Image# 14952633011 PAGE 1 / 143

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									Office	e Use Only	
1.	NAME OF COMMITTEE (in f		PE OR P	RINT ▼		mple: If typi r the lines.	ng, type	12FE4	lM5		
N	ational Demod	cratic Polic	cy Cor	nmittee							1
ш											
ADI	DRESS (number and		13 HALII	FAX PLACE							
H	Check if diffe	rent									
L	than previous reported. (AC		LEESBU	RG				VA	20	175	
2.	FEC IDENTIFICA	ATION NUME	BER ▼		CITY 🛦			STATE 🛦		ZIP CO	DE 🛦
	C C00136531			3.	IS THIS REPORT		NEW (N) OR		AMENDE (A)	ΞD	
4.	TYPE OF REP (Choose One)	ORT	(b) Mont	ort '	eb 20 (M2)		May 20 (M5)		Aug 20 (M	8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Repo	orts:	Due	M	1ar 20 (M3)		Jun 20 (M6)		Sep 20 (M		Dec 20 (M12) (Non-Election Year Only)
	April 15	D-11-14 (O4)		A	pr 20 (M4)	Ш	Jul 20 (M7)		Oct 20 (M	10)	Jan 31 (YE)
	July 15	Report (Q1)	(c)	12-Day PRE-Election		Primary (12F	P)	Gen	eral (12G)		Runoff (12R)
	Quarterly October 1	Report (Q2)		Report for the:		Convention	(12C)	Spe	cial (12S)		
	Quarterly January 3	Report (Q3)				M = M /	D D /	Y Y Y Y	Y	in the	
		Report (YE)		Elec	ction on					State o	of
	July 31 M Report (N Year Only	Ion-election	(d)	30-Day POST-Election Report for the:		General (30	G)	Run	off (30R)		Special (30S)
	Terminatio (TER)	on Report		·	ction on	M M /	04	2014	Y	in the State o	of
5.	Covering Period	10	01	2014		through	M - M	24		2014	
l ce	ertify that I have exa	amined this F	Report ar	nd to the best	of my kno	wledge and	belief it is tr	ue, correc	t and com	plete.	
	e or Print Name of		Katherine							-	
Sig	nature of Treasurer	Katherine —	Jenkins			[Electronical]	y Filed] [M M /	29	2014
NO.	TE: Submission of fa	ulse, erroneous	s, or inco	mplete informa	tion may su	bject the per	son signing t	his Report	to the pen	alties of 2 l	U.S.C. §437g.
	Office								FI	EC FOR	M 3X
	Use Only									Rev. 12/2	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name National Democratic Policy Committee 10 01 2014 24 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 3850.72 January 1, 2014 (b) Cash on Hand at 3895.72 Beginning of Reporting Period..... 485.00 80.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 3975.72 4335.72 6(a) and 6(c) for Column B)..... 82.00 442.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period

(subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on

Schedule C and/or Schedule D)

