FEDERAL ELECTION COMMISSION

For Other Than An Authorized Committee
(Quarterly Report)

SECRETARY OF THE SENATE
96 OCT 24 PM 6:06
H.D

USE PSC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

ADDRESS (Number and street) ☐ Check if address has previously reported
425 Second Street, NE

CITY, STATE and ZIP CODE
Washington, DC 20002

2. FEC IDENTIFICATION NUMBER
C00027466

3. ☐ Terminate Statement of Organization or notification of termination. (see FEC FORM 1,2)

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 BEST EFFORTS

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 3/1/96 through 3/31/96		
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 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 M. Dotter - Assistant Treasurer

Signature of Treasurer
Mary M. Dotter

Date
10/24/96

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)

9 6 0 2 7 0 0 5 7

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

LINE 11 A

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 3/ 1/96 THRU 3/31/96 OVER $200.00

NAME AND ADDRESS/OCCUPATION/EMPLOYER	DATE	THIS PERIOD	CALENDAR YR-TO-DATE
MR. YING B. MOK 8500 WHETSTONE ROAD EVANSVILLE, IN 47711-1440			$437.50
	3/25/96	$12.50	
PHYSICIAN MELROSE CLINIC			

9 4 0 0 2 7 0 0 5 4

United States Senate

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

✓ HAND DELIVERED 10/24/96
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

EW 10/24/96
Preparer Date Prepared

9 6 0 2 0 2 7 0 0 5 5