

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

Paul D. Tvetenstrand
Two World Trade Center
40th Floor
New York, New York 10048
(212) 912-7452

APR 18 1 10 PM '94

April 14, 1994

FEDERAL EXPRESS

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Attention: Mr. Donald L. Averett

Re: New York Republican County Committee,
Identification No. C00176834

Dear Sirs:

Enclosed for filing is the first-quarter disclosure statement for the New York Republican County Committee Federal Account.

If you have any questions, please call me at (212) 912-7452.

Sincerely,



Paul D. Tvetenstrand

cc: New York State Board of Elections

94038930673

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <u>New York Republican County Committee</u>	2. FEC IDENTIFICATION NUMBER <u>00176834</u>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <u>45 East 45th Street</u>	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE <u>N.Y. N.Y. 10017</u>	

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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1/31/94</u> through <u>3/31/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ <u>88,196.74</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>88,196.74</u>	
(c) Total Receipts (from Line 19)	\$ <u>122,192.51</u>	\$ <u>122,192.51</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>210,389.25</u>	\$ <u>210,389.25</u>
7. Total Disbursements (from Line 30)	\$ <u>94,855.55</u>	\$ <u>94,855.55</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>115,533.70</u>	\$ <u>115,533.70</u>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ <u>—</u>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ <u>—</u>	

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 <u>Paul D. Turenstina</u>	Date <u>4/15/94</u>
Signature of Treasurer 	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

94038930674

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE <i>New York Republican County Committee</i>	REPORT COVERING PERIOD		
	FROM	TO:	
I. Receipts			
	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	70,930	70,930	11(a)
ii. Unitemized	-	-	11(b)
iii. Total (add i and ii) >	70,930	70,930	11(c)
b. Political Party Committees	-	-	11(d)
c. Other Political Committees (such as PACs)	-	-	12
d. Total Contributions (add a iii, b and c) >	70,930	70,930	13
12. Transfers From Affiliated/Other Party Committees	-	-	14
13. All Loans Received	-	-	15
14. Loan Repayments Received	-	-	16
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	1,262.51	1,262.51	17
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-	-	18
17. Other Federal Receipts (Dividends, Interest, etc.)	-	-	19
18. Transfers from Nonfederal Account for Joint Activity	50,000.00	50,000.00	20
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	122,192.51	122,192.51	
20. Total Federal Receipts (subtract line 18 from line 19) >	72,192.51	72,192.51	
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures			21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >	83,855.55		22
22. Transfers to Affiliated/Other Party Committees	-		23
23. Contributions to Federal Candidates/Committees and Other Political Committees	11,000		24
24. Independent Expenditures (use Schedule E)	-		25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	-		26
26. Loan Repayments Made	-		27
27. Loans Made	-		28(a)
28. Refunds of Contributions To:			28(b)
a. Individual/Persons Other Than Political Committees	-		28(c)
b. Political Party Committees	-		28(d)
c. Other Political Committees (such as PACs)	-		29
d. Total Contribution Refunds (add a, b and c) >	-		30
29. Other Disbursements			31
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	94,855.55		
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			37

94038930675

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 14
FORM LINE NUMBER 11 (2)(6)	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NEW YORK REPUBLICAN COUNTY COMMITTEE

94038930676

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mildred Pafundi Rosen 860 U.N. Plaza New York, N.Y. 10017 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation	1/3/94	2,000.00
Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Benno C. Schmidt 630 - 5th Ave. New York, N.Y. 10111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	J.H. Whitney & Co. Occupation Sr. Partner	1/3/94	500.00
Aggregate Year-to-Date > \$			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Linda L. Schaller 888 Park Ave #3B New York, N.Y. 10021 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation	1/3/94	1,000.00
Aggregate Year-to-Date > \$			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert M. Kaufman 1585 Broadway New York, N.Y. 10036 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Proskauer Rose Goetz & Mendelsohn Occupation Attorney	1/3/94	1,000.00
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Leon J. Weil 213 E. 48th St. New York, N.Y. 10017 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Gruntal & Co, Occupation Stock broker	1/3/94	1,000.00
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Andrew M. Blum NASDAQ Financial Center 33 Whitehall St. New York, N.Y. 10004 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NASDAQ Stock Market Occupation Managing Director	1/7/94	250.00
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John P. Rosenthal 1112 Park Ave New York, N.Y. 10128 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Burnham Securities Occupation Stock broker	1/7/94	500.00
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)	C 250
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	4	14
FOR LINE NUMBER		

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NAME OF COMMITTEE (In Full)
NEW YORK REPUBLICAN COUNTY COMMITTEE

