Paul D. Tvetenstrand
Two World Trade Center
40th Floor
New York, New York 10048
(212) 912-7452

December 8, 1994

FEDERAL EXPRESS

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Attention: Mr. Donald L. Averett

Re: New York Republican County Committee,
Identification No. C00176834

Dear Sirs:

Enclosed for filing is the thirtieth day post-general election disclosure statement for the New York Republican County Committee Federal Account.

If you have any questions, please call me at (212) 912 7452.

Sincerely,

Paul D. Tvetenstrand

cc: New York State Board of Elections

94039422662

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

New York Republican Council Committee

ADDRESS (number and street) | Check if different than previously reported

45 East 45th Street

CITY, STATE and ZIP CODE

NY NY 10017

2. FEC IDENTIFICATION NUMBER

C00176054

3. This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (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 _____

[X] Thirtieth day report following the General Election on November 8 in the State of New York

(b) Is this Report an Amendment? [ ] YES [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/27/94 through 12/4/94		
6. (a) Cash on Hand January 1, 1994		$ [illegible]
(b) Cash on Hand at Beginning of Reporting Period	$ 102,[illegible]	
(c) Total Receipts (from Line 19)	$ 5,105.[illegible]	$
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 07,[illegible]	$
7. Total Disbursements (from Line 30)	$ [illegible]010.14	$
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ [illegible]	$
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 202 376-3120

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

[illegible]

Signature of Treasurer

[signature]

Date

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

9403949227

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD FROM	TO:
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	5 [illegible]	89,[illegible]
ii. Unitemized	[illegible]	[illegible]
iii. Total (add i and ii) ➤	5 [illegible]	[illegible]
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	5 [illegible]	[illegible]
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	[illegible]	[illegible]
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		[illegible]
17. Other Federal Receipts (Dividends, Interest, etc.)		[illegible]
18. Transfers from Nonfederal Account for Joint Activity		[illegible]
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	5 [illegible]	[illegible]
20. Total Federal Receipts (subtract line 16 from line 19) ➤	5 [illegible]	[illegible]
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	[illegible]	59,831.[illegible]
ii. Non-Federal Share	[illegible]	239,324.[illegible]
b. Other Federal Operating Expenditures	[illegible]	17,[illegible]
c. Total Operating Expenditures (Add a i, a ii, and b)) ➤	[illegible]	316,[illegible]
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		[illegible]
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤		
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	5,[illegible]	
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	[illegible]	[illegible]
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	16,[illegible]	77,[illegible]
36. Offsets to Operating Expenditures (from line 15)	120,[illegible]	[illegible]
37. [illegible]	16,[illegible]	67,[illegible]

9 4 0 3 9 4 9 2 2 7 1

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE NUMBER	

Any information copied from such Reports and 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.

NAME OF COMMITTEE (in Full)

New York Republican County Committee

A. Full Name, Mailing Address and ZIP Code Robert G. Wiseman [illegible] Park Ave NY NY 10033 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer SILF Occupation Attorney Aggregate Year-to-Date > $	Date (month, day, year) 10/26/97	Amount of Each Receipt this Period [illegible]
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) . . . . . >

TOTAL This Period (last page this line number only) . . . . . >

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SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page | PAGE | FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

New York Republican County Committee

A. Full Name, Mailing Address and ZIP Code Morrison Parker West Side Rep Club 307 West End Ave NYC 10023 Receipt For: ☐ Primary ☐ General ☐ Other (specify) Printing Reimbursement	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year) 11/8/94	Amount of Each Receipt this Period 12c
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

9 4 0 3 9 4 9 2 2 7 3

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE ___ OF ___

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

New York Republican County Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code E. FitzArt 22 Elm, Hackensack, N.J. 07601	Campaign flyers Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/1/94	265.00
B. Full Name, Mailing Address and ZIP Code Printing Design Group 90 Wash. Valley Road Bedminster, N.J. 07921	Campaign flyers Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	11/1/94	3,645.84
C. Full Name, Mailing Address and ZIP Code E. FitzArt 22 Elm, Hackensack, NJ 07601	Campaign brochures Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	11/16/94	1,907.21
D. Full Name, Mailing Address and ZIP Code Printing Design Group 90 Wash. Valley Road Bedminster, N.J. 07921	Campaign brochures Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	11/18/94	250.00
E. Full Name, Mailing Address and ZIP Code " " "	Posters & flyers Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	11/18/94	3,022.00
F. Full Name, Mailing Address and ZIP Code Printing Design Group 90 Wash. Valley Road B edminster, N.J. 07921	Flyers Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	11/18/94	1,875.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

9 4 0 3 9 4 9 2 2 7 4

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE ___ OF ___

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Per
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Per
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Per
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Per
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Per
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Per
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Per
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Per
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Per

SUBTOTAL of Disbursements This Page (optional) . . . . . .

