# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

| | |
|---|---|
| 1. NAME OF COMMITTEE (in full)<br>REPUBLICAN NATIONAL COMMITTEE | 2. FEC IDENTIFICATION NUMBER<br>C00003418 |
| ADDRESS (number and street)<br>310 FIRST STREET SE | 3. xxx This committee qualified as a multicandidate committee (see FEC FORM 1M) |
| CITY, STATE and ZIP CODE<br>WASHINGTON, DC 20003 | |

Mar 19 2 34 PM '94

## 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 |
| XXX 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 _X__NO

| SUMMARY<br>5. Covering Period 2-01-94 through 2-28-94 | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1, 1994 | | $6,680,443.74 |
| (b) Cash on Hand at Beginning of Reporting Period | $9,642,665.17 | |
| (c) Total Receipts (from line 19) | 4,252,152.79 | 10,942,036.63 |
| (d) Subtotal (add Lines 6(b) and 6(c) for column A and Lines 6(a) and 6(c) for Column B) | 13,894,817.96 | 17,632,480.37 |
| 7. Total Disbursements (from Line 30) | 4,327,344.79 | 8,065,007.20 |
| 8. Cash on Hand at Close of Reporting Period | $9,567,473.17 | $9,567,473.17 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | $380,366.90 | For further information contact:<br>Federal Election Commission<br>999 E street, NW<br>Washington, DC 20463<br>Toll Free 800-424-9530<br>Local 202-219-3420 |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | NONE | |

*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 | Jay C. Banning | *Assistant Treasurer* |
| Signature of Treasurer J.C.B. | | Date 3/17/94 |

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)

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