24038930677

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles V. Drew 70 E. 10th St. New York, N.Y. 10003	self	1/7/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dr. Richard P. Crane 45 E. 89th St. New York, N.Y. 10128	self	1/7/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Irving Kirschenbaum 28 E. 70th St. New York, N.Y. 10021	Retired	1/7/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tommaso Colucci 21 W. 86th St. New York, N.Y. 10024	Italo-American Trade Center Inc	1/7/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Business Consultant	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul Windels III 418 W. 20th St. New York, N.Y. 10011	Perry & Windels	1/7/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stewart B. Clifford 120 East End Ave. New York, N.Y. 10028	Citibank	1/14/94	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Banker	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Howard J. Rubenstein 1345 - 6th Ave. New York, N.Y. 10105	Howard J. Rubenstein Assoc.	1/14/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Public Relations	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	2,000
TOTAL This Period (see page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 14
	FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

NEW YORK REPUBLICAN COUNTY COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
H. Fred Krimendahl 834 - 5th Ave. New York, N.Y. 10021	Petrus Parnter Ltd.	1/14/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Merchant Banking Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Herbert Rubin 40 Wall St. New York, N.Y. 10005	Herzfeld & Rubin	1/14/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Lawyer Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David T. Schiff 485 Madison Ave. New York, N.Y. 10022	self	1/21/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Walter McSherry 180 West End Ave. New York, N.Y. 10023	Blue Cross Blue Shield	1/21/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Computer supervisor Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William H. Hazen 35 Renssen St. Brooklyn, N.Y. 11201	J&W Seligman & Co.	1/21/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Finance Executive Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
L. Robert Batterman 875 West End Ave. New York, N.Y. 10025	Proskauer Rose	1/31/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Warren Alpert 375 Park Ave. New York, N.Y. 10152	Warren Equities	1/31/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chairman of Board Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

6000

TOTAL This Period (last page this line number only)

9 4 0 3 8 9 3 0 6 7 8

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

NEW YORK REPUBLICAN COUNTY COMMITTEE

94038930679

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Arthur L. Loeb 833 Madison Ave. New York, N.Y. 10021	Madison Ave. Bookshop	1/31/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Owner Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Leonard Wertheim 385 Grand St. New York, N.Y. 10002	Board of Elections	1/31/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Administrator Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Frank P. Smeal 2 Orchard Lane Rumson, N.J. 07260	Retired	1/31/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George Ferran 2 Starlit Dr. Northport, N.Y. 11768	self	1/31/94	5.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles B. Benenson 708 Third Ave New York, N.Y. 10017	Self	1/31/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Realtor Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michel Fribourg 277 Park Ave New York, N.Y. 10172	Continental Grain Co.	1/31/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Executive Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Burton P. Resnick 110 E. 59th St. New York, N.Y. 10022	Jack Resnick & Sons	1/31/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Realtor Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

5005

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Debited Summary Page

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FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

NEW YORK REPUBLICAN COUNTY COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Heather S. Richardson 255 E. 49th St New York, N.Y. 10017	Randolph Foundation	1/31/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Public polich Aggregate Year-to-Date > 8		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert P. Eramo 355 So. End Ave. New York, N.Y. 10280	Johnson & Higgins	2/4/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P. Chief Actuary Aggregate Year-to-Date > 6		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Windels, Jr. 156 W. 56th st. New York, N.Y. 10019	Davis Park & Wardwell	2/4/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > 5		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bernard Mendik 330 Madison Ave. New York, N.Y. 10017	Mendik Realty	2/4/94	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Real Estate Owner Aggregate Year-to-Date > 6		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harold H. Bealy, Jr. 1170 - 5th Ave New York, N.Y.	Self	2/4/94	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Lawyer Aggregate Year-to-Date > 3		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William J. Diamond 161 E. 69th St. New York, N.Y. 10021	NYC Dept. of Gen. Services	2/4/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Commissioner Aggregate Year-to-Date > 3		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. H.A. Burgio 3204 Tierney Pl. Bronx, N.Y. 10465	Self	2/11/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Podiatrist Aggregate Year-to-Date > 6		

SUBTOTAL of Receipts This Page (optional)

7100

TOTAL This Period (last page this line number only)

940330630

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 6 OF 14
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

NEW YORK REPUBLICAN COUNTY COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Margaret Hager Hart 100 U.N. Plaza New York, N.Y. 10017	Self	2/11/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 8	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Frank S. Streeter 141 E. 72nd St. New York, N.Y. 10021	Retired	2/11/94	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 8	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George T. Buzhar 342 E. 62nd St. New York, N.Y. 10021	Self	2/11/94	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 6	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John P. Rosenthal 1112 Park Ave. New York, N.Y. 10128	Burnham Securities	2/11/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 8 1000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Leona L. Leo 222 E. 80th St. New York, N.Y. 10021	Supreme Court	2/11/94	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 4	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Mosler 2 Tudor City New York, N.Y. 10017	Self	2.11/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 6	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jacob W. Abraham 3 Peter Cooper Rd New York N.Y. 10010	Self	2/11/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 6	

