



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-3

May 22, 1997

Stan Huckaby, Treasurer
National Republican Senatorial Committee
425 Second Street, NE
Washington, DC 20002

Identification Number: C00027466

Reference: October Monthly (9/1/96-9/30/96), 12 Day Pre-General (10/1/96-10/16/96) and 30 Day Post-General (10/17/96-11/25/96) Reports

Dear Mr. Huckaby:

This letter is to inform you that as of May 21, 1997, the Commission has not received your response to our requests for additional information dated April 30, 1997. These notices request information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to these requests (copies enclosed).

If no response is received within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions regarding this matter, please contact Neil Evans on our toll-free number (800) 424-9530 or our local number (202) 219-3580.

Sincerely,

A handwritten signature in black ink that reads "John D. Gibson".

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosures



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

APR 30 1997

Stan Huckaby, Treasurer
National Republican Senatorial Committee
425 Second Street NE
Washington, DC 20002

Identification Number: C00027466

Reference: 30 Day Post-General Report (10/17/96-11/25/96)

Dear Mr. Huckaby:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Line 28(c) of the Detailed Summary Page of your report discloses a total of \$7,600 in refunds of contributions to other political committees. The sum of the entries itemized on Schedule B, however, indicates the total to be \$7,500. Please amend your report to clarify the discrepancy.

-Schedule B supporting Line 28(c) discloses a refund of a contribution made to your committee. However, it appears that this contribution was not previously reported by your committee. Please amend the appropriate report(s) and disclose the original date of the contribution on Schedule A supporting Line 11(c) of the Detailed Summary Page.

-Your reports disclose that your committee has acted as a conduit for earmarked contributions. Proper reporting of earmarked contributions requires that your committee provide on Schedule A, contributor information (name, address and, if applicable, occupation and employer), date of receipt, contribution amount, and designated candidate. Schedule B must include, the name of the designated candidate, (preferably including office sought, name and address of the candidate committee, and election designation, if any) amount of contribution, date the contribution was forwarded, a notation as to how the contribution was forwarded (cash, contributor check, or committee check) and a statement that the conduit's limit was also affected, if applicable. If the earmarked contributions are

transmitted by committee check, they must be disclosed on Schedules A and B, supporting lines 11(a)(i) and 23 of the Detailed Summary Page, respectively. If the earmarked contributions are transmitted by contributor check, they must be itemized on Schedules A and B as memo entries. Please amend your reports to reflect the proper method(s) for disclosure of earmarked contributions.

-Your report discloses activity that falls outside the reporting period. Please amend this report by including only the financial transactions that occurred between 10/17/96 and 11/25/96. Any activity occurring outside this reporting period should be included in the appropriate report(s). 2 U.S.C. §434(b)

-Your EVENT YEAR-TO-DATE calculations for fundraising activities/events are incorrect. EVENT YEAR-TO-DATE totals for administrative and voter drive costs are derived by aggregating all disbursements during the calendar year for the whole Administrative/Voter Drive category. EVENT YEAR-TO-DATE totals for fundraising, direct candidate support, and exempt activities are derived by aggregating all disbursements during the calendar year within a specific event. These should be calculated by adding the latest disbursement for a category or event to the previous EVENT YEAR-TO-DATE total for that category or event. This running EVENT YEAR-TO-DATE total should be disclosed after each disbursement is listed. Please amend your report by providing the correct fundraising EVENT YEAR-TO-DATE totals. 11 CFR §104.10(b)(2)

-Please clarify all expenditures made for MEDIA PRODUCTION on Schedule D and Schedule H4. If a portion or all of these expenditures were made on behalf of specifically identified federal candidates, this amount should be disclosed on Schedule B, E, or F supporting Line 23, 24, or 25 and include the amount, name, address and office sought by each candidate. 11 CFR §104.3(b)

-Schedule E of your report discloses a \$159,000 disbursement to Multi Media Services Corp. on 10/21/96; however, there are \$161,000 in memo entries supporting this disbursement. Please amend your report to clarify this apparent discrepancy.

-Your previous filing, the 12 Day Pre-General Report, discloses a \$1,500,000 draw on your line of credit from Signet Bank. On Schedule C for the 30 Day Post-General Report, this amount has been calculated in with the aggregate of draws on your line of credit for this reporting period.