10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) 0.00

3893.72

449726.38

3893.72

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Democratic Policy Committee

Report Covering the Period: From: 10 01 2014 To: 11 24 2014						
I. Receipts	Receipts COLUMN A Total This Period					
. Contributions (other than loans) From:						
(a) Individuals/Persons Other						
Than Political Committees	0.00	15.00				
(i) Itemized (use Schedule A)	0.00	-15.00				
		500.00				
(ii) Uniternized	80.00	500.00				
(iii) TOTAL (add	80.00	485.00				
Lines 11(a)(i) and (ii)▶	80.00	403.00				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees						
(such as PACs)	0.00	0.00				
(d) Total Contributions (add Lines						
11(a)(iii), (b), and (c)) (Carry						
Totals to Line 33, page 5)▶	80.00	485.00				
. Transfers From Affiliated/Other						
Party Committees	0.00	0.00				
F						
. All Loans Received	0.00	0.00				
Loan Repayments Received	0.00	0.00				
. Offsets To Operating Expenditures						
(Refunds, Rebates, etc.)						
(Carry Totals to Line 37, page 5)	0.00	0.00				
. Refunds of Contributions Made						
to Federal Candidates and Other						
Political Committees	0.00	0.00				
. Other Federal Receipts						
(Dividends, Interest, etc.)	0.00	0.00				
Transfers from Non-Federal and Levin Funds						
(a) Non-Federal Account	0.00	0.00				
(from Schedule H3)	0.00	0.00				
	0.00	0.00				
(b) Levin Funds (from Schedule H5)	0.00	0.00				
(a) Total Transfers (add 19(a) and 19(b))	0.00	200				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
. Total Receipts (add Lines 11(d),						
12, 13, 14, 15, 16, 17, and 18(c))▶	80.00	485.00				
	7	7 7 7				
. Total Federal Receipts						
(subtract Line 18(c) from Line 19) ▶	80.00	485.00				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calonida Tour to Date		
	(i) Federal Share	0.00	0.00		
	(-)				
	(ii) Non-Federal Share	0.00	0.00		
	(b) Other Federal Operating	82.00	442.00		
	Expenditures	82.00	442.00		
	(add 21(a)(i), (a)(ii), and (b))▶	82.00	442.00		
	Transfers to Affiliated/Other Party				
	CommitteesContributions to	0.00	0.00		
	Federal Candidates/Committees and Other Political Committees	0.00	0.00		
	Independent Expenditures	0.00	0.00		
	(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
	(466 66164416 1)				
	Loan Repayments Made	0.00	0.00		
		0.00	0.00		
	Loans Made Refunds of Contributions To:	0.00	0.00		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
		7			
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees		0.00		
	(such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds				
	(add Lines 28(a), (b), and (c))▶	0.00	0.00		
	Other Disbursements	0.00	0.00		
	Federal Election Activity (2 U.S.C. §431(20))				
	(a) Allocated Federal Election Activity				
	(from Schedule H6)				
	(i) Federal Share	0.00	0.00		
	(ii) III ii-II Ol	0.00	0.00		
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00			
	With Federal Funds	0.00	0.00		
	(c) Total Federal Election Activity (add				
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
	Total Dishumananta (add Lines 24/2) 22				
	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	82.00	440.00		
	20, 27, 20, 20, 21, 20(u), 23 and 30(0))	82.00	442.00		
	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii)				
	from Line 31)	82.00	442.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	80.00	485.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	80.00	485.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	82.00	442.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	82.00	442.00

ľ

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 6 OF 143					
TEMIZED DISBURSEMENTS		ate schedule(s) ategory of the	(check only	y one)				
		ımmary Page	X 21b 27	22 28a	23 28b	24 28c	25 29	26
Any information conical from such December and Classes	onto marrir	t ha aald as						
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)								
National Democratic Policy Commi	ttee							
Full Name (Last, First, Middle Initial)								
A. EFT CORPORATION				Date of	Disburse		Y	V
Mailing Address 2911 DIXWELL AVE				10	0		2014	
City		Zip Code		Trans	action ID	: 01000011	601000	011001
HAMDEN	СТ	06518		mans	action ib	. 01000011	001000	011001
Purpose of Disbursement EFT PROCESSING FEE				Amount	of Each	Disburseme	ent this	Period
Candidate Name			Category/				40	0.00
Office Sought: House Disbursen	nent For:		Type		-	7		
	Primary	General						
	Other (specif	y) \						
State: District:								
Full Name (Last, First, Middle Initial) FET CORPORATION				Date of	Disburse	ment		
ELLOCKLOKATION				M = M	/ D		YY	Y
Mailing Address 2911 DIXWELL AVE				11	0	5	2014	
HAMDEN	State CT	Zip Code 06518		Trans	action ID	: 01000011	701000	011101
Purpose of Disbursement EFT PROCESSING FEE				Amount	of Each	Disburseme	ent this	Period
Candidate Name			Category/				4	0.00
			Type		7	7	4	0.00
Office Sought: House Disbursen Senate	nent For: Primary	General						
	Other (specif							
State: District:								
Full Name (Last, First, Middle Initial)				D-4- (Dieb			
>.					Disburse		Y	V
Mailing Address				M = M	/ D	, ,	7 = Y	
City	State	Zip Code						
Purpose of Disbursement	Purpose of Disbursement							
Candidate Name			Category/	Amount	of Each	Disburseme	ent this	Period
Office Sought: House Disbursen	nent For:		Type		-	7		
	Primary	General						
President	Other (specif	y) \						
State: District:								
State: District:							80	0.00
			·····			7	80	0.00

