FEC OFFICIAL SUMMARY FORM FOR CANDIDATE COMMITTEES

For Other Than An Authorized Committee
(Quarterly Filers)

USE RED INKS LIKE ON TYPE ON 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

SECRETARY OF THE SENATE
96 OCT 24 PM 6:04
HD

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

☐ Twelve day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirteen day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☒ YES ☐ NO BEST EFFORTS

SUMMARY

5. Covering Period 9/1/95 through 9/30/95

	COLUMN A Year 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 5(c) for Column A and Lines 6(b) and 5(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 6/93)

9602270066

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 9/ 1/95 THRU 9/30/95 OVER $200.00

NAME AND ADDRESS/OCCUPATION/EMPLOYER	DATE	THIS PERIOD	CALENDAR YR-TO-DATE
MR. YING B. MOK 8500 WHETSTONE EVANSVILLE, IN 47711-1440			$212.50
PHYSICIAN WELBORN CLINIC	9/25/95	$12.50	
MRS. LAURA M. PERKINS 8566-19F VAN NESS COURT HUNTINGTON BEACH, CA 92646			$230.00
NONE	9/12/95	$15.00	
INFORMATION REQUESTED	9/12/95	$10.00	

95020270069

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