For Other Than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full)

Northern Californians for Good Government

ADDRESS (number and street)

107 Loring Avenue

CITY, STATE and ZIP CODE

Mill Valley CA 94941

RECEIVED
FEC MAIL ROOM

2001 JAN 25 P 1:23

2. FEC IDENTIFICATION NUMBER

C00141747

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 21

☐ 12-Day Pre-Election Report for the _____ election on _____ in the State of _____

☐ 30-Day Post-Election 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 11/28/2000 through 12/31/2000		
6. (a) Cash on Hand January 1, 2000		$8,211.99
(b) Cash on Hand at Beginning of Reporting Period	$11,523.57	
(c) Total Receipts (from Line19)	$1,113.30	$80,214.79
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$12,636.87	$88,426.78
7. Total Disbursements (from Line 30)	$10,175.12	$85,965.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$2,461.75	$2,461.75
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 202-694-1100

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: Fred Levinson

Signature of Treasurer: Fred Levinson

Date: 1/18/2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. Section §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: Northern Californians for Good Government C00141747

REPORT COVERING PERIOD: FROM 11/28/2000 TO 12/31/2000

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)	$1,000.00	$73,620.00	11(a)(i)
ii. Unitemized	$100.00	$4,258.00	11(a)(ii)
iii. Total (add i and ii) ➤	$1,100.00	$77,878.00	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 (add a iii, b and c) ➤	$1,100.00	$77,878.00	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	$2,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	$13.30	$336.79	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) ➤	$1,113.30	$80,214.79	19
20. Total Federal Receipts (subtract line 16 from line 19) ➤	$1,113.30	$80,214.79	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	$8,175.12	$48,465.03	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	$8,175.12	$48,465.03	21(c)
22. Transfers to Affiliated/Other Party Committees	$0.00	$0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	$2,000.00	$37,500.00	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			
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) ➤	$10,175.12	$85,965.03	30
31. Total Federal Disbursements (subtract line 21 ai from line 30) ➤	$10,175.12	$85,965.03	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	$1,100.00	$77,878.00	32
33. Total Contribution Refunds (from line 28d)	$0.00	$0.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	$1,100.00	$77,878.00	34
35. Total Federal Operating Expenditures (add 21 ai and 21 b) ➤	$8,175.12	$48,465.03	35
36. Offsets to Operating Expenditures (from line 15)	$0.00	$0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	$8,175.12	$48,465.03	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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)

Northern Californians for Good Government Coo141747

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Katz, Irving, Dr. 1271 Encina Drive Millbrae CA 94030	Self	12/14/2000	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation: Physician Aggregate Year-to-Date > $1,000.00		
B. Swig, Roselyne C., Mrs. 3710 Washington Street San Francisco CA 94118	Self	12/8/2000	$500.00
Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Occupation: Art Dealer Aggregate Year-to-Date > $500.00		
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 >		
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 >		
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 >		
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 >		
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) >	$1,000.00
TOTAL This Period (last page this line number only) >	$1,000.00

SCHEDULE A **ITEMIZED RECEIPTS**

Other Receipts

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

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)
Northern Californians for Good Government **Coo141747**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wells Fargo Bank MM 2 Grant Ave San Francisco CA 94108 Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date > $316.79	11/30/2000	$9.89 Interest Earned INTEREST/DIVIDEND
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Wells Fargo Bank MM 2 Grant Ave San Francisco CA 94108 Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date > $316.79	12/29/2000	$3.41 Interest Earned INTEREST/DIVIDEND
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 >		
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 >		
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 >		
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 >		
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) >	$13.30
TOTAL This Period (last page this line number only) >	$13.30

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Other Operating Expenditures

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

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)

Northern Californians for Good Government **Coo141747**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursment this Period
Bauman, Jen 885 Clayton Street San Francisco CA 94117	Professional Services Disbursement For: ☐ Primary ☒ General ☐ Other (Specify):	12/14/2000	$202.50
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursment this Period**
Neuwirth, Jacqueline 107 Loring Avenue Mill Valley CA 94941	Campaign Consultant Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/28/2000	$3,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursment this Period**
Neuwirth, Jacqueline 107 Loring Avenue Mill Valley CA 94941	Meetings And Events Disbursement For: ☐ Primary ☒ General ☐ Other (Specify)	12/8/2000	$1,928.94
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursment this Period**
Neuwirth, Jacqueline 107 Loring Avenue Mill Valley CA 94941	Campaign Consultant November fee Disbursement For: ☐ Primary ☒ General ☐ Other (Specify):	11/30/2000	$3,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursment this Period**
Pacific Bell Payment Ctr. Sacramento CA 95887	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	11/30/2000	$19.68
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursment this Period**
Wells Fargo Bank Chestnut St. San Francisco CA 94123	Bank Service Charge Monthly and Check Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	11/30/2000	$12.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursment this Period**
Wells Fargo Bank Chestnut St. San Francisco CA 94123	Bank Service Charge Checks Returned with Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/29/2000	$2.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursment this Period**
Wells Fargo Bank MM 2 Grant Ave San Francisco CA 94108	Bank Service Charge Monthly Service fee Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/29/2000	$10.00
Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursment this Period**
	Disbursement For: ☐ Primary ☐ General ☐ Other (Specify):		

SUBTOTAL of Disbursements This Page (optional) $8,175.12

TOTAL This Period (last page this line number only) $8,175.12

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Contributions to Federal Candidates

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

FOR LINE NUMBER 23

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)

Northern Californians for Good Government **C00141747**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Dick Durbin For Senate **Street Required** **Mill Valley CA 94941**	Dick Durbin (d-Il) Senate 01 (IL) Disbursement For: ☐ Primary ☒ General ☐ Other (Specify):	12/10/2000	$2,000.00
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
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
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
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
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
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
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
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) $2,000.00

TOTAL This Period (last page this line number only) $2,000.00

Reattributed/Reattribution Record

18-Jan-01

From			To		
Reattributed	**Date**	**Amount**	**Reattribution**	**Date**	**Amount**
Amy Friedkin 1340 Clay St San Francisco, CA 94109	8/9/99 Primary 1999	($2,000.00)	Morton Friedkin 300 Grand Avenue Oakland, CA 94610	8/9/99 Primary 1999	$2,000.00

Possible Schedule A and Schedule B Errors

18-Jan-01

Form	Name/Address	Amount	Error Message
SA17 Supporter	Wells Fargo Bank MM 2 Grant Ave San Francisco, CA 94108	$3.41	Employer is missing. Occupation is missing.
SA17 Supporter	Wells Fargo Bank MM 2 Grant Ave San Francisco, CA 94108	$9.89	Employer is missing. Occupation is missing.

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) 1/20/01
☐	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	

CL	1/25/01
PREPARER	DATE PREPARED

(6/2000)