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)
Republican Liberty Federal Campaign Fund

ADDRESS (number and street) Check if different than previously reported
c/o Michael E. Holmes Treasurer
21310 Park Valley Drive

CITY, STATE and ZIP CODE
Katy, TX 77450

2. FEC IDENTIFICATION NUMBER
C00269241

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	November 20
April 20	August 20	December 20
May 20	September 20	January 31

Twelfth day report preceding primary (Type of Election) election on Sept. 6,94 in the State of Florida

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 7/1/94 through 8/17/94		
6. (a)	Cash on Hand January 1, 19 94		$ 989.06
(b)	Cash on Hand at Beginning of Reporting Period	$ 1,132.00	
(c)	Total Receipts (from Line 19)	$ 1,995.00	$ 3,883.50
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 3,127.00	$ 4,872.56
7	Total Disbursements (from Line 30)	$ 1,514.40	$ 3,259.96
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 1,612.60	$ 1,612.60
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)	$ -0-	

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 Michael E. Holmes

Signature of Treasurer [signature] Date 8/21/94

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 1/1/91)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Republican Liberty Federal Campaign Fund

REPORT COVERING PERIOD FROM 7/1/94 TO: 8/17/94

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	1,250.00	1,500.00
ii. Unitemized	745.00	2,383.50
iii. Total (add i and ii) ➤	1,995.00	3,883.50
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤		
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1,995.00	3,883.50
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1,995.00	3,883.50
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	64.40	1,809.96
c. Total Operating Expenditures (Add a i, a ii, and b)) ➤	64.40	1,809.96
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,250.00	1,250.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c) ➤		
29. Other Disbursements	200.00	200.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	1,514.40	3,259.96
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	1,514.40	3,259.96
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	1,995.00	3,883.50
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,995.00	3,883.50
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	64.40	1,809.96
36. Offsets to Operating Expenditures (from line 15)	–	–
37. Net Operating Expenditures (subtract line 36 from 35) ➤	64.40	1,809.96

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11.a.i.

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) Republican Liberty Federal Campaign Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John A. Bennett 777 North Fifth Ave. Sequim, WA 98382	self	7/27/94	250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation: physician Aggregate Year-to-Date > $ 250.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger L. MacBride The Roney Plaza Suite A 1004 2301 Collins Ave. Miami Beach FL 33139	self	7/27/94	1,000.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation: investor Aggregate Year-to-Date > $ 1,000.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	1,250.00
TOTAL This Period (last page this line number only)	1,250.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 21.b.

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NAME OF COMMITTEE (in Full) Republician Liberty Federal Campaign Fund

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Apollo Answering Service P.O. Box 70919 Houston, TX 77270	voice mail box Disbursement for: [ ] Primary [ ] General [x] Other (specify) oper. expense	7/27/94	17.32
B. Full Name, Mailing Address and ZIP Code Texas Commerce Bank N.A. P.O. Box 2558 Houston, TX 77270	monthly account service fee Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	7/13/94 8/10/94	27.40 19.68
C. Full Name, Mailing Address and ZIP Code	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	64.40
TOTAL This Period (last page this line number only)	64.40

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
Republican Liberty Federal Campaign Fund

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code J.D. Hayworth For Congress P.O. Box 9207 Mesa , AZ 85214	Arizona Cong. Dist. # 6 Total ytd: $ 250.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	8/10/94	250.00
B. Full Name, Mailing Address and ZIP Code John Shadegg for Congress P.O. Box 45444 Phoenix, AZ 85064	Arizona Cong. Dist. # 4 YTD Total: $ 250.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	8/10/94	250.00
C. Full Name, Mailing Address and ZIP Code Linda Rawles for Congress P.O. Box 24376 Tempe, AZ 85285-4376	Arizona Cong. Dist. # 1 YTD Total: $ 250.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	8/10/94	250.00
D. Full Name, Mailing Address and ZIP Code Citizens for Jack Metcalf 12811 8th Ave. W. Suite B-101 Everett, WA 98204	Purpose of Disbursement Washington Cong. Dist. # 2 YTD total: $ 250.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 8/10/94	Amount of Each Disbursement This Period 250.00
E. Full Name, Mailing Address and ZIP Code Friends of Foley for Congress P.O. Box 19536 West Palm Beach, FL 33416	Purpose of Disbursement Florida Cong. Dist. # 16 YTD Total: $ 250.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 8/10/94	Amount of Each Disbursement This Period 250.00
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)	1,250.00
TOTAL This Period (last page this line number only)	1,250.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)
Republican Liberty Federal Campaign Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Georgia Republican Liberty Caucus Campaign Fund (*) c/o Earle Smith	transfer Disbursement for: [ ] Primary [ ] General [X] Other (specify) transfer	7/23/94	200.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
(continued) 5672 River Heights Crossing Marietta, GA 30067	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
(continued) * - political committee to assist non-Federal candidates in Georgia	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	200.00
TOTAL This Period (last page this line number only)	200.00

24931453

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 8-22-94
☐	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

JMH
PREPARER

8-25-94
DATE PREPARED

FEC FORM 70-2 (12/92)

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