

# 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) 249 E Ocean Blvd Ste 685

Check if different than previously reported. (ACC)

Long Beach

CA

90802

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- 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

State

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

State

5. Covering Period

MM / DD / YYYY 07 / 01 / 2016

through

MM / DD / YYYY 09 / 30 / 2016

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

GOULD, DAVID L., ,

Type or Print Name of Treasurer

Signature of Treasurer

GOULD, DAVID L., ,

[Electronically Filed]

Date

MM / DD / YYYY 10 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2016"/>		11351.71
(b) Cash on Hand at Beginning of Reporting Period.....	1021.25	
(c) Total Receipts (from Line 19) .....	36700.00	55000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	37721.25	66351.71
7. Total Disbursements (from Line 31).....	13621.62	42252.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	24099.63	24099.63
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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

Write or Type Committee Name

**PEOPLE HELPING PEOPLE**

Report Covering the Period: From:  /  /  To:  /  /

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).....	5200.00	5200.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5200.00	5200.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	31500.00	49000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	36700.00	54200.00
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	800.00
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)).....▶	36700.00	55000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	36700.00	55000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	12521.62	22903.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	12521.62	22903.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1100.00	16578.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	2771.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	13621.62	42252.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13621.62	42252.08

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	36700.00	54200.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36700.00	54200.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	12521.62	22903.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	12521.62	22903.08

**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 20
<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. Collins, John, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5961 Searl Ter  
 City Bryans Road State MD Zip Code 20616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Realtor  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2016  
**Transaction ID : 11AI-466**  
 Amount of Each Receipt this Period  
**1000.00**  
 Memo Item

**B. Kely, Kevin, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7819 Montvale Way  
 City Mc Lean State VA Zip Code 22102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Van Scoyoc Associates Occupation (for Individual) VP  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2016  
**Transaction ID : 11AI-463**  
 Amount of Each Receipt this Period  
**1000.00**  
 Memo Item

**C. Parks II, Lawrence, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1661 Crescent Pl NW Apt 508  
 City Washington State DC Zip Code 20009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mortgage Bankers Association Occupation (for Individual) VP of Legislative Affairs  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **2700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2016  
**Transaction ID : 11AI-464**  
 Amount of Each Receipt this Period  
**2700.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>4700.00</b>
<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: (check only one)	PAGE 7 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**PEOPLE HELPING PEOPLE**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Sternhell, Alexander, M, ,

Mailing Address 27 Primrose St

City Chevy Chase	State MD	Zip Code 20815
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sternhell Group	Occupation (for Individual) Principal
--	--

Receipt For: 2016  
 Primary  General  
 Other (specify) **▼**  
 Calendar Year

Aggregate Year-to-Date **▼**  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		09		2016

**Transaction ID : 11AI-465**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date **▼**

Date of Receipt  

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

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **▼**

Date of Receipt  

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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	5200.00

**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 8 OF 20
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**PEOPLE HELPING PEOPLE**

**A. Aflac Incorporated Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1932 Wynnton Rd

City Columbus	State GA	Zip Code 31999
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FEC ID number of contributing federal political committee.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2016  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date

Date of Receipt  
 /  /

**Transaction ID : 11C-461**

Amount of Each Receipt this Period

Memo Item

**B. Commercial Real Estate Finance Council Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 Broad St 7th Floor

City New York	State NY	Zip Code 10005
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FEC ID number of contributing federal political committee.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2016  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date

Date of Receipt  
 /  /

**Transaction ID : 11C-470**

Amount of Each Receipt this Period

Memo Item

**C. Council of Insurance Agents & Brokers PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 Pennsylvania Ave NW ste 750

City Washington	State DC	Zip Code 20004
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FEC ID number of contributing federal political committee.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2016  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date

Date of Receipt  
 /  /

**Transaction ID : 11C-460**

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="7500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

**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 9 OF 20
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**PEOPLE HELPING PEOPLE**

**A. General Motors Company PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 Massachusetts Ave NW Ste 400

City Washington	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00076810

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2016  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2016

**Transaction ID : 11C-467**

Amount of Each Receipt this Period  
4000.00

Memo Item

**B. Intercontinental Exchange Inc. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2100 River Edge Pkwy Ste. 500

City Atlanta	State GA	Zip Code 30328
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2016  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2016

**Transaction ID : 11C-462**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. Mastercard International Inc. Employees' PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2000 Purchase St

City Purchase	State NY	Zip Code 10577
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FEC ID number of contributing federal political committee. **C** C00410274

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2016  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : 11C-468**

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11500.00
<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: (check only one)	PAGE 10 OF 20
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**PEOPLE HELPING PEOPLE**