Please amend your Schedule C to disclose each draw on your line of credit individually.

-11 CFR §105.2 states that any political committee which "...supports only candidates for nomination for election or election to the Senate of the United States..." shall file its reports with the Secretary of the Senate (emphasis added). The reports filed by your committee during the 1995-1996 election cycle show contributions being made to candidates for the U.S. House of Representatives and other non-U.S. Senate recipients, in addition to candidates for the U.S. Senate. Therefore, it appears that your committee must begin filing reports directly with the Federal Election Commission and discontinue filing with the Secretary of the Senate.

-Your report includes computer produced formats of Schedules A, D and E. Computer produced formats may only be used upon prior approval of the Commission. You should submit a separate sample format with a cover letter requesting approval. Until your format has been approved, FEC forms must be used. 11 CFR §104.2(d)

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,



Neil Evans
Reports Analyst
Reports Analysis Division

SCHEDULE B

ITEMIZED DISBURSEMENTS

Page 1 of 1
Line Number 28C

NAME OF COMMITTEE
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

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, ADDRESS, CITY, STATE, ZIP	PURPOSE OF DISBURSEMENT	DATE (MONTH, DAY, YEAR)	AMOUNT OF EACH DISBURSEMENT THIS PERIOD
PACIFIC ENTERPRISES COMPANIES POLITICAL ACTION TEAM 555 WEST FIFTH ST., ML14 LOS ANGELES CA 90013	REFUND DISBURSEMENT FOR:	10/31/96	7500.00
NAME, ADDRESS, CITY, STATE, ZIP	PURPOSE OF DISBURSEMENT		
NAME, ADDRESS, CITY, STATE, ZIP	PURPOSE OF DISBURSEMENT		
NAME, ADDRESS, CITY, STATE, ZIP	PURPOSE OF DISBURSEMENT		
NAME, ADDRESS, CITY, STATE, ZIP	PURPOSE OF DISBURSEMENT		
NAME, ADDRESS, CITY, STATE, ZIP	PURPOSE OF DISBURSEMENT		
NAME, ADDRESS, CITY, STATE, ZIP	PURPOSE OF DISBURSEMENT		
NAME, ADDRESS, CITY, STATE, ZIP	PURPOSE OF DISBURSEMENT		
SUBTOTAL OF DISBURSEMENTS THIS PAGE (optional)			7,500.00
TOTAL THIS PERIOD (last page this line number only)			7,500.00

SCHEDULE A

ITEMIZED RECEIPTS
PERIOD: FROM 10/27/96 TO 11/25/96

LINE NUMBER 11A
PAGE 12 OF 22

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NATIONAL REPUBLICAN SENATORIAL COMMITTEE - CONTRIBUTIONS

FULL NAME; MAILING ADDRESS	EMPLOYER/OCCUPATION	DATE	AMOUNT
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Griffin, Larry P. 425 8th Street #644 Washington, DC 20004 RECEIPT FOR:	INFORMATION REQUESTED INFORMATION REQUESTED	11/04/96	\$ 1,000.00
	AGGREGATE YEAR TO DATE: EARMARKED COMMITTEE(S): Sam Brownback		\$ 1,000.00

Griffin, Larry P. 425 8th Street #644 Washington, DC 20004 RECEIPT FOR:	INFORMATION REQUESTED INFORMATION REQUESTED	11/04/96	\$ 1,000.00
	AGGREGATE YEAR TO DATE: EARMARKED COMMITTEE(S): Gordon Smith		\$ 1,000.00

Helzer, Jr., Edgar F. Tuckers Town Barnuda, RECEIPT FOR:	INFORMATION REQUESTED INFORMATION REQUESTED	11/26/96	\$ 2,000.00
	AGGREGATE YEAR TO DATE: EARMARKED COMMITTEE(S): Raymond Clatworthy		\$ 2,000.00

Helzer, Jr., Edgar F. Tuckers Town Barnuda, RECEIPT FOR:	INFORMATION REQUESTED INFORMATION REQUESTED	11/26/96	\$ 2,000.00
	AGGREGATE YEAR TO DATE: EARMARKED COMMITTEE(S): Al Salvi		\$ 2,000.00

