REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

SECRETARY OF THE SENATE
96 APR 19 PM 5:35

TYPE OR PRINT

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

ADDRESS (number and street) ☐ Check if address has changed
425 Second Street, N.E.

CITY, STATE and ZIP CODE
Washington, D. C. 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

5. SUMMARY

6. Covering Period 4-1-95 through 4-30-95

	COLUMN A Total Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 19__		$
(b) Cash on Hand at Beginning of Reporting Period	$	
(c) Total Receipts (from Line 19)	$	$
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$	$
7. Total Disbursements (from Line 30)	$	$
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$	$
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 202-219-3420

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
MARY M. DOTTER, ASSISTANT TREASURER

Signature of Treasurer
Mary M. Dotter

Date
4/19/96

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

Schedule A Memo Schedule Itemized Receipts

Any information copied from such Reports or 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.

REPORT COVERING PERIOD FROM 4/ 1/95 THRU 4/30/95 OVER $200.00

NAME AND ADDRESS/OCCUPATION/EMPLOYER	DATE	THIS PERIOD	CALENDAR YR-TO-DATE
DR. CRAIG M. MORGAN 200 CAMELOT DRIVE HUNTINGTON, WV 25701-5305			$525.00
	4/ 7/95	$50.00	
OPTHALMOLOGIST INFORMATION REQUESTED			

9 6 0 2 0 0 9 2 3 1 4

KELLY D. JOHNSTON
SECRETARY

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[illegible]
[illegible]
[illegible]

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

✓ HAND DELIVERED 4/19/96
Date of Receipt

___ INSIDE MAIL _____
Date of Receipt

___ RECEIVED FROM THE HOUSE OFFICE OF RECORDS & REGISTRATIONS _____
Date of Receipt

___ RECEIVED FROM THE FEDERAL ELECTION COMMISSION _____
Date of Receipt

___ FIRST CLASS MAIL _____
Postmarked

___ REGISTERED/CERTIFIED MAIL _____
Postmarked

___ NO POSTMARK

___ POSTMARK ILLEGIBLE

___ OTHER (Specify): _____

_____
Postmark and/or Date of Receipt

[illegible] 4/19/96
Preparer Date Prepared

96020092315