TOTAL This Period (last page this line number only) . . . . . .

9 4 0 3 4 9 2 2 7 5

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE ____ OF ____

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

SCHEDULE C
(Revised 3/80)

LOANS

Page ____ of ____ for
LINE NUMBER ____
(Use separate schedules for each numbered line)

Name of Committee (in Full)

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: ☐ Primary ☐ General ☐ Other (specify)			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____%(apr) ☐ Secured			

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: ☐ Primary ☐ General ☐ Other (specify)			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____%(apr) ☐ Secured			

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page on this line only)	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C
(Revised 3/80)

LOANS

Page ___ of ___
LINE NUMBER ___
(Use separate schedules for each numbered line)

Name of Committee (in Full)

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: ☐ Primary ☐ General ☐ Other (specify)			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) ☐ Secured			

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: ☐ Primary ☐ General ☐ Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) ☐ Secured			

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		

SUBTOTALS This Period This Page (optional) . . . . . _____

TOTALS This Period (last page in this line only) . . . . . _____

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page ____ of ____ for
LINE NUMBER ____
(Use separate schedule for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page ____ of ____ for
LINE NUMBER ____
(Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2 and 3 [illegible]				

9 4 0 3 9 4 9 2 2 3 0

SCHEDULE E

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Page ____ of ____ Pages

Name of Committee (in Full)	I.D. No

Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose

(a) **SUBTOTAL** of Itemized Independent Expenditures . . . . . $ _____

(b) **SUBTOTAL** of Unitemized Independent Expenditures . . . . . $ _____

(c) **TOTAL** Independent Expenditures . . . . . $ _____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

_____ Signature

_____ Date

Subscribed and sworn to before me this _____ day of _____, 19____

My Commission expires _____

_____ NOTARY PUBLIC

9 4 0 3 9 4 9 2 2 3 1

SCHEDULE F

ITEMIZED COORDINATED EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE (2 U.S.C. §441a(d))

Page ____ of ____ for LINE NUMBER ____

(To be used only by Political Committees in the General Election)

Name of Political Committee (in Full)

Has your Committee been designated to make coordinated expenditures by a political party committee? ☐ YES ☐ NO
If YES, name the designating committee:

Full Name, Mailing Address and ZIP Code of Subordinate Committee

Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—$			

SUBTOTAL of Expenditures This Page (optional) . . . . . .

TOTAL This Period (last page this line number only) . . . . . .

9 4 0 3 7 7 9 2 2 2 3 2

SCHEDULE H1
(Effective 1/1/91)

METHOD OF ALLOCATION FOR SHARED FEDERAL AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS

NAME OF COMMITTEE

New York Republican County Committee

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) ..... %

☐ PRESIDENTIAL YEAR (65%)

☐ ALL OTHER YEARS (60%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

☐ **MINIMUM FEDERAL PERCENTAGE** (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) ..... %

OR

☐ **FUNDS EXPENDED:**

- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... %
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %

ADJUSTMENTS TO FUNDS EXPENDED:

ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... $ ..... %

ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... $

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:

- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... %
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %

ADJUSTMENTS TO FUNDS EXPENDED:

ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... $ ..... %

ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... $

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

		NUMBER OF POINTS
1. PRESIDENT	☐ (1 POINT)	
2. U.S. SENATE	☒ (1 POINT)	1
3. U.S. CONGRESS	☒ (1 POINT)	1
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3)		2
5. GOVERNOR	☐ (1 POINT)	1
6. OTHER STATEWIDE OFFICE(S)	☐ (1 OR 2 POINTS)	2
7. STATE SENATE	☐ (1 POINT)	1
8. STATE REPRESENTATIVE	☐ (1 POINT)	1
9. LOCAL CANDIDATES	☐ (1 OR 2 POINTS)	2
[illegible]		1
10. SUBTOTAL — NON-FEDERAL (ADD 5,6,7,8, AND 9)		8
11. TOTAL POINTS (LINE 4 PLUS LINE 10)		10

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 11 ..... %

9 4 0 3 7 4 9 2 3 8

SCHEDULE H2
(effective 1/1/91)

ALLOCATION RATIOS

PAGE	OF

NAME OF COMMITTEE

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.

