REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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)
THE OHIO REPUBLICAN PARTY

ADDRESS (number and street) [ ] Check if different than previously reported
172 E STATE STREET

CITY, STATE and ZIP CODE
COLUMBUS, OH 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
[ ] July 15 Quarterly Report
[X] 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 07/01/94 through 09/30/94

	COLUMN A Total 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	$ 10002.90	
(c) Total Receipts (from line 19)	$ 786057.40	$ 2053192.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 796060.30	$ 2056677.55
7. Total Disbursements (from Line 30)	$ 729998.55	$ 1990615.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 66061.75	$ 66061.75
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)	$ 298902.08	

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 K. WILSON - TREASURER

Signature of Treasurer
Robert K. 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 9/93)