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

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		Detailed Su	ımmary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		•	Transa	ction ID : LOAN0010000004
National Democratic Policy Comr	nittee			
LOAN SOURCE Full Name (Last, First, M	Middle Initial)	[PERSON	AL FUNDS]	Election:
HARVEY E. HASCALL				Primary General
Mailing Address 2137 S 1150 EAST				Other (specify)
2137 3 1130 EA31				
City BOUNTIFUL		ode 84010		
Original Amount of Loan	Cumulative Payment To	Date	Balanc	e Outstanding at Close of This Peri
1000.00		0.00)	1000.00
TERMS Date Incurred	Date Due		Interest Rate	Secured:
12 22 1986		1987	0.00	% (apr) Yes X
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Emp	ployer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Emp	ployer	
Mailing Address		Occupation		
	715.0	Amount		
City State	ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Emp	ployer	
Mailing Address		Occupation		
-				
City State	ZIP Code	Amount Guaranteed		
City	ZIF Code	Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Emp	ployer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Amount Guaranteed		
_		Outstanding:		
SUBTOTALS This Period This Page (optiona	l)		· []	1000.00
OTALS This Period (last page in this line o	nly)		<u> </u>	
Carry outstanding balance only to LINE 3, S	chedule D. for this line If	no Schedule I	D. carry forwa	rd to appropriate line of Summary
, Januarianing Duranios Siny to Ente 0, 0	, uno mio. II		_,,	where have mis or our minuty

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

s) PAGE 8 OF 143
FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	ge FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	amittaa	Tra	nsaction ID : LOAN000002009
ational Democratic Policy Com	IIIIIIII IEE		
LOAN SOURCE Full Name (Last, First, ALBERT E MC NAIR	Middle Initial)	[PERSONAL FUNDS]	Primary General
Mailing Address 1657 EDDY DR			Other (specify)
City NORTH TONAWANDA	State NY ZIP C	ode ₁₄₁₂₀	-
Original Amount of Loan	Cumulative Payment T		lance Outstanding at Close of This Perio
1000.00		0.00	1000.00
TERMS	D . D		
Date Incurred O9 24 1984	Date Duc M 12 / D D / Y	e Interest Ra 1984 0.0	
List All Endorsers or Guarantors (if an	* *		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	77
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
JBTOTALS This Period This Page (option	nal)	>	1000.00
OTALS This Period (last page in this line	only)	>	
arry outstanding balance only to LINE 3,	Schedule D. for this line. I	If no Schedule D. carry for	rward to appropriate line of Summary

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

PAGE 9 OF 143
FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) National Democratic Policy Committee LOAN SOURCE Full Name (Last, First, Middle Initial) ESTHER E. WILSON Mailing Address 6241 WARNER #132 City HUNTINGTON BEACH State CA ZIP Code Original Amount of Loan Cumulative Payment To D 5000.00 TERMS Date Incurred Date Due	Date Balance Outstanding at Close of This Period 0.00 5000.00 Interest Rate Secured:
LOAN SOURCE Full Name (Last, First, Middle Initial) ESTHER E. WILSON Mailing Address 6241 WARNER #132 City HUNTINGTON BEACH State CA ZIP Code Original Amount of Loan Cumulative Payment To D	Primary General Other (specify) Balance Outstanding at Close of This Period 0.00 Interest Rate Secured:
ESTHER E. WILSON Mailing Address 6241 WARNER #132 City HUNTINGTON BEACH State CA ZIP Code Original Amount of Loan Cumulative Payment To D	Primary General Other (specify) Balance Outstanding at Close of This Period 0.00 Interest Rate Secured:
City HUNTINGTON BEACH Original Amount of Loan Cumulative Payment To D 5000.00 TERMS	Other (specify) Page 92647 Date Balance Outstanding at Close of This Period 5000.00 Interest Rate Secured:
Original Amount of Loan Cumulative Payment To D 5000.00 TERMS	Date Balance Outstanding at Close of This Period 0.00 5000.00 Interest Rate Secured:
5000.00 TERMS	0.00 5000.00 Interest Rate Secured:
TERMS	Interest Rate Secured:
	1985 1200.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	e FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)		Trar	nsaction ID : LOAN0000003820
lational Democratic Policy Co	ommittee		
LOAN SOURCE Full Name (Last, Fir MINEHART EDSEN	st, Middle Initial)	[PERSONAL FUNDS]	Election: Primary General
Mailing Address 1949 S MANCHESTER SPACE 104	RAVE		Other (specify) ▼
City ANAHEIM	State CA ZIP	Code 92802	
Original Amount of Loan	Cumulative Payment	To Date Bala	ance Outstanding at Close of This Period
700.00		0.00	700.00
TERMS Date Incurred	Date D	ue Interest Rat	e Secured:
08 / 14 / 1984	11 / 14 /	1984 0.00	0
List All Endorsers or Guarantors (if	any) to Loan Source		
1. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initia	1)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initia	1)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	<u></u>
UBTOTALS This Period This Page (opt	ional)	>	700.00
OTALS This Period (last page in this lin	ne only)	>	
arry outstanding balance only to LINE	3, Schedule D. for this line.	If no Schedule D. carry for	ward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Page FOR LINE 13 OF FORM	3/
ME OF COMMITTEE (In Full)	ammitta a	Transaction ID : LOAN0000003823	
ational Democratic Policy Co	ommuee		
LOAN SOURCE Full Name (Last, Fir MINEHART EDSEN	st, Middle Initial)	[PERSONAL FUNDS] Election: Primary General	
Mailing Address 1949 S MANCHESTER SPACE 104	RAVE	Other (specify) ▼	
City ANAHEIM	State CA ZIP	Code 92802	
Original Amount of Loan	Cumulative Payment	To Date Balance Outstanding at Close of This	Perio
1250.00		0.00 1250.00)
TERMS			
Date Incurred Mark	Date Du	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	X No
List All Endorsers or Guarantors (if	any) to Loan Source		
1. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initia	1)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	
JBTOTALS This Period This Page (opt	ional)	1250.00)
OTALS This Period (last page in this lin	ne only)	>	
arry outstanding balance only to LINE	3. Schedule D. for this line.	If no Schedule D, carry forward to appropriate line of Sumn	narv.

