REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

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 DURING THIS Reporting Period on prior to January 1, 1994 (date).
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 XX 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 11-01-93 through 11-30-93	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1993		$2,256,421.73
(b) Cash on Hand at Beginning of Reporting Period	$4,717,043.58	
(c) Total Receipts (from line 19)	3,251,886.01	34,560,611.20
(d) Subtotal (add Lines 6(b) and 6(c) for column A and Lines 6(a) and 6(c) for Column B)	7,968,929.59	36,817,032.93
7. Total Disbursements (from Line 30)	3,627,104.56	32,475,207.90
8. Cash on Hand at Close of Reporting Period	$4,341,825.03	$4,341,825.03
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$473,822.11	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	NONE	

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 Date

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)