SUBTOTAL of Receipts This Page (optional)

3,325

TOTAL This Period (last page this line number only)

94038930631

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	7	14
FOR LINE NUMBER		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
NEW YORK REPUBLICAN COUNTY COMMITTEE

94038930632

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Rachel Pinto 60 E. 54th St. New York, N.Y. 10022	Elysee Opera Corp. Occupation: President	2/11/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 1		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nathan Abramowitz 393 Melrose Pl. So. Orange, N.J. 07079	Mudge Rose Guthrie Occupation: Attorney	2/11/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 2		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Peter O. Lawson-Johnston 527 Madison Ave New York, N.Y. 10022	Self Occupation:	2/11/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 3		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Walter A. Eberstadt 1035 Fifth Ave. New York, N.Y. 10028	Lazard Freres & Co. Occupation: Investment Banker	2/11/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 4		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Constance M. Hoguet 333 E. 68th St #1D New York, N.Y. 10021	The Hewitt School Occupation: Teacher	2/11/94	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Melissa A. Meschery 55 East End Ave. New York, N.Y. 10028	Backer Spielgogel Bates Occupation: Advertising	2/11/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 6		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George S. Kaufman 117 E. 79th St. New York, N.Y. 10021	Kaufman Realty Corp Occupation: Real Estate	2/11/94	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 7		

SUBTOTAL of Receipts This Page (optional)	5400
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)
NEW YORK REPUBLICAN COUNTY COMMITTEE

94030633

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter R. Hauspurg 60 E. 96th St. New York, N.Y. 10128	Eastern Consol.	2/11/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real Estate		
	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles G. Stachelberg, Jr. 524 E. 89th St. New York, N.Y. 10128	Self	2/11/94	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark H. Snyder 345 E. 93rd St New York, N.Y. 10128	Self	2/11/94	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. Loeber Landau 510 Park Ave. New York, N.Y. 10019	Sullivan & Crowwell	2/11/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James A. Cohen 60 Gramercy Park No. New York, N.Y. 10010	P & E Properties	2/11/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lee Paul Klingenstein 31 Oxford Rd. Scarsdale, N.Y. 10583	Self	2/11/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Schlossman 130 W. 79th St. New York, N.Y. 10024	Self	2/11/94	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) _____

TOTAL This Period (last page this line number only) _____

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of effecting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NEW YORK REPUBLICAN COUNTY COMMITTEE

9403893034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ilene Stone 30 W. 50th St. New York, N.Y. 10023	State of N.Y. Work.Comp.Bd.	2/11/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Member	Aggregate Year-to-Date > 5	
Alexander Bing III 1155 Park Ave. New York, N.Y. 10128	Self	2/11/94	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 8	
Miriam Aarons 15 Wiltshire Rd Scarsdale, N.Y. 10583	Self	2/11/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 8	
Frank Allen 60 Sutton Pl. So. New York, N.Y. 10022	Medical & Dental Corp. Self	2/18/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 8	
Thomas S. Murphy 77 W. 66th St. New York, N.Y. 10023	Capital Cities	2/1/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman of Board	Aggregate Year-to-Date > 5	
John W. McGrath 99 Park Ave. New York, N.Y. 10016	Lane & Mittendorf	2/18/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > 6	
Carl L. Kempner 800 North St. White Plains, N.Y. 10606	Hamerslag Kempner & Co.	2/18/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Stock Broker	Aggregate Year-to-Date > 8	

SUBTOTAL of Receipts This Page (optional)	5,600
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 10 OF 14 FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NEW YORK REPUBLICAN COUNTY COMMITTEE

94038930530

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Benno C. Schmidt 630 - 5th Ave. New York, N.Y. 10111	J.H. Whitney & Co. Partner	2/18/94	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 8		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George T. Conway 245 E. 93rd St. New York, N.Y.	Wachtel Lipton Rosen & Katz Attorney	2/18/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Pamela S. Seymon 14 E. 75th St. New York, N.Y. 10021	WACHTEL LIPTON ROSEN & KATZ	2/18/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Michelson 315 Pondfield Rd Bronxville, N.Y. 10708	Attorney	2/18/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Benner 5 Hamilton Ave. Bronxville NY 10708	WACHTEL LIPTON ROSEN & KATZ	2/18/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Warren R. Stern 32 Sunswck Rd Darien, Ct 06820	WACHTEL LIPTON ROSEN & KATZ	2/18/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul K. Rowe 840 Park Ave. New York, N.Y. 10021	WACHTEL LIPTON ROSEN & KATZ	2/18/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 8		