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	ge FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Tra	nsaction ID : LOAN000004982
National Democratic Policy Com			
LOAN SOURCE Full Name (Last, First, EUGENE L DRUSELL	Middle Initial)	[PERSONAL FUNDS	Primary General
Mailing Address 1704 SAWYER			Other (specify) ▼
City WEST COVINA	State CA ZIP Co	de 91790	
Original Amount of Loan	Cumulative Payment To	Date Ba	lance Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS Date Incurred	Date Due	Interest Ra	te Secured:
M 08 / D 08 / 1984		1984 0.0	
List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7.1.7.1.7.1
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 8 1
SUBTOTALS This Period This Page (optional	al)	>	1000.00
TOTALS This Period (last page in this line of	only)		
Carry outstanding balance only to LINE 3,	Schedule D, for this line. If	no Schedule D, carry fo	rward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

		Detailed Summary Page FOR LINE 13 OF FORM 3.
ME OF COMMITTEE (In Full)	nmittaa	Transaction ID : LOAN0000004983
ational Democratic Policy Cor	nmillee	
LOAN SOURCE Full Name (Last, First EUGENE L DRUSELL	, Middle Initial)	[PERSONAL FUNDS] Election: Primary General
Mailing Address 1704 SAWYER		Other (specify) ▼
City WEST COVINA	State CA ZIP (Code 91790
Original Amount of Loan	Cumulative Payment	
1000.00	,	0.00
TERMS	D.I. D.	Internal Pate
Date Incurred 08 / 08 / 1984	Date Do	le Interest Rate Secured: y 1984 0.00 (apr) Yes
List All Endorsers or Guarantors (if a	ny) to Loan Source	
1. Full Name (Last, First, Middle Initial		Name of Employer
Mailing Address		Occupation
City Sta	e ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Sta	te ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Sta	te ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Sta	te ZIP Code	Amount Guaranteed Outstanding:
JBTOTALS This Period This Page (optic	nal)	1000.00
OTALS This Period (last page in this line	only)	>
arry outstanding balance only to LINE 3	. Schedule D. for this line.	If no Schedule D, carry forward to appropriate line of Summa

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

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FOR LINE 13 OF FORM 3X

	Detailed Summary Page
AME OF COMMITTEE (In Full)	Transaction ID : LOAN000005986
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) BILL SUEDKAMP	[PERSONAL FUNDS] Election: Primary General
Mailing Address 1211 DOUGLAS HWY	Other (specify) ▼
City GILLETTE State WY ZIP Cod	de 82716
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Data Inquiring	Interest Date Cooured
Date Incurred	Interest Rate Secured: 90.00 1985 O.00 Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

