REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

Nov 3 10 30 AM '94

1. NAME OF COMMITTEE (in full) REPUBLICAN NATIONAL COMMITTEE	2. FEC IDENTIFICATION NUMBER C00003418
ADDRESS (number and street) 310 FIRST STREET SE	3. xxx This committee qualified as a multicandidate committee (see FEC FORM 1M)
CITY, STATE and ZIP CODE WASHINGTON, DC 20003	

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 XXX 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? XXX YES ___ NO

SUMMARY 5. Covering Period 8-01-94 through 8-31-94	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1994		$6,690,443.74
(b) Cash on Hand at Beginning of Reporting Period	$6,641,302.75	
(c) Total Receipts (from line 19)	9,419,259.58	39,661,024.74
(d) Subtotal (add Lines 6(b) and 6(c) for column A and Lines 6(a) and 6(c) for Column B)	15,960,562.33	46,351,468.48
7. Total Disbursements (from Line 30)	5,001,748.40	35,392,654.55
8. Cash on Hand at Close of Reporting Period	$10,958,813.93	$10,958,813.93
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$2,625.11	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$2,500,000.00	

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 C. B. Date 11/3/94

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 9/93)

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