SUBTOTAL of Receipts This Page (optional)

3200

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
NEW YORK REPUBLICAN COUNTY COMMITTEE

2
4
3
8
2
3
0
6
3
6
6

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Peter C. Hein 44 W. 62nd St. New York, N.Y. 10023	Wachtel Lipton Rosen & Katz Occupation: Attorney Aggregate Year-to-Date > 6	2/18/94	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Liz Greene (Elizabeth I.) 29 W. 8th St. New York, N.Y. 10011	Board of Elections Occupation: Quality Control Unit Aggregate Year-to-Date > 6	2/18/94	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Garrett 941 Park Ave. New York, N.Y. 10028	Self Occupation: Aggregate Year-to-Date > 6	2/18/94	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
C. Henry Beuhl 3rd 11683 Wimbledon Circle W. Palm Beach, Fla 33414	Retired Occupation: Aggregate Year-to-Date > 6	2/18/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Marvin W. Levy 90 Riverside Dr. New York, N.Y. 10024	Attorney Occupation: Aggregate Year-to-Date > 6	2/18/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Arthur Ross 3 Manhattanville Rd Purchase, NY 10577	Self Occupation: Aggregate Year-to-Date > 6	2/18/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stanley H. Kaplan 810 - 7th Ave. New York, N.Y. 10019	Stanley H. Kaplan Educational Center Occupation: Aggregate Year-to-Date > 6	2/18/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	4950
TOTAL This Period (fill page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

NEW YORK REPUBLICAN COUNTY COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Catherine M. Straus Carefree, Arizona	Self	2/18/94	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ralph I. Straus Carefree, Arizona	Self	2/18/94	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ed Krauss 1 Landmark Sq. Stamford, Conn	Whiting Krauss	2/18/94	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fred Umare 250 E. 87th St. New York, N.Y. 10128	Attorney	2/18/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eleanor Howard 120 East End Ave. New York, N.Y. 10028	Self	2/18/94	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Writer	Aggregate Year-to-Date	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Delcol 2307 Astoria Blvd Astoria, NY 11102	REM Contract Co.	2/18/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Patrick F. O'Leary 1160 Park Ave. New York, N.Y. 10128	Self	2/18/94	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Surgeon	Aggregate Year-to-Date	

SUBTOTAL of Receipts This Page (optional)

7,800.

TOTAL This Period (last page this line number only)

94038930637

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
NEW YORK REPUBLICAN COUNTY COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donaldson C. Pillsbury 1100 Park Ave. New York, N.Y. 10128	Retired	2/18/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert L. Demuth 11 Glen Park Road Purchase, N.Y. 10577	Self	2/18/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mr. G.W. Humphrey Woodfield Springs Plantation, Miccosukee, Fl 323	Retired	2/18/94	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Schuyler Chapin 901 Lexington Ave New York, N.Y. 10021	Comm. on Cultural Affairs	2/18/94	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert W. Smith 50 Riverside Drive New York, N.Y. 10024	Self	2/18/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Laurence C. Leeds, Jr. 1016 - 5th Ave New York, N.Y. 10028	Self	2/18/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George C. Mantzoros 173 E. 74th St. New York, N.Y. 10021	Self	2/18/94	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 3300

TOTAL This Period (last page this line number only)

2 4 0 3 8 9 3 0 6 3 3

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 14 OF 14
FORM LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

NEW YORK REPUBLICAN COUNTY COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Arthur H. Christy 620 - 5th Ave. New York, N.Y. 10020	Christy & Viener Attorney	2/18/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mary Cronson 50 E. 77th St New York, N.Y. 10021	Self	2/25/94	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert A. Belfer 927 Fifth Ave. New York, N.Y. 10021	Belco Oil & Gas Corp. Executive	2/25/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas C. Hills 347 E. 52nd St. New York, N.Y. 10022	Brooks Bros. Sales	2/25/94	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edmund Dunst 122 E. 42nd St New York, N.Y. 10168	Kaye Ins. Assoc. Insurance	2/25/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edward Lamont P.O. Box 1234 Syosset, N.Y. 11791	Self	2/25/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

5050

TOTAL This Period (total page this line number only)

70,930

94038930639

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 15

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NAME OF COMMITTEE (in full)