		Detailed Summary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Trans	action ID : LOAN000005987
lational Democratic Policy Com	mittee		
LOAN SOURCE Full Name (Last, First, BILL SUEDKAMP	Middle Initial)	[PERSONAL FUNDS]	Election: Primary General
Mailing Address 1211 DOUGLAS HWY			Other (specify)
City GILLETTE	State WY ZIP Co	ode 82716	
Original Amount of Loan	Cumulative Payment To		ce Outstanding at Close of This Perio
1000.00		0.00	1000.00
TERMS Date Incurred 10 18 1984	Date Due	Interest Rate	Secured: % (apr) Yes X No
List All Endorsers or Guarantors (if any	y) to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	z ZIP Code	Amount Guaranteed Outstanding:	, , , , , ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	zIP Code	Amount Guaranteed Outstanding:	, , , , , , , , ,
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ziP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	z ZIP Code	Amount Guaranteed Outstanding:	, , , , , , ,
UBTOTALS This Period This Page (option	al)	<u> </u>	1000.00
OTALS This Period (last page in this line	only)	>	
arry outstanding balance only to LINE 3,	Schedule D. for this line. If	no Schedule D. carry forwa	ard to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	mmittaa	Trai	nsaction ID : LOAN000006929
ational Democratic Policy Co	mmittee		
LOAN SOURCE Full Name (Last, First HENRY C MAYBERRY	st, Middle Initial)	[PERSONAL FUNDS]	Election: Primary General
Mailing Address 8071 E 19TH ST			Other (specify) ▼
City WESTMINSTER	State CA ZIP (Code 92683	
Original Amount of Loan	Cumulative Payment		ance Outstanding at Close of This Period
500.00		0.00	500.00
TERMS			
Date Incurred 10 25 4 1984	Date Du	Interest Rat	
List All Endorsers or Guarantors (if a			
1. Full Name (Last, First, Middle Initia	ıl)	Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	9 9
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial		Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial		Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	7
JBTOTALS This Period This Page (opti	onal)	_	500.00
OTALS This Period (last page in this lin	e only)	>	
arry outstanding balance only to LINE	3. Schedule D. for this line.	If no Schedule D. carry for	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the

PAGE 17 OF 143

		Detailed Summary	Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)			Transactio	on ID : LOAN000007139
National Democratic Policy Comm				
LOAN SOURCE Full Name (Last, First, M RONALD TAI HO CHOI	Middle Initial)	[PERSONAL FUN		tion: Primary General
Mailing Address 35797 BLAIR PL				Other (specify) ▼
City FREMONT	State CA ZIP Cod	de 94536		
Original Amount of Loan	Cumulative Payment To	Date	Balance C	Outstanding at Close of This Period
500.00		0.00		500.00
TERMS Date Incurred	Date Due	Interest	Rate	Secured:
09 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M 09 / D D / Y 28	1985	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		5
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	, , , , ,
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	
SUBTOTALS This Period This Page (optiona	l)	>		500.00
OTALS This Period (last page in this line or	nly)	>		4
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no Schedule D, carry	forward t	o appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	e TON LINE 13 OF TONIW 3X
AME OF COMMITTEE (In Full)		Trar	nsaction ID : LOAN000009055
National Democratic Policy Com	iriiittee		
LOAN SOURCE Full Name (Last, First,	, Middle Initial)	[PERSONAL FUNDS]	Election:
ROBERT C MCKINNEY		[Primary
			General
Mailing Address PO BOX 3245			Other (specify)
City SEAL BEACH		ode 90740	
Original Amount of Loan	Cumulative Payment To	o Date Bala	ance Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS Date Incurred	Date Due	e Interest Rat	e Secured:
M M / D D / Y Y Y Y	M M / D D / Y	1200	
10 22 1984	10 22	1985	% (apr) Yes X No
List All Endorsers or Guarantors (if an	y) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed	
State	e ZIP Code	Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	7ID Codo	Amount Guaranteed	
City State	e ZIP Code	Outstanding:	7 7 7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
ag . taa. eee			
		Amount	
City State	e ZIP Code	Guaranteed	
		Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
	710.0	Amount	
City State	e ZIP Code	Guaranteed Outstanding:	9-1-19-1-18-1-1
.'		1	
NUDTOTAL O TILL DULL LITTLE DULL COM	1)		1000.00
SUBTOTALS This Period This Page (option	nai)	<u> </u>	1000.00
TOTALS This Period (last page in this line	only)		
Carry outstanding balance only to LINE 3,	Schedule D. for this line. H	f no Schedule D. carry for	ward to appropriate line of Summers
carry outstanding paralice only to LINE 3,	Schedule D, 101 tills lifte. Il	i no schedule b, carry for	waru to appropriate line or Summary.

