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)

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported

425 SECOND STREET, NE

CITY, STATE and ZIP CODE

WASHINGTON, DC 20002

SECRETARY OF THE SENATE
98 APR 20 PM 5:00

2. FEC IDENTIFICATION NUMBER
C00027466

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 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

5. Covering Period 06/01/97 through 06/30/97

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 19 ____		$
	(b) Cash on Hand at Beginning of Reporting Period	$	
	(c) Total Receipts (from line 19)	$	$
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$	$
7.	Total Disbursements (from Line 30)	$	$
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$	$
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
Mary N. Dotter - Assistant Treasurer

Signature of Treasurer
Mary N. Dotter

Date
04/20/98

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 8/93)

9803010209

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 26

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)

National Republican Senatorial Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code SIGNET BANK 7799 LEESBURG PIKE FALLS CHURCH, VA 22045	LOAN PAYMENT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/12/97	250,000.00
B. Full Name, Mailing Address and ZIP Code SIGNET BANK 7799 LEESBURG PIKE FALLS CHURCH, VA 22045	LOAN PAYMENT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/17/97	250,000.00
C. Full Name, Mailing Address and ZIP Code SIGNET BANK 7799 LEESBURG PIKE FALLS CHURCH, VA 22045	LOAN PAYMENT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/30/97	250,000.00
D. 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
E. 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
F. 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
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)	750,000.00
TOTAL This Period (last page this line number only)	750,000.00

96020210

GARY L. SISCO
SECRETARY

PAMELA R. GAVIN
SUPERINTENDENT

Hart Building
Suite 232
WASHINGTON, DC 20510-7116
Phone: 202-224-0322

United States Senate

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

✓ **HAND DELIVERED** 4/20/98
Date of Receipt

____ **INSIDE MAIL** _____
Date of Receipt

____ **RECEIVED FROM THE HOUSE OFFICE OF RECORDS & REGISTRATIONS** _____
Date of Receipt

____ **RECEIVED FROM THE FEDERAL ELECTION COMMISSION** _____
Date of Receipt

____ **FIRST CLASS MAIL** _____
Postmarked

____ **REGISTERED/CERTIFIED MAIL** _____
Postmarked

____ **NO POSTMARK**

____ **POSTMARK ILLEGIBLE**

____ **OTHER (Specify):** _____

Postmark and/or Date of Receipt

PG 4/20/98
Preparer **Date Prepared**

98020011