New York Republican County Committee

94038930590

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
INTERMAN NEWS SERVICE HOUTSVILLE N.Y.		3/2/94	\$137.51
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): TAX REBUND	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code COMMITTEE FOR JOHN RAVITZ 122 EAST 83rd St. NY NY 10028			\$1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): POSTAGE REIMBURSEMENT	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code WEST SIDE REPUBLICAN CLUB 305 WEST 2nd AVE NYC 10023			\$125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): POSTAGE REIMBURSEMENT	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1,262.51

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE: 1 OF 1
FOR LINE NUMBER	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)
NEW YORK REPUBLICAN COUNTY COMMITTEE

94038930691

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
1 ... N.Y. 10017	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
... Republican Ct/	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code Jeb Bush for Governor P.O. Box 144155 Coral Gables, Fla 33114	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/14/94	Amount of Each Disbursement This Period 500.
D. Full Name, Mailing Address and ZIP Code Dr. Bernadine Healy for U.S.Senate 16 E. Broad St. Columbus, Ohio 43215	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/14/94	Amount of Each Disbursement This Period 500.
E. Full Name, Mailing Address and ZIP Code Committee For Cuomo's Millard 414 East 52nd Street NY NY 10022	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/3/94	Amount of Each Disbursement This Period 5000
F. Full Name, Mailing Address and ZIP Code Committee For Cuomo's Millard 414 East 52nd Street NY NY 10022	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/3/94	Amount of Each Disbursement This Period 5000
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page lists line number only)	11,500

SCHEDULE C
(Revised 3/80)

LOANS

Page ____ of ____ for
LINE NUMBER ____
(Use separate schedules
for each numbered line)

Name of Committee (In Full)			
A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

94038930692

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

940389330693

Name of Committee (in Full)				
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of itemized independent Expenditures			\$ _____	
(b) SUBTOTAL of Unitemized Independent Expenditures			\$ _____	
(c) TOTAL Independent Expenditures			\$ _____	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 18 _____

My Commission expires: _____

NOTARY PUBLIC

Signature _____ Date _____

SCHEDULE F

**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

Page ____ of ____ for
LINE NUMBER ____

(To be used only by Political Committees in the General Election)

94038930694

Name of Political Committee (in Full)				
Has your Committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:				
Full Name, Mailing Address and ZIP Code of Subordinate Committee				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
SUBTOTAL of Expenditures This Page (optional)				
TOTAL This Period (last page this line number only)				

**METHOD OF ALLOCATION FOR SHARED FEDERAL
AND NON-FEDERAL ADMINISTRATIVE EXPENSES
AND GENERIC VOTER DRIVE COSTS**

NAME OF COMMITTEE

New York Republican County Committee

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) %
 PRESIDENTIAL YEAR (65%)
 ALL OTHER YEARS (60%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) %
 OR
 FUNDS EXPENDED:
 • ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL %
 • ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL %
 ADJUSTMENTS TO FUNDS EXPENDED:
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ %
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:
 • ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL %
 • ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL %
 ADJUSTMENTS TO FUNDS EXPENDED:
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ %
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

	NUMBER OF POINTS
1. PRESIDENT <input type="checkbox"/> (1 POINT)	
2. U.S. SENATE <input checked="" type="checkbox"/> (1 POINT)	
3. U.S. CONGRESS <input checked="" type="checkbox"/> (1 POINT)	
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3)	<i>2</i>
5. GOVERNOR <input checked="" type="checkbox"/> (1 POINT)	<i>1</i>
6. OTHER STATEWIDE OFFICE(S) <input checked="" type="checkbox"/> (1 OR 2 POINTS)	<i>2</i>
7. STATE SENATE <input checked="" type="checkbox"/> (1 POINT)	<i>1</i>
8. STATE REPRESENTATIVE <input checked="" type="checkbox"/> (1 POINT)	<i>1</i>
9. LOCAL CANDIDATES <input checked="" type="checkbox"/> (1 OR 2 POINTS)	<i>2</i>
10. EXTRA NON-FEDERAL POINT <input checked="" type="checkbox"/> (1 POINT)	<i>1</i>
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10)	<i>8</i>
12. TOTAL POINTS (LINE 4 PLUS LINE 11)	<i>10</i>

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 *20* %

9
4
0
3
8
9
3
0
6
9
5

ALLOCATION RATIOS

NAME OF COMMITTEE

New York Republican County Comm. 1989

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.