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

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		Detailed Summa	ary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		•	Transac	ction ID : LOAN0000009557
National Democratic Policy Comn	nittee			
LOAN SOURCE Full Name (Last, First, M ROBERT LOFTUS	/liddle Initial)	[PERSONAL F	FUNDS] E	lection: Primary General
Mailing Address 2446 N SUMMIT				Other (specify)
City DECATUR	State IL ZIP Cod	de 62526		
Original Amount of Loan	Cumulative Payment To	Date	Balance	e Outstanding at Close of This Period
1000.00	,,	0.00		1000.00
TERMS Date Incurred	Date Due	Inter	est Rate	Secured:
M 06 / 05 / 1984		1985	0.00	% (apr) Yes No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employe	er	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	,	7
2. Full Name (Last, First, Middle Initial)		Name of Employe	er	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employe	er	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employe	er	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optiona	l)	>		1000.00
OTALS This Period (last page in this line or	nly)	>		
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no Schedule D, ca	arry forward	d to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

	Detailed Summary Fage 1 011 = 10 01 1 01111 071
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000010472
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) SCOTT BEARD	[PERSONAL FUNDS] Election: Primary General
Mailing Address 4125 HAWTHORNE	Other (specify) ▼
City DALLAS State TX	ZIP Code 75202
Original Amount of Loan Cumulative Payr	ment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Da	te Due Interest Rate Secured:
04	/ 1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This Page (optional) OTALS 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.

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	ge TOTT LINE TO OF TOTTIN 5X
AME OF COMMITTEE (In Full)		Tra	nsaction ID : LOAN0000010652
lational Democratic Policy Cor	mmittee		
LOAN SOURCE Full Name (Last, Firs NANCY J STEINER	st, Middle Initial)	[PERSONAL FUNDS	Election: Primary General
Mailing Address 2809 GREER RD			Other (specify) ▼
City PALO ALTO	State CA ZIP Co	ode 94303	
Original Amount of Loan	Cumulative Payment To	Date Ba	lance Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS Date Incurred	Date Due	Interest Ra	te Secured:
12 29 1986	12 / D D / Y	1987 O.C	
List All Endorsers or Guarantors (if a	ny) to Loan Source		
1. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta		Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	7
UBTOTALS This Period This Page (option	onal)		1000.00
OTALS This Period (last page in this line	e only)	>	
Carry outstanding balance only to LINE 3	3. Schedule D. for this line. If	no Schedule D. carry for	rward to appropriate line of Summary

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

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		Detailed Su	mmary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		-	Transac	tion ID : LOAN0000011262
National Democratic Policy Comm	nittee			
LOAN SOURCE Full Name (Last, First, M RAY BRANDENBERG	fiddle Initial)	[PERSON	AL FUNDS]	ection: Primary General
Mailing Address 1303 AMORETTI				Other (specify) ▼
City THERMOPOLIS	State WY ZIP Co	de 82443		
Original Amount of Loan	Cumulative Payment To	Date	Balance	Outstanding at Close of This Period
200.00	, , , , ,	0.00		200.00
TERMS Date Incurred	Date Due		Interest Rate	Secured:
M 05 / 14 / 1984		1984	1800.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Emp	loyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	,	
2. Full Name (Last, First, Middle Initial)		Name of Emp	loyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Emp	loyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Emp	loyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
UBTOTALS This Period This Page (optiona	l)		· [,	200.00
OTALS This Period (last page in this line or	nly)		•	
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no Schedule D), carry forward	I to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	e FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	ammitta a	Trai	nsaction ID : LOAN0000011993
ational Democratic Policy Co	mmittee		
LOAN SOURCE Full Name (Last, Fin JACKSON B BREEZE	rst, Middle Initial)	[PERSONAL FUNDS]	Election: Primary General
Mailing Address 419 QUARTZ ST			Other (specify)
City REDWOOD CITY	State CA ZIP (Code 94062	
Original Amount of Loan	Cumulative Payment		ance Outstanding at Close of This Perio
1000.00		0.00	1000.00
TERMS			
Date Incurred 11 30 1984	Date Du	nterest Rat	
List All Endorsers or Guarantors (if	any) to Loan Source		
1. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	7 7
2. Full Name (Last, First, Middle Initia	ıl)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initia	ıl)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initia	ıl)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	7
JBTOTALS This Period This Page (opt			1000.00
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arry outstanding balance only to LINE	3, Schedule D, for this line.	If no Schedule D, carry for	ward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

