REPORT OF RECEIPTS AND DISBURSEMENTS

FOR OTHER THAN AN AUTHORIZED COMMITTEE
(Summary Page)

1. NAME OF COMMITTEE (in full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE-EXPENDITURES

ADDRESS (number and street) ☐ Check if different than previously reported
320 FIRST STREET, S.E.

CITY,STATE and ZIP CODE
WASHINGTON, D.C. 20003

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM

2. FEC IDENTIFICATION NUM
C 00075820

3. ☒ This committee qualifie 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)

Monthly Report Due On:

☐ Feb 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ Aug 20	☐ December 20
☒ May 20	☐ Sept 20	☐ January 31

☐ Twelfth day report preceding _____ (Type Of Election) election on _____ in the state of _____

☐ Termination Report

☐ 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 4-1-99 through 4-30-99		
6 (a) Cash on Hand January 1, 1999		$537,905.32
(b) Cash on Hand at Beginning of Reporting Period	$1,224,966.98	
(c) Total Receipts (from Line 19)	$3,174,367.41	$12,612,896.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$4,399,334.39	$13,150,802.16
7 Total Disbursements (from Line 30)	$3,338 686.13	$12,090,153.90
8 Cash on Hand at Close of Reporting Period (line 7 fm Line 6(c	$1,060,648.26	$1,060,648.26
9 Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$0.00	
10 Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$2,120,424.29	

For further information conta
Federal Election Commission
999 E Street, NW
Washington, D.C. 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
DONNA M. ANDERSON

Signature of Treasurer
Donna M. Anderson

Date
5/20/99

NOTE:Submission of false, erroneous, or incomplete information may subject the person signing this Report to the Penalties of 2 U.S.C. Sec.4

FEC FORM 3X
(revised 9/93)