REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

SECRETARY OF THE SENATE
96 OCT 19 PM 4:15
H.D.

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

ADDRESS (number and street) ☐ Check if different from previously reported
425 SECOND STREET, NE

CITY, STATE and ZIP CODE
WASHINGTON, DC 20002

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

☐ 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 9/1/96 through 9/30/96		
6. (a) Cash on Hand January 1, 19 96		$ 5,800,716.72
(b) Cash on Hand at Beginning of Reporting Period	$ 10,011,728.43	
(c) Total Receipts (from Line 19)	$ 6,505,236.20	$ 32,705,462.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 16,516,964.63	$ 38,506,179.12
7. Total Disbursements (from Line 30)	$ 9,614,033.90	$ 31,603,248.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 6,902,930.73	$ 6,902,930.73
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)	$ 171,566.38	

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
[signature]

Signature of Treasurer
Stan Huckaby

Date
10/18/96

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 8/02)

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