97	17,986.72	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35)	650.97	17,986.72	37

SCHEDULE A **ITEMIZED RECEIPTS**

Other Receipts

Use separate schedule(s) for each category of the Detailed Summary Page (10/18/2000 - 11/27/2000)

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 C00248948

A. Full Name, Mailing Address and ZIP Code Paine Webber 301 East Ocean Blvd. Long Beach, CA 90802-4833	Name of Employer	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 89.85
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $	1,050.78	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) >	89.85
TOTAL This Period (last page this line number only) >	89.85

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page (10/18/2000 - 11/27/2000)	PAGE 1 OF 1
Other Federal Operating Expenses			FOR LINE NUMBER 21(b)

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 C00248948

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
A. Full Name, Mailing Address and ZIP Code David L. Gould Company 555 S. Flower Street, Suite 4510 Los Angeles, CA 90071	FEC Administration/Political Reporting Services Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	11/02/2000	634.65
B. Full Name, Mailing Address and ZIP Code Unitemized other federal operating expenses (less than $200) This Period: 10/19/2000 - 11/27/2000	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date (month, day, year)	16.32
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)	650.97
TOTAL This Period (last page this line number only)	650.97

Deductions and Adjustments Worksheet

Note: *Use this worksheet only if you plan to itemize deductions or claim adjustments to income on your 2000 tax return.*

1 Enter an estimate of your 2000 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2000, you may have to reduce your itemized deductions if your income is over $128,950 ($64,475 if married filing separately). See **Worksheet 2** in Pub. 919 for details.) . . . **1** $ _____

2 Enter: { $7,350 if married filing jointly or qualifying widow(er) / $6,450 if head of household / $4,400 if single / $3,675 if married filing separately } . . . . . **2** $ _____

3 **Subtract** line 2 from line 1. If line 2 is greater than line 1, enter -0- . . . . . **3** $ _____

4 Enter an estimate of your 2000 adjustments to income, including alimony, deductible IRA contributions, and student loan interest **4** $ _____

5 **Add** lines 3 and 4 and enter the total (include any amount for credits from **Worksheet 7** in Pub. 919.) . **5** $ _____

6 Enter an estimate of your 2000 nonwage income (such as dividends or interest) . . . . . **6** $ _____

7 **Subtract** line 6 from line 5. Enter the result, but not less than -0- . . . . . **7** $ _____

8 **Divide** the amount on line 7 by $3,000 and enter the result here. Drop any fraction . . . . . **8** _____

9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . **9** _____

10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earner/Two-Job Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . **10** _____

Two-Earner/Two-Job Worksheet

Note: *Use this worksheet only if the instructions under line H on page 1 direct you here.*

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here . . . . . **2** _____

3 If line 1 is **MORE THAN OR EQUAL TO** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter -0-) and on Form **W-4, line 5**, page 1. **Do not** use the rest of this worksheet . . . . . **3** _____

Note: *If line 1 is LESS THAN line 2, enter -0- on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year end tax bill.*

4 Enter the number from line 2 of this worksheet . . . . . **4** _____

5 Enter the number from line 1 of this worksheet . . . . . **5** _____

6 **Subtract** line 5 from line 4 . . . . . **6** _____

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . **7** $ _____

8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . **8** $ _____

9 Divide line 8 by the number of pay periods remaining in 2000. For example, divide by 26 if you are paid every other week and you complete this form in December 1999. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . **9** $ _____

Table 1: Two-Earner/Two-Job Worksheet

Married Filing Jointly			
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
$0 - $4,000	0	41,001 - 45,000	8
4,001 - 7,000	1	45,001 - 55,000	9
7,001 - 13,000	2	55,001 - 63,000	10
13,001 - 19,000	3	63,001 - 70,000	11
19,001 - 25,000	4	70,001 - 85,000	12
25,001 - 31,000	5	85,001 - 100,000	13
31,001 - 37,000	6	100,001 - 110,000	14
37,001 - 41,000	7	110,001 and over	15

All Others			
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
$0 - $5,000	0	65,001 - 80,000	8
5,001 - 11,000	1	80,001 - 100,000	9
11,001 - 17,000	2	100,001 and over	10
17,001 - 22,000	3		
22,001 - 27,000	4		
27,001 - 40,000	5		
40,001 - 50,000	6		
50,001 - 65,000	7		

Table 2: Two-Earner/Two-Job Worksheet

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
$0 - $50,000	$420	$0 - $30,000	$420
50,001 - 100,000	780	30,001 - 60,000	780
100,001 - 130,000	870	60,001 - 120,000	870
130,001 - 250,000	1,000	120,001 - 270,000	1,000
250,001 and over	1,100	270,001 and over	1,100

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and for use in the National Directory of New Hires.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping** 46 min., **Learning** about the law or the form 13 min., **Preparing the form** 59 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send the tax form to this address. Instead, give it to your employer.

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 (R/C) 11-30-00
☐	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	

[illegible]	12-5-00
PREPARER	DATE PREPARED

(6/2000)