For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

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 NUMBER
C00075820

3. ☐ This committee qualified as a multicandidate committee DURING THIS Reporting Period or
☒ Prior to 1/1/94 (date)

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

☐ 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

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5	Covering Period 2-1-94 through 2-28-94		
6. (a)	Cash on Hand January 1, 1994		$ 18,172.30
(b)	Cash on Hand at Beginning of Reporting Period	$ 36,086.94	
(c)	Total Receipts (from Line 19)	$ 835,158.73	$1,832,571.79
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 869,245.67	$1,850,744.09
7	Total Disbursements (from Line 30)	$ 752,107.45	$1,733,605.87
8	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 117,138.22	$ 117,138.22
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)	$2,351,997.62	

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
DONNA M. SINGLETON

Signature of Treasurer
Donna M. Singleton

Date
07-28-94

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

(rev.sec. 1/94)

SCHEDULE H2
(effective 1/1/91)

ALLOCATION RATIOS

NAME OF COMMITTEE
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE -- EXPENDITURES

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
1101 ACTIVITY IS: ..... X FUNDRAISING EXEMPT .... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS . NEW ..... REVISED . X SAME AS PREVIOUSLY REPORTED	99%	1%
NAME OF ACTIVITY OR EVENT 1102 ACTIVITY IS: .. X FUNDRAISING . .... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS NEW .... REVISED X SAME AS PREVIOUSLY REPORTED	99%	1%
NAME OF ACTIVITY OR EVENT 11031103 ACTIVITY IS: .... X FUNDRAISING . EXEMPT . DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS NEW . REVISED X SAME AS PREVIOUSLY REPORTED	38%	62%
NAME OF ACTIVITY OR EVENT 11031105 ACTIVITY IS .....X FUNDRAISING ... EXEMPT . DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS. . ..... NEW ... REVISED X SAME AS PREVIOUSLY REPORTED	56%	44%
NAME OF ACTIVITY OR EVENT 11031100 ACTIVITY IS. ..... X FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS . NEW REVISED X SAME AS PREVIOUSLY REPORTED	80%	20%
NAME OF ACTIVITY OR EVENT 11031101 ACTIVITY IS. . X FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS. NEW REVISED X SAME AS PREVIOUSLY REPORTED	54%	46%
NAME OF ACTIVITY OR EVENT 11031051101 ACTIVITY IS .. .. X FUNDRAISING .. EXEMPT DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS .. NEW .. REVISED X SAME AS PREVIOUSLY REPORTED	56%	44%

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SCHEDULE H2
Effective 1-1-91

ALLOCATION RATIOS

NAME OF COMMITTEE

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE -- EXPENDITURES

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NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
110311051103	56%	44%
ACTIVITY IS X FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS NEW REVISED X SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
110311051104	56%	44%
ACTIVITY IS X FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS NEW REVISED X SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
110311050100	56%	44%
ACTIVITY IS X FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS NEW REVISED X SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
110311051115	56%	44%
ACTIVITY IS X FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS NEW REVISED X SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
110311051117	56%	44%
ACTIVITY IS X FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS NEW REVISED X SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
110311051102	56%	44%
ACTIVITY IS X FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS NEW REVISED X SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS NEW REVISED SAME AS PREVIOUSLY REPORTED		

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 7-28-94
☐	No Postmark	
☐	Postmark illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

MMR
PREPARER

8-02-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 9 1 5 2 2 6 5