	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED		

RECEIPT SCHEDULE H3
(Effective 1/1/91)

TRANSFERS FROM NON-FEDERAL ACCOUNTS

PAGE	OF
FOR LINE 16	

NAME OF COMMITTEE	TOTAL AMOUNT TRANSFERRED

NAME OF ACCOUNT	DATE OF RECEIPT	$

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a)				
b)				
c)				
d)				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a)				
b)				
c)				
d)				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

NAME OF ACCOUNT	DATE OF RECEIPT	$

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a)				
b)				
c)				
d)				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a)				
b)				
c)				
d)				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DCS	
SUBTOTAL THIS PAGE				
TOTAL THIS PERIOD				

9 4 0 3 9 4 9 2 2 3

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE ___ OF ___

DISBURSEMENT SCHEDULE B-T

FOR LINE 21a

NAME OF COMMITTEE
New York Republican County Committee

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Nynex PO Box 3794 Bo ton, Mass 02241	Phone	10/27/94	175.59	35.12	140.47
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $ 175.59					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
RMRS-Postage Meter P.O. Box 7900071 St.Louis, MO. 63179	Postage	10/27/94	1,000.00	200.00	800.00
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $ 1,175.59					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
Postmaster-General New York, NY	Postage	10/27/94	25.00	5.00	20.00
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $ 1,200.59					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
N.Y.State Unemployment Insurance Albany, N.Y.	Taxes	10/27/94	122.83	24.57	98.26
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $ 1323.42					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
Geoffrey Jervis 200 W. 85th St. New York,NY 10024	Consultant	10/31/94	500.00	100.00	400.00
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $ 1823.42					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
N.Y.STate Income Tax Albany, NY	Tax	11/1/94	1,213.50	242.70	970.80
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $ [illegible]					

SUBTOTAL OF ITEMS FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE

DISBURSEMENT SCHEDULE H4
(effective 1/1/01)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE 2 OF

DISBURSEMENT SCHEDULE B-T

FOR LINE 21a

NAME OF COMMITTEE
New York Republican County Committee

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Nat'l. Political Services Inc. ,308 E. 30th St. NYC 10016	Consultant	11/1/94	2,500.00	500.00	2000.00
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT; EVENT YEAR-TO-DATE: $ 5536.92					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Sergio Perez 48-52 45th St. Woodside, NY 11377	Payroll	11/2/94	225.88	45.18	180.70
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT; EVENT YEAR-TO-DATE: $ 5760.80					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Gertrude Hess Parker 165 W 66th St. NYC 10023	Payroll	11/2/94	1,561.90	312.38	1,249.52
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT; EVENT YEAR-TO-DATE: $ 7324.70					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Rose Siniscal 15 First St. Hackensack, NJ 07601	Payroll	11/2/94	632.77	126.55	506.22
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT; EVENT YEAR-TO-DATE: $ 7939.47					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Edith Slotnick c/ Levinson 2 Hickory Hill Rd Eastchester, NY 10701	Payroll	11/2/94	705.57	141.11	564.46
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT; EVENT YEAR-TO-DATE: $ 8603.04					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Ruth Dermody 355 E. 61st St. NYC 10021 $ 1435.45	Payroll	11/2/94	775.43	155.08	620.35
Susan DelPercio 165 W. 66th St. New York, NY 10021	Payroll	11/2/94	1,015.60	203.12	812.48

$16,489.05

TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 21 of the Amended Summary page) .....

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE 3 OF

DISBURSEMENT SCHEDULE B-T

FOR LINE 21a

NAME OF COMMITTEE: New York Republican County Committee

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Nynex Mobile Communic. P.O. Box 15559 Worcester, Mass.	Phone	11/3/94	45.81	9.16	36.65
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ 10,499.86 ☐ DIRECT CANDIDATE SUPPORT					

B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
The Roosevelt Hotel 45 E. 45th St. New York, NY 10017	Rent	11/8/94	2,554.81	510.96	2,043.85
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ 13,054.67 ☐ DIRECT CANDIDATE SUPPORT					

C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Nynex Information Resources, P.O.Box D-3794 Boston, Mass. 02241	Phone	11/8/94	23.00	4.60	18.40
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ 13,077.67 ☐ DIRECT CANDIDATE SUPPORT					

D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Edith Slotnick c/o Levinson 2 Hickory Hill Road Eastchester, NY 10709	Payroll	11/8/94	352.79	70.56	282.23
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ [illegible] ☐ DIRECT CANDIDATE SUPPORT					

E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Geoffrey Jervis 200 W. 85th St. New York, NY 10024	Consultant	11/10/94	250.00	50.00	200.00
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ [illegible] ☐ DIRECT CANDIDATE SUPPORT					

F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Nynex PO box 3794 Boston, Mass. 02241	Phone	11/10/94	162.24	32.45	129.79
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ 13,841.[illegible] ☐ DIRECT CANDIDATE SUPPORT					

SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE .....

TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a.i. and non-Fed. share to 21 a.ii) .....

TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page) .....

9 4 0 3 9 4 9 2 2 8 3

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

DISBURSEMENT SCHEDULE B-T

FOR LINE 21a

NAME OF COMMITTEE
New York Republican County Committee

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Sergio Perez 48-52 45th St. Woodside, NY 11377	Payroll	11/16/94	225.88	45.18	180.70
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $14,068.58 ☐ DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
Gertrude Hess Parker 165 W. 66th St. New York, NY 10023	Payroll	11/16/94	1,561.90	312.38	1249.52
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $15,630.48 ☐ DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
Susan DelPercio 178 E. 80th St. New York, NY 10021	Payroll	11/16/94	1,015.60	203.12	812.48
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $16,646.08 ☐ DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
Rose Siniscal 15 First St. Hackensack, NJ 07601	Payroll	11/16/94	632.77	126.55	506.22
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $17,278.85 ☐ DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
Ruth Dermody 355 E. 61st St New York, N.Y. 10021	Payroll	11/16/94	775.41	155.08	620.33
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $18,054.26 ☐ DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
Nynex Mobile Communicat. PO Box 15559 Worcester, Mass. 01615	Phone	11/17/94	245.40	49.08	196.32
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $18,299.66 ☐ DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE					
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a ii)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 21 of the detailed summary page)					

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE 5 OF

DISBURSEMENT SCHEDULE B-T

FOR LINE 21a

NAME OF COMMITTEE: New York Republican County Committee

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Nynex PO Box 3744 Boston, Mass. 02241	Phone	11/17/94	53.94	10.79	43.15
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $15,353.26 ☐ DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
Nynex Mobile Communic. P.O. Box 15559 Worcester, Mass. 01615	Phone	11/21/94	687.20	137.44	549.76
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $19,046.80 ☐ DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
Postmaster-General New York, NY	Postage	11/21/94	87.00	17.40	69.60
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $19,127.50 ☐ DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
John Finney 17 E. 84th St New York, N.Y. 10028	Consultant	11/21/94	250.00	50.00	200.00
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $19,377.80 ☐ DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
RMRS - Postage meter P.O. Box 7900071 St.Louis, MO. 63179	Postage	11/22/94	1,000.00	200.00	800.00
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $20,377.80 ☐ DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
John Finney 17 E. 84th St. New York, N.Y. 10028	Consultant	11/28/94	250.00	50.00	200.00
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $[illegible] ☐ DIRECT CANDIDATE SUPPORT					

SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE

TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a.f. and non-Fed. share to 21 a.f.)

TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE 6 OF

DISBURSEMENT SCHEDULE B-T

FOR LINE 21a

NAME OF COMMITTEE
New York Republican County Committee

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Sergio Perez 48 52 45th St. Woodside, NY 1137.	Payroll	11/30/94	225.88	45.18	180.70
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $26,553.65					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Gertrude Hess Parker 165 W. 66th St. New York, NY 10023	Payroll	11/30/94	1,561.90	312.38	1249.52
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $90,415.58					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Susan DelPercio 178 E. 80th St. New York, N.Y. 10021	Payroll	11/30/94	1,015.60	203.12	812.48
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $23,931.18					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Rose Giniscal 15 First St. Hackensack, N.J. 07601	Payroll	11/30/94	632.77	126.55	506.22
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $24,064.95					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Edith Slotnick 2 Hickory Hill Rd Eastchester, N.Y.10709	Payroll	11/30/94	705.99	141.15	564.63
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $29,769.72					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Ruth Dermody 355 E. 61st St. New York, NY 10021	Payroll	11/30/94	776.41	155.05	621.36
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $75,545.13					

SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE .....

TOTAL THIS PERIOD (last page for each row only)(Fed. share to 21 a and non-Fed. share to 21 a ii) ....

TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 21 of the detailed summary page) .....

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE 7 OF

DISBURSEMENT SCHEDULE B-T

FOR LINE 21a

NAME OF COMMITTEE

New York Republican County Committee

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Natl. Political Services, Ltd. 308 E. 30th St. New York, NY 10016	Consultant	12/1/94	2,500.00	500.00	2000.00
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $ 28,045.13					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE				[illegible]	[illegible]
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a.) and non-Fed. share to 21 b.)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

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 12-9-94
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	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

JMN
PREPARER

12-9-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 9 7 9 2 2 2 9 3