Kronenberg III, William 520 Eagleview Blvd., PO # Exton, PA 19341 RECEIPT FOR:	INFORMATION REQUESTED INFORMATION REQUESTED	10/25/96	\$ 1,000.00
	AGGREGATE YEAR TO DATE: EARMARKED COMMITTEE(S): Rudy Boschwitz		\$ 1,000.00

PAGE TOTAL: \$ 7,000.00

ITEMIZED INDEPENDENT EXPENDITURES

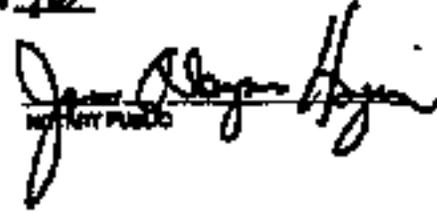
(See Reverse Side for Instructions)

Name of Committee (In Full) National Republican Senatorial Committee				
Full Name, Mailing Address & ZIP Code of Bank/Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
Multi Media Services Corp. 915 King Street Alexandria, VA 22314	Media Production	10/23/96	5,757.08	Sam Brownback U.S. Senate Kansas <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Multi Media Services Corp. 915 King Street Alexandria, VA 22314	Media Buy	10/21/96	159,000.00	See allocation below <input type="checkbox"/> Support <input type="checkbox"/> Oppose
			52,971.99 MEMO	Jill Dooking U.S. Senate Kansas <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
			108,028.01 MEMO	Sam Brownback U.S. Senate Kansas <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
Greg Stevens and Company 201 N. Union Street Alexandria, VA 22314	Media Production	11/19/96	469.20	Mary Landrieu U.S. Senate Louisiana <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			165,226.28	
(b) SUBTOTAL of Unitemized Independent Expenditures			0	
(c) TOTAL Independent Expenditures			165,226.28	

MS
7
1
7
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Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign material prepared by the candidate, the campaign committee, or their agent.


Date: 12/4/96

Submitted and sworn to before me this 4th day of DECEMBER, 1996
My Commission expires: 11-30-2000

Notary Public

LOANS

Name of Committee (in Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A. Full Name, Mailing Address and ZIP Code of Loan Source Signet Bank 7799 Leesburg Pike Falls Church, VA 22045	Original Amount of Loan 4,700,000.00	Cumulative Payment To Date 300,000.00	Balance Outstanding at Close of This Period 4,400,000.00
---	--	---	--

ELECTION: Primary General Other (specify):
 TERM: Date Incurred 9/9/96 Date Due 11/1/97 Interest Rate 11.25% Secured
 Assessed 10/21/96

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
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ELECTION: Primary General Other (specify):
 TERM: Date Incurred _____ Date Due _____ Interest Rate _____ % (app) Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	

SUBTOTALS This Period This Page (optional) _____

TOTALS This Period (final page in this line only) _____ **4,400,000.00**

Carry outstanding balance only to LINE 2, Schedule D, for this form. If no Schedule D, carry forward to appropriate line of Summary.

96020290022

SCHEDULE A

FINANCED RECEIPTS

Use separate schedule
for each category of the
financed receipts pagePAGE 1 OF 1
FOR LINE NUMBER 13

Any information reported 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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Signature Bank 7799 Leesburg Pike Falls Church, VA 22045	Line of Credit Proceeds	10/16/96	1,500,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 0	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 0	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 0	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 0	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 0	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 0	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 0	
EXEMPTION of Receipts This Page (explain)			
TOTAL This Period (see page 10 for line number only)			1,500,000.00

7
6
5
4
3
2
1
0
9
8

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

NE
96020291690

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Signet Bank 7799 Leesburg Pike Falls Church, VA 22065	Line of Credit Proceeds	10/21/96	1,000,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 4	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Same as entry above	Line of Credit Proceeds	10/24/96	400,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 4	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Same as entry above	Line of Credit Proceeds	10/25/96	500,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 4	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Same as entry above	Line of Credit Proceeds	10/28/96	500,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 4	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Same as entry above	Line of Credit Proceeds	10/31/96	300,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 4	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Same as entry above	Line of Credit Proceeds	11/19/96	500,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 4	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 4	

SUBTOTAL of Receipts This Page (optional) _____

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

3,200,000.00

