REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
OCT 27 4 38 PM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

OHIO REPUBLICAN PARTY

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

172 E. STATE STREET

CITY, STATE and ZIP CODE

COLUMBUS, OHIO 43215

2. FEC IDENTIFICATION NUMBER

C00162339

3. [x] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report

[x] 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? [x] YES [ ] NO

SUMMARY

5. Covering Period 04/01/94 through 06/30/94

		COLUMN A This Period	COLUMN B Calendar Year to Date
6.	(a) Cash on Hand January 1, 19 94		$ 3485.19
	(b) Cash on Hand at Beginning of Reporting Period	$ 13106.66	
	(c) Total Receipts (from line 19)	$ 577412.48	$ 1267134.96
	(d) Subtotal (add Lines 6(a) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 590519.14	$ 1270620.15
7.	Total Disbursements (from Line 30)	$ 580516.24	$ 1260617.25
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 10002.90	$ 10002.90
9.	Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	$ 1650.00	
10.	Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	$ 442011.23	

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
Robert E. Wilson - Treasurer

Signature of Treasurer
Robert E. Wilson - Treasurer

Date
10-19-94

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 8/93)