REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

Sep 30 11 12 AM '94

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 (see FEC FORM 1M)
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 XXX 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? XXX YES ___ NO

SUMMARY 5. Covering Period 5-01-94 through 5-31-94	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1994		$6,690,443.74
(b) Cash on Hand at Beginning of Reporting Period	$8,146,777.30	
(c) Total Receipts (from line 19)	3,873,475.18	22,192,026.98
(d) Subtotal (add Lines 6(b) and 6(c) for column A and Lines 6(a) and 6(c) for Column B)	12,020,252.48	28,882,470.72
7. Total Disbursements (from Line 30)	4,227,093.74	21,089,311.98
8. Cash on Hand at Close of Reporting Period	$7,793,158.74	$7,793,158.74
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$209,855.90	
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 9/24/94

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)