REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full)
Mainstream PAC

ADDRESS (number and street) [ ] Check if different than previously reported.
P.O. Box 29

CITY, STATE and ZIP CODE
San Jose, CA 95113

RECEIVED
FEC MAIL ROOM
2001 JAN 31 A 10:15

2. FEC IDENTIFICATION NUMBER
C00343574

3. [X] This committee 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
[X] 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

[ ] 12 Day Pre-Election Report for the _____ (Type of Election)
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 [X] 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, 20 00		$3,020.83
	(b) Cash on Hand at Beginning of Reporting Period	$10,414.98	
	(c) Total Receipts (from Line 19)	$500.00	$34,721.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$10,914.98	$37,741.83
7.	Total Disbursements (from Line 30)	$4,233.80	$31,060.65
8	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$6,681.18	$6,681.18
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

Signature of Treasurer

Date 1/30/2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to penalties of 2 U.S.C. §437g.

FEC FORM 3X
(Revised 9/93)