REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

OR 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

2. FEC IDENTIFICATION NUMBER
C00075820

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 X 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 ___ NO

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SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10-1-93 through 10-31-93		
6 a) Cash on Hand January 1, 19 93		$ 28,707.29
(b) Cash on Hand at Beginning of Reporting Period	$ 49,307.89	
(c) Total Receipts (from Line 19)	$ 481,725.99	$8,064,854.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 531,033.76	$8,093,562.27
7. Total Disbursements (from Line 30)	$ 501,535.66	$8,064,064.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 29,498.22	$ 29,498.22
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)	$ 3,484,128.02	

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
DONNA M. SINGLETON

Signature of Treasurer
Donna M. Singleton

Date
7-14-94

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
(Revised 1-1-93)