For Office of Federal Elections Committee
(Quarterly Filing)

USE FREE 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

SECRETARY OF THE SENATE

96 OCT 24 PM 5:04

H

2. FEC IDENTIFICATION NUMBER

C00027466

3. ☐ This committee is a leadership political 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)

☐ Terminating 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

5. Covering Period 8/1/95 through 8/31/95

	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 202-219-4140

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. Doctor - Assistant Treasurer

Signature of Treasurer

Mary M. Doctor

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 8/95)

9 6 0 2 7 0 0 7 1

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 8/ 1/95 THRU 8/31/95 OVER $200.00

NAME AND ADDRESS/OCCUPATION/EMPLOYER	DATE	THIS PERIOD	CALENDAR YR-TO-DATE
MRS. LAURA M. PERKINS 8566-19F VAN NESS COURT HUNTINGTON BEACH, CA 92646			$205.00
	8/ 7/95	$10.00	
NONE INFORMATION REQUESTED			

9503027007 2

[illegible]
[illegible]
New Jersey
Camp 502
Washington, DC [illegible]
Phone [illegible]

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

Elw 10/24/96
Preparer Date Prepared

9 6 0 2 0 2 7 0 0 7 3