REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Nov 19 4 03 PM '93

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

ADDRESS (number and street)
310 FIRST STREET SE

CITY, STATE and ZIP CODE
WASHINGTON, DC 20003

2. FEC IDENTIFICATION NUMBER
C00003418

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 XX 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 _X_NO

SUMMARY 5. Covering Period 10-01-93 through 10-31-93	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1993		$2,256,421.73
(b) Cash on Hand at Beginning of Reporting Period	$4,980,715.14	
(c) Total Receipts (from line 19)	2,500,812.22	31,308,725.19
(d) Subtotal (add Lines 6(b) and 6(c) for column A and Lines 6(a) and 6(c) for Column B)	7,481,527.36	33,565,146.92
7. Total Disbursements (from Line 30)	2,764,483.78	28,848,103.34
8. Cash on Hand at Close of Reporting Period	$4,717,043.58	$4,717,043.58
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$173,822.11	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	NONE	

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 Jay C. Banning *Assistant Treasurer*

Signature of Treasurer J.C.B. Date 11/19/93

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 1/1/91)

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