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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

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

CITY, STATE and ZIP CODE
WASHINGTON, DC 20002

SECRETARY OF THE SENATE
97 FEB 20 PM 4:48
H D

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 _____

[X] Thirtieth day report following the General Election on 11/5/96 in the State of _____.

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/17/96 through 11/25/96		
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 (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
2/20/97

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)

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SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

LINE NUMBER 2
(Use separate schedules for each numbered line)

Name of Committee (in Full): National Republican Senatorial Cmte.	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 Craig for Senate PO Box 2754 Boise ID 83701	0.00	2,480.25	0.00	2,480.25
Nature of Debt (Purpose): Travel Expense				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor New Jersey Republican State Cmte. 28 West State Street, Suite 305 Trenton, NJ 08608	0.00	60,000.00	0.00	60,000.00
Nature of Debt (Purpose): MISTRANSFER (IN DISPUTE)				
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)	123,765.36
2) TOTALS This Period (last page in 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)	

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SCHEDULE A

ITEMIZED RECEIPTS

Use [illegible] schedule(s) for each category of the Detailed Summary Page

PAGE 6 OF 6

FOR LINE NUMBER 11(c)

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)
National Republican Senatorial Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Republican Majority Fund P.O. Box 1550 Ponca City, OK 74602 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 10,000.00	10/28/96	10,000.00
B. Republican Majority Fund P.O. Box 1550 Ponca City, OK 74602 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 5,000.00	10/31/96	5,000.00
C. Nickles for US Senate P.O. Box 1549 Ponca City, OK Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 5,000.00	10/31/96	5,000.00
D. Re-Elect Sen. Mark Hatfield Cmte. P.O. Box 20685 Keizer, OR 97307 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 10,000.00	10/31/96	10,000.00
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	211,675.00
TOTAL This Period (last page this line number only)	

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- SCHEDULE I
(effective 1/1/91)

AGGREGATION PAGE
NON-FEDERAL ACCOUNTS OF NATIONAL PARTY COMMITTEES

(Use a separate Aggregation Page for each nonfederal account)

NAME OF FEDERAL COMMITTEE

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

NAME OF ACCOUNT

NON FEDERAL ACCT

COVERAGE PERIOD FROM 10/17/96 TO 11/25/96

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
RECEIPTS (ATTACH SUPPORTING MEMO SCHEDULE A ITEMIZING RECEIPTS AGGREGATING IN EXCESS OF $200 DURING THE CALENDAR YEAR)		
1. TOTAL RECEIPTS	6,261,826.45	17,563,695.39
DISBURSEMENTS: (ATTACH SUPPORTING MEMO SCHEDULE B ITEMIZING DISBURSEMENTS AGGREGATING IN EXCESS OF $200 DURING THE CALENDAR YEAR)		
2. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT FOR ALLOCABLE EXPENSES	1,155,797.09	6,062,763.65
3. TRANSFERS TO STATE/LOCAL PARTY ORGANIZATIONS	1,158,300.00	3,421,300.00
4. DIRECT STATE/LOCAL CANDIDATE SUPPORT	2,880,429.16	3,207,297.03
5. OTHER DISBURSEMENTS	1,224,552.63	6,425,526.24
6. TOTAL DISBURSEMENTS (ADD 2, 3, 4, AND 5)	6,419,078.88	19,116,886.92
SUMMARY		
7. BEGINNING CASH ON HAND (FOR COLUMN B USE CASH AS OF JANUARY 1ST)	1,181,368.15	2,577,307.25
8. RECEIPTS (FROM LINE 1)	6,261,826.45	17,563,695.39
9. SUBTOTAL	7,443,194.60	20,141,002.64
10. DISBURSEMENTS (FROM LINE 6)	6,419,078.88	19,116,886.92
11. ENDING CASH ON HAND	1,024,175.72	1,024,175.72

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 64A OF 64

FOR LINE NUMBER 1

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN SENATORIAL COMMITTEE - NON FEDERAL