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NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
<p><i>Lincoln Day Dinner</i></p> <p>ACTIVITY IS: <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>	<p>14%</p>	<p>86%</p>
<p>NAME OF ACTIVITY OR EVENT</p> <p>ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>	FEDERAL %	NON-FEDERAL %
<p>NAME OF ACTIVITY OR EVENT</p> <p>ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>	FEDERAL %	NON-FEDERAL %
<p>NAME OF ACTIVITY OR EVENT</p> <p>ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>	FEDERAL %	NON-FEDERAL %
<p>NAME OF ACTIVITY OR EVENT</p> <p>ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>	FEDERAL %	NON-FEDERAL %
<p>NAME OF ACTIVITY OR EVENT</p> <p>ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>	FEDERAL %	NON-FEDERAL %
<p>NAME OF ACTIVITY OR EVENT</p> <p>ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>	FEDERAL %	NON-FEDERAL %

TRANSFERS FROM
NON-FEDERAL ACCOUNTS

NAME OF COMMITTEE <i>New York Republican County Committee</i>		TOTAL AMOUNT TRANSFERRED
NAME OF ACCOUNT <i>New York Republican County Committee - STATE Account</i>	DATE OF RECEIPT <i>1/31/94</i>	\$ <i>25000</i>

	BREAKDOWN OF TRANSFER RECEIVED		
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive	<i>25,000</i>		
ii) Direct Fundraising (List Events-Amount for Each)			
a) _____			
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred For Direct Fundraising			
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)			
a) _____			
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support			

NAME OF ACCOUNT <i>New York Republican County Committee</i>		DATE OF RECEIPT <i>3/2/94</i>	\$ <i>25000</i>
--	--	----------------------------------	-----------------

	BREAKDOWN OF TRANSFER RECEIVED		
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive	<i>25,000</i>		
ii) Direct Fundraising (List Events-Amount for Each)			
a) _____			
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred For Direct Fundraising			
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)			
a) _____			
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support			

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DOS
SUBTOTAL THIS PAGE			
TOTAL THIS PERIOD			<i>50000</i>

94038730697

DISBURSEMENT SCHEDULE #4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

PAGE	OF
1	10
FOR LINE 21a	

NAME OF COMMITTEE

NEW YORK REPUBLICAN COUNTY COMMITTEE

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE	
Natl. Political Services 308 E. 30th St New York, NY 10016		1/3/94 to 3/31/94	7500.00	1500.00	6000.00	
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 7500.00 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT						
AT&T PO Box 78225 Phoenix, Ariz 85062	Phone	1/4/94	285.92	57.16	229.74	
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 285.92 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT						
Chemical Bank 401 Madison Ave. New York, NY 10017	Taxes	1/5/94	2035.87	407.17	1628.70	
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 2035.87 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT						
NY State Income Tax Albany NY	Taxes	1/5/94	542.75	108.55	434.20	
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 542.75 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT						
Chemical Bank 401 Madison Ave. New York, NY 10017	Taxes	1/5/94	2369.72	473.94	1895.78	
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 4405.59 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT						
George Lence 200 E. 71st St New York, NY 10021	Purchase Computer Equip for County	1/7/94	1461.32	292.26	1169.06	
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 1461.32 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT						
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE				4195.58	2839.12	11356.46
TOTAL THIS PERIOD (see page for each line only) (Fed. share to 21 a) and non-Fed. share to 21 a) b)			83,855.55			
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 21 of the detailed summary page)						

94038930690

DISBURSEMENT SCHEDULE HA
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

PAGE 2	OF 10
FOR LINE 21a	

NAME OF COMMITTEE

NEW YORK REPUBLICAN COUNTY COMMITTEE

94038930699

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
	PAYROLL	1/12/94 to 3/23/94			
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Sergio Perez 48-52 45 St Woodside, NY 11377	"	"	1355.28	271.06	1084.22
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 1355.28 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Gertrude Hess Parker 165 W. 66th St. New York, NY 10023	"	"	9371.40	1874.28	7497.12
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 9371.40 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Shea Fink 6-28 151st St Woodside, NY 11357	"	"	3846.16	769.23	3076.93
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 3846.12 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Susan DelPercio 178 E. 80th St NYC 10021	"	"	7692.35	1538.47	6153.88
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 7692.35 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Rose Seniscal	"	"	4600.00	920.00	3680.00
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 4600.00 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			26865.19	5,373.04	21,492.15
TOTAL THIS PERIOD (see page for each line only) (Fed. share to 21 a.1 and non-Fed. share to 21 a.2)			83,855.55		
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 21 of the detailed summary page)					

