REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Co[illegible]ittee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
NEVADA STATE REPUBLICAN CENTRAL COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
7310 W. SMOKE RANCH ROAD, STE. 5

CITY, STATE and ZIP CODE
LAS VEGAS, NV 89128

JUN 8 1 02 11

2. FEC IDENTIFICATION NUMBER
C00082925

3. ☐ 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

☐ 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 General (Type of Election) election on 11-8-94 in the State of Nevada

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☒ YES ☐ NO

SUMMARY

5. Covering Period 10-1-94 through 10-19-94

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 19 94		$ [illegible]
	(b) Cash on Hand at Beginning of Reporting Period	$ 34240.57	
	(c) Total Receipts (from Line 19)	$ 76009.97	$ 252274.51
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 110250.54	$ 293110.11
7.	Total Disbursements (from Line 30)	$ 58584.08	$ 241443.65
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 51666.46	$ 51666.46
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 202-219-3420

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
BOB BEERS, CPA

Signature of Treasurer

Date
6-5-95

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)

SCHEDULE H2
(effective 1/1/91)

ALLOCATION RATIOS

NAME OF COMMITTEE C00082925

NEVADA STATE REPUBLICAN CENTRAL COMMITTEE

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
FR94Ø3 Telemarketing ACTIVITY IS: X FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED X SAME AS PREVIOUSLY REPORTED	99	1
NAME OF ACTIVITY OR EVENT FR94ØH John Sununu Event ACTIVITY IS: X FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: X NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED	50	50
NAME OF ACTIVITY OR EVENT FR94Ø1 Direct Mail ACTIVITY IS: X FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED X SAME AS PREVIOUSLY REPORTED	90	10
NAME OF ACTIVITY OR EVENT FR94ØZ KEMP FUNDRAISER ACTIVITY IS: X FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED X SAME AS PREVIOUSLY REPORTED	75	25
NAME OF ACTIVITY OR EVENT SLATE CARD - BALLOT COMPOSITION METHOD ACTIVITY IS: ☐ FUNDRAISING X EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: X NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED	29	71
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %

FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Bob Beers, CPA, Treasurer
Nevada State Republican
Central Committee
7310 W. Smoke Ranch Road, Ste. S
Las Vegas, NV 89128

Identification Number: C00082925

Reference: 12 Day Pre-General Report (10/1/94-10/19/94)

Dear Mr. Beers:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-On Schedule B2, you have failed to include percentage breakdowns for your federal and non-federal accounts for the FR9402 Kemp Fundraiser. Please amend your report to include these percentages. 11 CFR §104.10(a)(1)

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

Jennifer K. Wall

Jennifer K. Wall
Reports Analyst
Reports Analysis Division

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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 6-8-95
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	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

Seb — PREPARER

6-13-95 — DATE PREPARED

FEC FORM 70-2 (12/92)