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. PAINE WEBBER 1000 HARBOUR ROAD WEEHAWKIN, NJ 07087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MISDEPOSIT Aggregate Year-to-Date $	10/31/96	30,000.00
B. 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. 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. 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. 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. 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. 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 B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF

FOR LINE NUMBER 5

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NAME OF COMMITTEE (in Full)

NATIONAL REPUBLICAN SENATORIAL COMMITTEE NON-FEDERAL ACCT

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NRSC BUILDING FUND 425 SECOND STREET, NE WASHINGTON, DC 20002	TRANSFER OF MISDEPOSIT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/14/96 PAINE WEBBER	30,000.00
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 Period
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 Period
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 Period
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 Period
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 Period
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) .....

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SCHEDULE I
(effective 1/1/91)

AGGREGATION PAGE
NON-FEDERAL ACCOUNTS OF NATIONAL PARTY COMMITTEES

(Use a separate Aggregation Page for each nonfederal account)

NAME OF FEDERAL COMMITTEE

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

NAME OF ACCOUNT

BUILDING FUND

COVERAGE PERIOD FROM 10/17/96 TO 11/25/96

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
RECEIPTS (ATTACH SUPPORTING MEMO SCHEDULE A ITEMIZING RECEIPTS AGGREGATING IN EXCESS OF $200 DURING THE CALENDAR YEAR)		
1. TOTAL RECEIPTS	219,000.00	937,986.00
DISBURSEMENTS: (ATTACH SUPPORTING MEMO SCHEDULE B ITEMIZING DISBURSEMENTS AGGREGATING IN EXCESS OF $200 DURING THE CALENDAR YEAR)		
2. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT FOR ALLOCABLE EXPENSES		
3. TRANSFERS TO STATE/LOCAL PARTY ORGANIZATIONS		
4. DIRECT STATE/LOCAL CANDIDATE SUPPORT		
5. OTHER DISBURSEMENTS	61,050.95	946,595.25
6. TOTAL DISBURSEMENTS (ADD 2, 3, 4, AND 5)	61,050.95	946,595.25
SUMMARY		
7. BEGINNING CASH ON HAND (FOR COLUMN B USE CASH AS OF JANUARY 1ST)	138,537.49	305,095.79
8. RECEIPTS (FROM LINE 1)	219,000.00	937,986.00
9. SUBTOTAL	357,537.49	1,243,081.79
10. DISBURSEMENTS (FROM LINE 6)	61,050.95	946,595.25
11. ENDING CASH ON HAND	296,486.54	296,486.54

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 1

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN SENATORIAL COMMITTEE - BUILDING FUND

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. John A. Thain 350 Purchase Street Rye, NY 10580 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $	11/12/96	10,000.00
B. Fannie Mae 3900 Wisconsin Ave, NW Washington, DC 20016 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $	11/1/96	15,000.00
C. Merrill Lynch World Financial Center, South Tower New York, NY 10080 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $	10/31/96	50,000.00
D. Bear, Stearns, and Company, Inc. 245 Park Avenue New York, NY 10167 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $	10/29/96	75,000.00
E. Entergy 639 Loyola Ave New Orleans, LA 70113 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $	10/29/96	3,000.00
F. NRSC NON-FEDERAL ACCT 425 SECOND STREET, NE WASHINGTON, DC 20002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: TRANSFER OF MISDEPOSIT Occupation Aggregate Year-to-Date $	11/14/96 Paine Webber	30,000.00
G. NRSC Non-Federal Acct 425 Second Street, NE Washington, DC 20002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	10/28/96 Nation's Bank	10,000.00

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

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

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GARY L. SISCO
SECRETARY

PAMELA D. GAVIN
SUPERINTENDENT
Hart Building
Suite 202
Washington, DC 20510-7110
Phone: 202-224-6221

United States Senate

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

✓ HAND DELIVERED 2/20/97
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 2/20/97
Preparer Date Prepared

9 7 0 2 0 0 4 0 5 3 2