DISBURSEMENT SCHEDULE PA
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

PAGE	OF
3	10
FOR LINE 21a	

NAME OF COMMITTEE

NEW YORK REPUBLICAN COUNTY COMMITTEE

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Edith Slotnick 30 Eastchester Rd New Rochelle, NY 10801	PAYROLL	1/12/94 to 3/23/94	4388.76	877.75	3511.01
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 4388.76 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Ruth Dermody 355 E. 61st St New York, NY 10021	"	"	3769.31	753.96	3015.45
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 3769.31 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Nynex Info. Resources PO Box D 3794 Boston, Mass 02241	Phone	1/12/94	23.00	4.60	18.40
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 23.00 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Nynex Mobile Commun. P.O.Box 15559 Worcester, Mass 01615-0539	"	1/12/94	560.26	112.05	448.21
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 560.26 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
New York Telephone Box 559011 Bklyn, NY 11255-9001	"	1/12/94	258.78	51.76	207.02
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 258.78 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Nynex Mobile Communic PO Box 15559 Worcester, Mass 01615-0539	"	1/12/94	35.35	7.07	29.28
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 35.35 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			9035.46	1,907.09	7,228.37
TOTAL THIS PERIOD (see page for each line only) (Fed. share to 21 a1 and non-Fed. share to 21 a10)			83,855.55		
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

94038930700

DISBURSEMENT SCHEDULE HA
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

PAGE 4	OF 10
FOR LINE 21a	

NAME OF COMMITTEE

NEW YORK REPUBLICAN COUNTY COMMITTEE

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Nynex Mobile Communic. PO Box 15559 Worcester, Mass 01615-0539	Phone	1/21/94	542.31	108.46	433.85
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 1137.92 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
" " " "	"	"	341.71	68.34	273.37
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 1479.63 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Continental Ins Co. PO Box 4004 Glens Falls, NY 12801	Insurance	1/21/94	1290.91	258.18	1032.73
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 1290.91 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Internal Revenue Service Washington, D.C.	Taxes	1/24/94	175.27	35.05	140.22
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 175.27 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
NY State Income Tax Albany, NY	Taxes	1/24/94	74.31	14.86	59.45
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 617.06 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
New York Telephone box 559001 Brooklyn, NY 11255-9001	Phone	1/25/94	630.99	126.20	504.79
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 889.77 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			3055.50	611.10	2444.40
TOTAL THIS PERIOD (last page for each line only) (Fed. share to 21 a 1 and non-Fed. share to 21 a 2)			83,835.55		
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 21 of the detailed summary page)					

94038930701

DISBURSEMENT SCHEDULE H4
(Effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

PAGE 5	OF 10
FOR LINE 21a	

NAME OF COMMITTEE

NEW YORK REPUBLICAN COUNTY COMMITTEE

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE	
AT&T PO Box 78225 Phoenix, Arizona	Phone	2/25/94	102.86	20.37	82.29	
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 388.78 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT						
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE	
RMRS PO Box 790071 St. Louis, Mo. 63179	Phone	1/26/94	2,000.00	400.00	1600.00	
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 2,000.00 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT						
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE	
NY Telephone P O Box 559001 Bklyn, NY 11255-9001	Phone	1/27/94	55.96	11.19	44.77	
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 945.13 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT						
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE	
Internal Revenue Service Washington, DC	Taxes	1/27/94	66.68	13.34	53.34	
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 241.85 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT						
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE	
NY State Unemployment Albany, NY	Taxes	1/27/94	462.28	92.46	369.82	
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 462.28 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT						
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE	
Natl. Benefit Life Ins. Co. Albany, NY	Insurance	1/27/94	602.50	120.50	482.00	
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 602.50 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT						
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE				3290.28	658.06	2632.22
TOTAL THIS PERIOD (last page for each line only) (Fed. share to 21 a) and non-Fed. share to 21 a) ()				83,855.55		
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)						

94038930702

DISBURSEMENT SCHEDULE H4
(Effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

PAGE	CF
6	10
FOR LINE 21B	

NAME OF COMMITTEE

NEW YORK REPUBLICAN COUNTY COMMITTEE

94038930703

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE	
Chemical Bank 401 Madison Ave New York, N.Y. 10017	Taxes	1/27/94	2202.80	440.56	1762.24	
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 6608.39 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT						
"	"	"	"	440.56	1762.24	
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 8811.19 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT						
"	"	"	"	440.56	1762.24	
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 11013.99 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT						
NY State Income Tax Albany, NY	Taxes	1/27/94	1080.50	216.10	864.40	
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 1697.56 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT						
"	Taxes	2/23/94	1080.50	216.10	864.40	
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 2778.06 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT						
The Roosevelt 45 E. 45th St New York, NY 10017	Rent	2/3/94	2554.81	510.96	2043.85	
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 2554.81 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT						
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE				11324.21	2,264.84	9,059.37
TOTAL THIS PERIOD (See page for each line entry) (Fed. share to 21 and non-Fed. share to 21 a-d)			83,855.55			
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)						

DISBURSEMENT SCHEDULE HA
(Effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

