REPORT OF RECEIPTS AND DISBURSEMENTS

FOR OTHER THAN AN AUTHORIZED COMMITTEE
(Summary Page)

1. NAME OF COMMITTEE (in full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE-EXPENDITURES

ADDRESS (number and street) ___ Check if different than previously reported
320 FIRST STREET, S.E.

CITY, STATE and ZIP CODE
WASHINGTON, D.C. 20003

2. FEC IDENTIFICATION NUMB
C 00075820

3. [X] This committee qualifi 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:
___ Feb 20 ___ June 20 ___ October 20
___ March 20 [X] July 20 ___ November 20
___ April 20 ___ Aug 20 ___ December 20
___ May 20 ___ Sept 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? [X] Yes ___ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
Covering Period 06-01-95 through 06-30-95		
6 (a) Cash on Hand January 1, 1995		$161,968.95
(b) Cash on Hand at Beginning of Reporting Period	$254,286.41	
(c) Total Receipts (from Line 19)	$3,064,904.74	$12,329,912.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$3,319,191.15	$12,491,881.61
7 Total Disbursements (from Line 30)	$3,134,798.83	$12,307,489.29
Cash on Hand at Close of Reporting Period (line 7 from Line 6)	$184,392.32	$184,392.32
9 Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$0.00	
10 Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$1,951,256.09	

For further information contact
Federal Election Commission
999 E Street, NW
Washington, D.C. 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
DONNA M. SINGLETON

Signature of Treasurer
Donna M. Singleton

Date
3/20/96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the Penalties of 2 U.S.C. Sec.437g.

FEC FORM 3X
(revised 9/93)