Edgar Filing: SCHULZE DAVID W - Form 4

SCHULZE D	DAVID W											
Form 4												
April 01, 200)5											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB AI	OMB APPROVAL		
CONVIA UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB	3235-0287			
Check thi	s box		Was	hington	1, L	D.C. 205	549			Number:	January 31,	
if no longer				CES IN	T D	ENIEFI	CIA		NEDSHID OF	Expires: 200		
	subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							NEKSHIP OF	Estimated average			
Section 10 Form 4 or				SECU	NI.	IIE5				burden hours per		
Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.5		
obligation	¹⁸ Section 17							-	f 1935 or Section	n		
may conti <i>See</i> Instru	inue.		of the In	•		•	· ·					
1(b).	letion	~ /				1.	·					
(Print or Type R	Responses)											
1 Nome and A	dduasa of Doportin	a Daman *							5 Deletionship of	Donostino Dos	aan(a) to	
SCHULZE DAVID W Symbol FIRST N				er Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer			
				NORTHERN COMMUNITY				MITV				
				CORP [FNRN]					(Check all applicable)			
(Last)	(First)	(Middle)		L		-			X Director	10%	Owner	
(Month/Da			Earliest Transaction					Officer (give title Other (specify				
P.O. BOX 54	47, 195 N. FIR	ST	03/31/20	-					below)	below)		
STREET												
	(Street)		4. If Ame	ndment, D	Date	Original			6. Individual or Jo	oint/Group Filir	1g(Check	
			onth/Day/Year)					Applicable Line)				
									_X_Form filed by C			
VACAVILL	LE, CA 95620								Person	Iore than One Re	eporung	
(City)	(State)	(Zip)	Table	e I - Non-	De	rivative S	Securi	ties Acc	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction D	ate 2A. Dee	med	3.					5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Yea	·	Execution Date, if			(A) or Di	spose	d of			Indirect	
(Instr. 3)		any (Month/	Day/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)				(D) or Indirect (I)	Beneficial Ownership			
(110		(Wonday)	Duy/Teur)	(Instr. o	,	(111501.5),	+ alu <i>5)</i>			(Instr. 4)	(Instr. 4)	
							(A)		Reported			
							or		Transaction(s) (Instr. 3 and 4)			
				Code	V	Amount	(D)	Price	(msu. 5 and 4)			
Common	03/31/2005			J (1)		4,850	А	\$	85,687	D		
Stock								28.5				

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
SCHULZE DAVID W P.O. BOX 547 195 N. FIRST STREET VACAVILLE, CA 95620	Х							
Signatures								
Lynn Campbell, AVP/Corpora w/POA	04/01/2005							
**Signature of Reporting Per		Date						

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Annual Dividend as reported in SEC Proxy Filing DEF 14A on 3/30/2005.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.