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, 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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 08/01/95 through 08/31/95		
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 (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
Maureen Goodyear, Assistant Treasurer

Signature of Treasurer

Date
10-5-95

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

SCHEDULE I
(effective 1/1/91)

AGGREGATION PAGE
NON-FED' 'AL ACCOUNTS OF NATIONAL ' 'RTY COMMITTEES

(Use a separate Aggregation Page for each nonfederal account)

NAME OF FEDERAL COMMITTEE

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

NAME OF ACCOUNT

NON-FEDERAL

COVERAGE PERIOD FROM 08/01/95 TO 08/31/95

	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:	280,939.01	3,243,980.49
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	50,195.88	266,645.39
3. TRANSFERS TO STATE/LOCAL PARTY ORGANIZATIONS		
4. DIRECT STATE/LOCAL CANDIDATE SUPPORT		
5. OTHER DISBURSEMENTS	236,219.40	664,995.71
6. TOTAL DISBURSEMENTS (ADD 2, 3, 4, AND 5)	286,415.28	931,641.10
SUMMARY		
7. BEGINNING CASH ON HAND (FOR COLUMN B USE CASH AS OF JANUARY 1ST)	2,573,397.86	255,582.20
8. RECEIPTS (FROM LINE 1)	280,939.01	3,243,980.49
9. SUBTOTAL	2,854,336.87	3,499,562.69
10. DISBURSEMENTS (FROM LINE 6)	286,415.28	931,641.10
11. ENDING CASH ON HAND	2,567,921.59	2,567,921.59

SCHEDULE A **ITEMI[illegible] RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE [illegible] OF [illegible]

FOR LINE NUMBER

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 NON-FEDERAL

A. Full Name, Mailing Address and ZIP Code UNITEMIZED CONTRIBUTIONS Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period $ 37,028.01
B. Full Name, Mailing Address and ZIP Code 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. Full Name, Mailing Address and ZIP Code 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. Full Name, Mailing Address and ZIP Code 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. Full Name, Mailing Address and ZIP Code 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. Full Name, Mailing Address and ZIP Code 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. Full Name, Mailing Address and ZIP Code 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)			$280,939.01

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KELLY D. JOHNSTON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7110
PHONE: 202-224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

✓ **HAND DELIVERED** Oct. 10, 1995
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

DM — Oct. 10, 1995
Preparer — **Date Prepared**

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