	Det	alled Sulfilliary i	age			0, 1
AME OF COMMITTEE (In Full)		1	Fransactio	n ID : LOAN00	000012031	
National Democratic Policy Committee						
LOAN SOURCE Full Name (Last, First, Middle Initial) RICHARD ROPER	[P	ERSONAL FUNI		tion: Primary General		
Mailing Address 630 W DUARTE RD #33				Other (specify)	▼	
City MONROVIA State CA	ZIP Code 910)16				
Original Amount of Loan Cumulativ	Payment To Date		Balance O	utstanding at (Close of Th	is Period
1000.00	, , , , ,	0.00		, , , ,	1000	.00
TERMS Date Incurred	Date Due	Interest	Rate		Secured:	
	30 / 1984	V	0.00	% (apr)	Yes	X No
List All Endorsers or Guarantors (if any) to Loan Son	irce					
Full Name (Last, First, Middle Initial)	Name	of Employer				
Mailing Address	Occu	ation				
City State ZIP Cod		nt Inteed anding:	-,	,		
2. Full Name (Last, First, Middle Initial)	Name	of Employer				
Mailing Address	Occup	pation				
City State ZIP Cod		nt Inteed anding:		7		
3. Full Name (Last, First, Middle Initial)	Name	of Employer				
Mailing Address	Occu	pation				
City State ZIP Cod				7		
4. Full Name (Last, First, Middle Initial)	Name	of Employer				
Mailing Address	Occu	ation				
City State ZIP Cod				7]
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Carry outstanding balance only to LINE 3, Schedule D, fo	r this line. If no Sch	edule D, carry	forward to	o appropriate	line of Su	mmary.

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

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)	Transaction ID : LOAN000012946
lational Democratic Policy Committee	Transaction ID: EOAN0000012946
lational Democratic Folicy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[
FLOYD T WRIGHT	Primary
Mailing Address	General Other (specify) ▼
Mailing Address 4207 PATRICIA ST	Other (specify)
City FREMONT State CA	ZIP Code 94536
Original Amount of Loan Cumulativ	ve Payment To Date Balance Outstanding at Close of This Period
1000.00	0.00
TERMS	
Date Incurred	Date Due Interest Rate Secured:
08 24 1984 111 /	24 1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan So	- Durce
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Coo	Amount Guaranteed
City State ZIP Coo	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
2:- 7ID 0	Amount
City State ZIP Coo	de Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Mailing Address	Occupation
	Amount
City State ZIP Cod	
4. Full Name (Last, First, Middle Initial)	Outstanding: Name of Employer
4. Full Name (Last, First, Middle Hittar)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Cod	
•	Outstanding:
JBTOTALS This Period This Page (optional)	1000.00
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erry outstanding balance only to LINE 3. Schedule D. f.	or this line. If no Schedule D, carry forward to appropriate line of Summary.
arry outstanding balance only to Line 3, schedule b, it	of this line. If no ochequie b, carry forward to appropriate line of outlinary.

LOANS

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

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ME OF COMMITTEE (In Full)	Transaction ID : LOAN0000013379
ational Democratic Policy Committee	114110401101112 1 2071110000010010
•	I Floriton
LOAN SOURCE Full Name (Last, First, Middle Initial) MARGARET MAMULA	[PERSONAL FUNDS] Election: Primary
WARCH WARRIED Y	General
Mailing Address 4321 N EL BURRITO	Other (specify) ▼
	Code 85705
Original Amount of Loan Cumulative Payment T	To Date Balance Outstanding at Close of This Perio
1000.00	0.00 1000.00
TERMS	- Interest Data Convent
Date Incurred Date Du	0.00
06 15 1984 08 15	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
NA 75	
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
···-··································	
	Amount
City State ZIP Code	Guaranteed Outstanding:
	Odicianding.
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arry outstanding balance only to LINE 3, Schedule D, for this line.	If no Schodula D. carry forward to appropriate line of Commence