**A. National Apartment Association NAA PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4300 Wilson Blvd. Ste. 400

City Arlington	State VA	Zip Code 22203
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FEC ID number of contributing federal political committee. **C** C00113241

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2016  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016  
**Transaction ID : 11C-472**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B. National Apartment Association NAA PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4300 Wilson Blvd. Ste. 400

City Arlington	State VA	Zip Code 22203
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FEC ID number of contributing federal political committee. **C** C00113241

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2016  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2016  
**Transaction ID : 11C-459**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C. PricewaterhouseCoopers PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 600 13th St NW Ste 1000

City Washington	State DC	Zip Code 20005
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FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2016  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 16 / 2016  
**Transaction ID : 11C-458**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<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: (check only one)	PAGE 11 OF 20
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**PEOPLE HELPING PEOPLE**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Toyota Motor North America Inc PAC (Toyota/Lexus PAC)

Mailing Address 601 Thirteen St NW Ste 910 S

City Washington	State DC	Zip Code 20005
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FEC ID number of contributing federal political committee. **C** C00542365

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For: 2016  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		30		2016

**Transaction ID : 11C-469**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	31500.00

**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"/> 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

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NAME OF COMMITTEE (In Full)  
**PEOPLE HELPING PEOPLE**

Full Name (Last, First, Middle Initial)

**A. California Bank & Trust - CASH offset for contributions made through credit card**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		09		2016

Mailing Address See Schedule B for Line 23

FEC Identification Number

C [ ]

**Transaction ID : 21B-776**

Amount of Each Disbursement this Period

[ ] -600.00

Memo Item

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement  
OFFSET for contribution through credit Card

001  
Category/  
Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

**B. GOULD & ORELLANA, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2016

Mailing Address 249 E. Ocean Blvd., Suite 685

FEC Identification Number

C [ ]

**Transaction ID : 21B-750**

Amount of Each Disbursement this Period

[ ] 1143.75

Memo Item

City Long Beach State CA Zip Code 90802

Purpose of Disbursement  
PAC Management/Political Reporting Services

001  
Category/  
Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

**C. GOULD & ORELLANA, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2016

Mailing Address 249 E. Ocean Blvd., Suite 685

FEC Identification Number

C [ ]

**Transaction ID : 21B-751**

Amount of Each Disbursement this Period

[ ] 243.05

Memo Item

City Long Beach State CA Zip Code 90802

Purpose of Disbursement  
Office Expenses

001  
Category/  
Type

Candidate Name

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

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

[ ] 786.80

**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"/> 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

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NAME OF COMMITTEE (In Full)  
**PEOPLE HELPING PEOPLE**

Full Name (Last, First, Middle Initial)

**A. GOULD & ORELLANA, LLC**

Mailing Address 249 E. Ocean Blvd., Suite 685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement PAC Management/Political Reporting Services

Candidate Name

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

Category/  
Type

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	6

FEC Identification Number  
  
**Transaction ID : 21B-765**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. GOULD & ORELLANA, LLC**

Mailing Address 249 E. Ocean Blvd., Suite 685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement Office Expenses

Candidate Name

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

Category/  
Type

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	6

FEC Identification Number  
  
**Transaction ID : 21B-766**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. L.A. Business Printing**

Mailing Address 6840 La Cienega Blvd.

City Inglewood State CA Zip Code 90302

Purpose of Disbursement Fundraiser Invitation

Candidate Name

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

Category/  
Type

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	6

FEC Identification Number  
  
**Transaction ID : 21B-767**  
 Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="1361.77"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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"/> 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

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NAME OF COMMITTEE (In Full)  
**PEOPLE HELPING PEOPLE**

Full Name (Last, First, Middle Initial)  
**A. Nu Paradigm Ventures, LLC**

Date of Disbursement: 09 / 22 / 2016

Mailing Address: 1010 Courtney Way

City: Mount Laurel, State: NJ, Zip Code: 08054

Purpose of Disbursement: Fundraiser Event Entertainment

Candidate Name:

Office Sought:  House,  Senate,  President

Disbursement For:  Primary,  General,  Other (specify) ▼

State: District:

FEC Identification Number: C

Transaction ID: 21B-768

Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. California Bank & Trust**

Date of Disbursement: 08 / 09 / 2016

Mailing Address: 550 S. Hope Street Ste. 100

City: Los Angeles, State: CA, Zip Code: 90071

Purpose of Disbursement: Credit Card Payment

Candidate Name:

Office Sought:  House,  Senate,  President

Disbursement For: 0  Primary,  General,  Other (specify) ▼

State: District: Calendar Year

FEC Identification Number: C

Transaction ID: 21B-740-W

Amount of Each Disbursement this Period: 1882.42

Memo Item Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.

