# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Quarterly Page)

USE PEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

ADDRESS (number and street) ☐ Check if address has been previously reported

425 SECOND STREET, NE

CITY, STATE and ZIP CODE

WASHINGTON, DC 20002

SECRETARY OF SENATE

95 SEP 20 PM 4:58

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 BEST EFFORTS

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 5. Covering Period 12/01/95 through 12/31/95 | | $ |
| 6. (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 (number all on Schedule C and/or Schedule D) | $ | |
| 10. Debts and Obligations Owed BY the Committee (number 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

Signature of Treasurer: M. McDott

Date: 9/20/95

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)

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 12/ 1/95 THRU 12/31/95 OVER $200.00

| NAME AND ADDRESS/OCCUPATION/EMPLOYER | DATE | THIS PERIOD | CALENDAR YR-TO-DATE |
|---|---|---|---|
| MR. T. E. BECK, JR.<br>ROUTE 1, BOX 183B<br>GLASGOW, VA 24555<br><br>RETIRED | | | $3795.00 |
| | 12/19/95 | $500.00 | |
| MRS. EDWIN E. CRIST<br>159 HILLHAVEN COURT<br>VENTURA, CA 93003<br><br>WIFE OF CLERGYMAN<br>INFORMATION REQUESTED | | | $1065.00 |
| | 12/11/95 | $15.00 | |
| MR. ROBERT H. DEMSEY<br>BOX 1498<br>RANCHO SANTA FE, CA 92067-1498<br><br>EXECUTIVE<br>HEALTH EXAMINIER, INC. | | | $275.44 |
| | 12/ 8/95 | $120.00 | |
| MR. GERALD GRAY<br>P.O. BOX 8351<br>INCLINE VILLAGE, NV 89452-1852<br><br>RETIRED | | | $600.00 |
| | 12/ 6/95 | $180.00 | |
| | 12/ 8/95 | $100.00 | |
| | 12/19/95 | $120.00 | |
| MS. DIANA JONES<br>1139 108TH NORTHEAST<br>BELLEVUE, WA 98004-4322<br><br>RETIRED | | | $280.00 |
| | 12/ 8/95 | $10.00 | |
| | 12/11/95 | $10.00 | |
| | 12/12/95 | $5.00 | |
| | 12/12/95 | $5.00 | |
| | 12/20/95 | $5.00 | |

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# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

✓ HAND DELIVERED 9/20/96
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

Elw 9/20/96
Preparer Date Prepared

9 6 0 2 0 1 9 4 3 2 1