REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

EXPENDITURES --

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE --

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

320 FIRST STREET, S.E.

CITY, STATE and ZIP CODE

WASHINGTON, D.C. 20003

AUG 1 12 02 PM '94

2. FEC IDENTIFICATION NUMBER

C 00075820

3. X This committee qualified as a multicandidate committee DURING THIS Reporting Period on Prior to 1/1/94 (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	X 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? X YES X NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 06-01-94 through 06-30-94		
6. (a) Cash on Hand January 1, 19 94		$ 18,172.30
(b) Cash on Hand at Beginning of Reporting Period	$ 54,891.01	
(c) Total Receipts (from Line 19)	$1,331,265.36	$ 6,399,019.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$1,386,156.37	$ 6,417,191.53
7. Total Disbursements (from Line 30)	$1,133,646.82	$ 6,164,681.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 252,509.55	$ 252,509.55
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$2,290,121.22	

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
DONNA M. SINGLETON

Signature of Treasurer
Donna M Singleton

Date
07-29-94

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

94039151532

SCHEDULE H2
(effective 1/1/91)

ALLOCATION RATIOS

NAME OF COMMITTEE
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE — EXPENDITURES

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.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
1101 ACTIVITY IS ..... X FUNDRAISING ..... EXEMPT ..... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS ..... NEW ..... REVISED ..... X SAME AS PREVIOUSLY REPORTED	99%	1%
NAME OF ACTIVITY OR EVENT 1102 ACTIVITY IS ..... X FUNDRAISING ..... EXEMPT ..... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS ..... NEW ..... REVISED ..... X SAME AS PREVIOUSLY REPORTED	99%	1%
NAME OF ACTIVITY OR EVENT 11031103 ACTIVITY IS ..... X FUNDRAISING ..... EXEMPT ..... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS ..... NEW ..... REVISED ..... X SAME AS PREVIOUSLY REPORTED	58%	42%
NAME OF ACTIVITY OR EVENT 11031105 ACTIVITY IS ..... X FUNDRAISING ..... EXEMPT ..... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS ..... NEW ..... REVISED ..... X SAME AS PREVIOUSLY REPORTED	56%	44%
NAME OF ACTIVITY OR EVENT 11031100 ACTIVITY IS ..... X FUNDRAISING ..... EXEMPT ..... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS ..... NEW ..... REVISED ..... X SAME AS PREVIOUSLY REPORTED	80%	20%
NAME OF ACTIVITY OR EVENT 11031101 ACTIVITY IS ..... X FUNDRAISING ..... EXEMPT ..... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS ..... NEW ..... REVISED ..... X SAME AS PREVIOUSLY REPORTED	54%	46%
NAME OF ACTIVITY OR EVENT 110311051101 ACTIVITY IS ..... X FUNDRAISING ..... EXEMPT ..... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS ..... NEW ..... REVISED ..... X SAME AS PREVIOUSLY REPORTED	56%	44%

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SCHEDULE H2
(effective 1-1-91)

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NAME OF COMMITTEE

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NAME OF ACTIVITY OR EVENT: 110311051103 — FEDERAL %: 56% — NON-FEDERAL %: 44%
ACTIVITY IS: X FUNDRAISING ___ EXEMPT ___ DIRECT CANDIDATE SUPPORT
CHECK IF THE RATIO IS: ___ NEW ___ REVISED ___ X SAME AS PREVIOUSLY REPORTED

NAME OF ACTIVITY OR EVENT: 110311051104 — FEDERAL %: 56% — NON-FEDERAL %: 44%
ACTIVITY IS: X FUNDRAISING ___ EXEMPT ___ DIRECT CANDIDATE SUPPORT
CHECK IF THE RATIO IS: ___ NEW ___ REVISED ___ X SAME AS PREVIOUSLY REPORTED

NAME OF ACTIVITY OR EVENT: 110311050100 — FEDERAL %: 56% — NON-FEDERAL %: 44%
ACTIVITY IS: X FUNDRAISING ___ EXEMPT ___ DIRECT CANDIDATE SUPPORT
CHECK IF THE RATIO IS: ___ NEW ___ REVISED ___ X SAME AS PREVIOUSLY REPORTED

NAME OF ACTIVITY OR EVENT: 110311051117 — FEDERAL %: 56% — NON-FEDERAL %: 44%
ACTIVITY IS: X FUNDRAISING ___ EXEMPT ___ DIRECT CANDIDATE SUPPORT
CHECK IF THE RATIO IS: ___ NEW ___ REVISED ___ X SAME AS PREVIOUSLY REPORTED

NAME OF ACTIVITY OR EVENT: 110311102 — FEDERAL %: 99% — NON-FEDERAL %: 1%
ACTIVITY IS: X FUNDRAISING ___ EXEMPT ___ DIRECT CANDIDATE SUPPORT
CHECK IF THE RATIO IS: ___ NEW ___ REVISED ___ X SAME AS PREVIOUSLY REPORTED

NAME OF ACTIVITY OR EVENT: 110311051115 — FEDERAL %: 56% — NON-FEDERAL %: 44%
ACTIVITY IS: X FUNDRAISING ___ EXEMPT ___ DIRECT CANDIDATE SUPPORT
CHECK IF THE RATIO IS: ___ NEW ___ REVISED X SAME AS PREVIOUSLY REPORTED

NAME OF ACTIVITY OR EVENT: 110311051102 — FEDERAL %: 56% — NON-FEDERAL %: 44%
ACTIVITY IS: X FUNDRAISING ___ EXEMPT ___ DIRECT CANDIDATE SUPPORT
CHECK IF THE RATIO IS: ___ NEW ___ REVISED X SAME AS PREVIOUSLY REPORTED

SCHEDULE H2
(effective 1/1/91)

ALLOCATION RATIOS

NAME OF COMMITTEE

NATIONAL REPUBLICAN CONGRESSIONAL COMMITEETT - EXPENDITURES

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NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
110311051105 ACTIVITY IS ....X.... FUNDRAISING ..... EXEMPT .. .. DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS. ....X.... NEW ..... REVISED .... SAME AS PREVIOUSLY REPORTED	56%	44%
NAME OF ACTIVITY OR EVENT ACTIVITY IS ..... FUNDRAISING ..... EXEMPT ..... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS. .. .... NEW .... REVISED .... SAME AS PREVIOUSLY REPORTED	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	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	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	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	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	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	FEDERAL %	NON-FEDERAL %

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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
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 7-29-94
☐	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

SG.
PREPARER

8-1-94
DATE PREPARED

FEC FORM 70-2 (12/92)

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