REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

OCT 24 2 29 PM '96

USE FEC MAILING LABEL —OR— TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
REPUBLICAN MAJORITY FUND

ADDRESS (number and street) [ ] Check if different than previously reported
P. O. BOX 19897

CITY, STATE and ZIP CODE
ALEXANDRIA, VA 22320-0897

2. FEC IDENTIFICATION NUMBER
C00296640

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
[ ] 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

[X] Twelfth day report preceding General (Type of Election) election on 11-5-96 in the State of Virginia

[ ] Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? [ ] YES [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10-01-96 through 10-16-96		
6. (a) Cash on Hand January 1, 19 96		$ 206,426.45
(b) Cash on Hand at Beginning of Reporting Period	$ 357,405.14	
(c) Total Receipts (from Line 19)	$ 4,900.00	$ 437,298.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 362,305.14	$ 643,724.45
7. Total Disbursements (from Line 30)	$ 150,158.02	$ 431,577.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 212,147.12	$ 212,147.12
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)	$ 0.00	

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

Signature of Treasurer: Rachel Pearson

Date: 10/24/96

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)

FE6AN065