REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
NORTHERN CALIFORNIANS FOR GOOD GOVERNMENT

ADDRESS (number and street) ☐ Check if different than previously reported
601 VAN NESS AVE #29

CITY, STATE and Z P CODE
SAN FRANCISCO, CA. 94102

JAN 19 3 02 PM '94

2. FEC IDENTIFICATION NUMBER
C00141747

3. ☐ This committee qualified as a multicandidate committee **DURING THIS** Reporting Period on _____ (date).

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 preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day 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 DEC 1, 1993 through DEC 31, 1993		
6. (a)	Cash on Hand January 1, 19		$ 1,148.50
(b)	Cash on Hand at Beginning of Reporting Period	$ 33,722.65	
(c)	Total Receipts (from Line 19)	$ 1,052.60	$ 77,372.26
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 34,775.25	$ 78,520.76
7.	Total Disbursements (from Line 30)	$ 4,983.48	$ 48,728.99
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 29,791.77	$ 29,791.77
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
RUSSELL S. HALDSTEIN LAURENCE MYERS (ASST. TREASURER)

Signature of Treasurer

Date 1-14-94

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

FEC FORM 3X
(revised 1/1/91)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: NORTHERN CALIFORNIANS FOR GOOD GOVERNMENT

REPORT COVERING PERIOD FROM 12-1-93 TO 12-31-93

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	$ 4,000.00	$ 76,341.00
ii. Unitemized		375.00
iii. Total (add i and ii) ➤	$ 4,000.00	$ 76,716.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	$ 4,000.00	$ 76,716.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	$ 52.60	$ 656.26
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	$ 4,052.60	$ 77,372.26
20. Total Federal Receipts (subtract line 18 from line 19) ➤	$ 4,052.60	$ 77,372.26
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	$ 4,983.48	$30,728.99
c. Total Operating Expenditures (add a i, a ii, and b) ➤	$ 4,983.48	$30,728.99
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	$ -0-	$ 18,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	$ 4,983.48	$ 48,728.99
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	$ 4,983.48	$ 48,728.99
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)		
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)		
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 19

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

	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code GEORGE FOOS 1750 TAYLOR ST SAN FRANCISCO, CA 94133 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Occupation MGMT- CONSULTANT Aggregate Year-to-Date > $ 1,000	12-24-93	$ 1,000
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$ 1,000

9 4 0 3 3 7 3 1 1 2 7

SCHEDULE B ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2

FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full)

NORTHERN CALIFORNIANS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. COMP USA	MODEM Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-1-93	$ 32.46
B. PAC BELL SACRAMENTO, CA 95887-0001	PHONE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-1-93	$ 55.54
C. FAIRMONT HOTEL	MEMBERSHIP EVENT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-7-93	$ 1,435.70
D. POSTMASTER	POSTAGE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-3-93	$ 29.00
E. KINKOS P.O. BOX 8033 VENTURA, CA. 93002	COPYING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-8-93	$ 14.11
F. BLUE CROSS DEPT 2958 PASADENA, CA 91051	MEDICAL INSURANCE FOR A.R. SPIEGEL Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-10-93	$ 212.00
G. ANDREA R. SPIEGEL 601 VAN NESS AVE #29 SAN FRANCISCO, CA 94102	NOV. WAGES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-10-93	$ 947.31
H. WELLS FARGO BANK CHESTNUT AVE SAN FRANCISCO, CA	FICA + FWH TAXES NOV. DEPOSIT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-10-93	$ 390.06
I. CASH	PETTY CASH Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-13-93	$ 100.00

SUBTOTAL of Disbursements This Page (optional) $3,216.18

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

9 4 0 3 8 7 3 1 1 2 8

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2

FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full): NORTHERN CALIFORNIANS FOR GOOD GOVERNMENT

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code: LAMORINDA PRESS, 3409-C MT. DIABLO BL, LAFAYETTE, CA 94549	STATIONERY; Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-27-93	$ 81.19
B. Full Name, Mailing Address and ZIP Code: WELLS FARGO BANK, CHESTNUT AVE, SAN FRANCISCO, CA	FICA & FWH TAXES DEC DEPOSIT; Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-29-93	$ 422.50
C. Full Name, Mailing Address and ZIP Code: ANDREA R. SPIEGEL, 601 VAN NESS AVE #29, SAN FRANCISCO, CA 94102	DEC WAGES; Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-29-93	$1,140.33
D. Full Name, Mailing Address and ZIP Code: SPRINT	PHONE; Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-31-93	$ 19.46
E. Full Name, Mailing Address and ZIP Code: PAC BELL, SACRAMENTO, CA. 95887-0001	PHONE; Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-31-93	$ 53.89
F. Full Name, Mailing Address and ZIP Code: FAIRMONT HOTEL	ROOM FOR DEC 7; Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-31-93	$ 49.93
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) ..... $ 1,767.30

TOTAL This Period (last page this line number only) ..... $ 4,983.48

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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
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☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
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SLG — PREPARER

1-19-94 — DATE PREPARED

FEC FORM 79-2 (12/92)

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