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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

2. FEC IDENTIFICATION NUMBER
C00343574

3. [ ] 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
[ ] 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 _____

[X] 30-Day Post-Election Report following the General Election on
11/07/2000 in the State of CA

(b) Is this Report an Amendment? [ ] YES [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-date
5. Covering Period 10/19/2000 through 11/27/2000		
6. (a) Cash on Hand January 1, 20 00		$3,020.83
(b) Cash on Hand at Beginning of Reporting Period	$980.93	
(c) Total Receipts (from Line 19)	$33,730.00	$34,221.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$34,710.93	$37,241.83
7. Total Disbursements (from Line 30)	$24,295.95	$26,826.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$10,414.98	$10,414.98
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 12/7/2000

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 8/93)