Full Name (Last, First, Middle Initial)  
**C. California Bank & Trust**

Date of Disbursement: 08 / 09 / 2016

Mailing Address: 550 S. Hope Street Ste. 100

City: Los Angeles, State: CA, Zip Code: 90071

Purpose of Disbursement: Credit Card Payment

Candidate Name:

Office Sought:  House,  Senate,  President

Disbursement For: 0  Primary,  General,  Other (specify) ▼

State: District: Calendar Year

FEC Identification Number: C

Transaction ID: 21B-742-W

Amount of Each Disbursement this Period: 5207.20

Memo Item Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 8089.62

**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"/> 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

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NAME OF COMMITTEE (In Full)  
**PEOPLE HELPING PEOPLE**

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address Los Angeles International Airport

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
Airfare: Congresswoman Maxine Waters

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2016

FEC Identification Number

C  
**Transaction ID : 21B-755-P**  
Amount of Each Disbursement this Period  
949.20  
credit card payee

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address Los Angeles International Airport

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
Airfare: Congresswoman Maxine Waters

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2016

FEC Identification Number

C  
**Transaction ID : 21B-756-P**  
Amount of Each Disbursement this Period  
583.20  
credit card payee

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address Los Angeles International Airport

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
Airfare: Sidney Williams

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2016

FEC Identification Number

C  
**Transaction ID : 21B-757-P**  
Amount of Each Disbursement this Period  
679.25  
credit card payee

Memo Item

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

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

0.00

**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"/> 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

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NAME OF COMMITTEE (In Full)  
**PEOPLE HELPING PEOPLE**

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address Los Angeles International Airport

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
Airfare: Karen Waters

001  
 002  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
07 / 01 / 2015

FEC Identification Number  
C  
Transaction ID : 21B-758-P  
Amount of Each Disbursement this Period  
679.20  
credit card payee

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address Los Angeles International Airport

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
Airfare: Congresswoman Maxine Waters

001  
 002  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
07 / 01 / 2016

FEC Identification Number  
C  
Transaction ID : 21B-759-P  
Amount of Each Disbursement this Period  
679.20  
credit card payee

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address Los Angeles International Airport

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
Airfare Expense

001  
 002  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
09 / 13 / 2016

FEC Identification Number  
C  
Transaction ID : 21B-772-P  
Amount of Each Disbursement this Period  
1132.20  
credit card payee

Memo Item

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

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

0.00

**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"/> 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

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NAME OF COMMITTEE (In Full)  
**PEOPLE HELPING PEOPLE**

**A. California Bank & Trust**

Full Name (Last, First, Middle Initial)

Mailing Address 550 S. Hope Street Ste. 100

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement Credit Card Payment

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 0  Primary  General  Other (specify) ▼

State: District: Calendar Year

Date of Disbursement: 09 / 25 / 2016

FEC Identification Number: C

Transaction ID : 21B-747-W

Amount of Each Disbursement this Period: 2283.43

Memo Item Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.

**B. California Democratic Party**

Full Name (Last, First, Middle Initial)

Mailing Address 1225 8th Street Ste. 150

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Donation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 01 / 2016

FEC Identification Number: C

Transaction ID : 21B-760-P

Amount of Each Disbursement this Period: 600.00

credit card payee

Memo Item

**C. Delta Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address Los Angeles International Airport

City Los Angeles State CA Zip Code 90045

Purpose of Disbursement Airfare Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 19 / 2016

FEC Identification Number: C

Transaction ID : 21B-770-P

Amount of Each Disbursement this Period: 258.10

credit card payee

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2283.43

**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"/> 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

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NAME OF COMMITTEE (In Full)  
**PEOPLE HELPING PEOPLE**

Full Name (Last, First, Middle Initial)

**A. Delta Airlines**

Mailing Address Los Angeles International Airport

City Los Angeles State CA Zip Code 90045

Purpose of Disbursement  
Airfare Expense

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 21B-769-P**  
Amount of Each Disbursement this Period  
  
credit card payee

Memo Item

Full Name (Last, First, Middle Initial)

**B. Terroni**

Mailing Address 802 S. Spring Street

City Los Angeles State CA Zip Code 90014

Purpose of Disbursement  
Meeting Expense

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 21B-771-P**  
Amount of Each Disbursement this Period  
  
credit card payee

Memo Item

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 20
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**PEOPLE HELPING PEOPLE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>California Bank &amp; Trust</b>			Nature of Debt (Purpose): Various credit card purchases. Purpose appears/appeared on Schedule B Credit Card Payee memo records
Mailing Address 550 S. Hope Street Ste. 100			
City Los Angeles	State CA	Zip Code 90071	

Outstanding Balance Beginning This Period 1882.42		Transaction ID : D10-602-W	
Amount Incurred This Period 7490.63	Payment This Period 9373.05	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	0.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	