REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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, N.E.

CITY, STATE and ZIP CODE
Washington, D. C. 20002

LIBRARY OF THE SENATE
95 NOV 20 PM 5:24

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	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1-1-95 through 1-31-95		
6. (a) Cash on Hand January 1, 19____		$
(b) Cash on Hand at Beginning of Reporting Period	$	
(c) Total Receipts (from Line 18)	$	$
(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 as on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize as on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, N.W.
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
Maureen Goodyear, Treasurer

Signature of Treasurer
Maureen Goodyear

Date
11/20/95

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 9/93)

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Schedule A Memo Schedule Itemized Receipts

Any information copied from such Reports or 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.

REPORT COVERING PERIOD FROM 1/ 1/95 THRU 1/31/95 OVER $200.00

NAME AND ADDRESS/OCCUPATION/EMPLOYER	DATE	THIS PERIOD	CALENDAR YR-TO-DATE
MR. JIM COYNE 1441 WEST SMITH ROAD BELLINGHAM, WA 98226			$250.00
	1/23/95	$250.00	
PRESIDENT/CEO BOTANICAL LABORATORIES INC.			
MR. T. R. KENNY 10 CRESTMONT RD MONTCLAIR, NJ 07042-1930			$205.00
	1/13/95	$100.00	
RETIRED	1/30/95	$105.00	

KELLY D. JOHNSTON
SECRETARY

PAMELA S. DAVIS
ASSISTANT SECRETARY
[illegible]
SUITE 232
WASHINGTON, DC 20510-7116
PHONE [illegible]

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

✓ **HAND DELIVERED** 11/20/95
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

PC 11/20/95
Preparer **Date Prepared**

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