PAGE	OF
7	10
FOR LINE 21a	

NAME OF COMMITTEE

NEW YORK REPUBLICAN COUNTY COMMITTEE

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Nynex Mobile Communic. PO Box 15559 Worcester, Mass 01615-0559	Phone	2/7/94	35.33	7.07	28.26
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 1514.96 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Nynex Info. Resources PO Box D 3794 Boston, Mass. 02241	Phone	2/7/94	23.00	4.60	18.40
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 6500.96 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Nynex Mobile Communic. Po Box 15559 Worcester, Mass 01615-0559	"	2/22/94	289.21	57.84	231.37
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 1804.17 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
NY Telephone Po Box 559001 Bklyn, NY 11255-9001	Phone	2/22/94	166.70	33.34	133.36
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 1112.43 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Nynex Mobile Communic. PO Box 15559 Worcester, Mass 01615-0559	Phone	2/25/94	894.34	178.89	715.47
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 2698.51 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
NY Telephone Box 559001 Bklyn NY 11255	"	"	886.21	173.24	708.97
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 1998.64 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			2294.79	458.96	1835.83
TOTAL THIS PERIOD (last page for each line only) (Fed. share to 21 and non-Fed. share to 21 a 10)			83855.55		
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

940330704

DISBURSEMENT SCHEDULE H4
(effective 5/1/91)

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

PAGE 8	OF 10
FOR LINE 21a	

NAME OF COMMITTEE

NEW YORK REPUBLICAN COUNTY COMMITTEE

34038930705

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
AT&T PO Box 78225 Phoenix, Ariz 85062	Phone	2/25/94	286.21	57.24	228.97
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 674.99 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Chemical Bank 401 Madison Ave. New York, NY 10017	Taxes	2/25/94	2975.40	595.08	2380.32
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 13989.39 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
"	"	"	2500.00	500.00	2000.00
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 16489.39 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
NY State Income Tax Albany, NY	"	"	1221.20	244.24	976.96
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 3999.26 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
RMRS PO Box 790071 St Lords, Mo 63179	POSTAGE	2/28/94	2,000.00	400.00	1600.00
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 4000.00 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
NY Telephone Box 559001 Bklyn 11255	PHONE	3/8/94	54.52	10.90	43.62
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 2053.16 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			9037.93	1,9607.47	7,229.96
TOTAL THIS PERIOD (see page 1a for each line only) (Fed. share to 21 a and non-Fed. share to 21 a b)			83,855.55		
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 21 of the detailed summary page)					

DISBURSEMENT SCHEDULE HA
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

PAGE 9	OF 10
FOR LINE 21a	

NAME OF COMMITTEE

NEW YORK REPUBLICAN COUNTY COMMITTEE

94038930706

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE	
Nynex Info. Resources PO Box D 3794 Boston, Mass 02241	Phone	3/8/94	23.00	4.6	18.4	
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 69.00 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT						
The Roosevelt 45 E. 45th St New York, N.Y.	Rent	3/8/94	2554.81	510.96	2043.85	
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 5109.62 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT						
NY Telephone Box 559001 Bklyn NY 11255-9001	Phone	3/10/94	162.85	32.57	130.28	
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 2216.01 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT						
Nynex Mobile Communic PO Box 15559 Worcester, Mas 01615-0559	Phone	3/10/94	96.05	19.21	76.84	
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 2794.56 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT						
NY Telephone Box 559001 Bklyn NY 11255	"	3/16/94	64.04	12.81	51.23	
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 2260.05 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT						
Nynex Mobile Communic PO Box 15559 Worcester, Mass 01615-0559	"	3/22/94	139.99	28.00	111.99	
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 2934.55 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT						
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE				3040.74	608.15	2,432.59
TOTAL THIS PERIOD (and page for each line only) (Fed. share in 21 a.) and non-Fed. share in 21 a.)				83,855.55		
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 21 of the detailed summary page)						

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

PAGE	OF
10	10
FOR LINE 21a	

NAME OF COMMITTEE

NEW YORK REPUBLICAN COUNTY COMMITTEE

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Nynex Box 559001 Bklyn NY 11255-9001	Phone	3/29/94	674.37	134.87	539.50
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 2954.42 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
AT&T PO Box 78225 Phoenix, Ariz 85062	"	"	238.36	47.67	190.69
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 913.35 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Nynex Communications PO Box 15559 Worcester, Mass 01615-0559	"	3/29/94	803.74	160.95	642.99
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 3738.39 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			1716.47	343.29	1,373.18
TOTAL THIS PERIOD (last page for each line only) (Fed. share to 21 a) and non-Fed. share to 21 a) (83,855.55	16,771.11	67,084.44
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 21 of the detailed summary page)					

94038930707

**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

4/18/94

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

MMR

PREPARER

4/18/94

DATE PREPARED

94038930708