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

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		Detailed Summary Pa	ge FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Tra	ansaction ID : LOAN0000013410
National Democratic Policy Comr			
LOAN SOURCE Full Name (Last, First, Marke) BILL DRAKE	Middle Initial)	[PERSONAL FUNDS	Election: Primary General
Mailing Address RT 4 BOX 126	_		Other (specify) ▼
City DEXTER	State MO ZIP Cod	de 63841	
Original Amount of Loan	Cumulative Payment To	Date Ba	alance Outstanding at Close of This Period
100.00		0.00	100.00
TERMS Date Incurred	Date Due	Interest Ra	ate Secured:
M 06 / 19 / 1984		1984 0.0	
List All Endorsers or Guarantors (if any	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	.,,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , ,
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TOTALS This Period (last page in this line o	nly)	>	
Carry outstanding balance only to LINE 3, S	Schedule D, for this line. If	no Schedule D, carry fo	orward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

	Detailed Summary Fage 1 911 21112 19 91 1 91111 911
AME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000017823
·	
LOAN SOURCE Full Name (Last, First, Middle Initial) HAROLD N LYNGE MD	[PERSONAL FUNDS] Election: Primary General
Mailing Address 2 S 13TH ST	Other (specify) ▼
City SAN JOSSE State CA	ZIP Code 95112
Original Amount of Loan Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred I	Date Due Interest Rate Secured:
M 08 / 08 / 1984 10 / 08	0.00
List All Endorsers or Guarantors (if any) to Loan Source	1
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
Carry outstanding balance only to LINE 3, Schedule D, for the	is line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full) ational Democratic Policy Col	mmittoo	Transaction ID : LOAN0000018351
ational Democratic Policy Col	mmuee	
LOAN SOURCE Full Name (Last, Firs GREGORY R WOLF	t, Middle Initial)	[PERSONAL FUNDS] Election: Primary General
Mailing Address 5258 CARTWRIGHT		Other (specify) ▼
City NORTH HOLLYWOOD	State CA ZIP	Code 91601
Original Amount of Loan	Cumulative Payment	
300.00		0.00 300.00
TERMS		
Date Incurred M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Date D	ue Interest Rate Secured: 1984 0.00 % (apr) Yes X
List All Endorsers or Guarantors (if a	ny) to Loan Source	
1. Full Name (Last, First, Middle Initia	1)	Name of Employer
Mailing Address		Occupation
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Sta		Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Sta	te ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Sta	ite ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This Page (option	onal)	300.00
OTALS This Period (last page in this line	e only)	>
arry outstanding balance only to LINE 3	3. Schedule D. for this line	. If no Schedule D, carry forward to appropriate line of Summary

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	Botaliou Guillinary i ago		
IAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000018352		
National Democratic Policy Committee			
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:		
GREGORY R WOLF	Primary		
	General		
Mailing Address 5258 CARTWRIGHT	Other (specify) ▼		
- 3230 OAKTWIGHT			
City NORTH HOLLYWOOD State CA ZIP Coo	de 91601		
Original Amount of Loan Cumulative Payment To	<u>'</u>		
Original 7 thouse of 2001	Data to Catalana at Close of This Folia		
100.00	0.00		
TERMS			
Date Incurred Date Due	Interest Rate Secured:		
08 14 1984 11 14 Y	1984 0.00 % (apr) Yes X No		
	1984		
List All Endorsers or Guarantors (if any) to Loan Source			
1. Full Name (Last, First, Middle Initial)	Name of Employer		
	,		
Mailing Address	Occupation		
	·		
	Amount		
City State ZIP Code	Guaranteed		
,	Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed		
	Outstanding:		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed		
	Outstanding:		
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
	Outstanding.		
	,,,,,,		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
	01.11.8		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.		

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

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FOR LINE 13 OF FORM 3X

		Detailed Sulfilliary F	age
AME OF COMMITTEE (In Full)		Т	ransaction ID : LOAN0000018353
National Democratic Policy Committ			
LOAN SOURCE Full Name (Last, First, Midd	e Initial)	[PERSONAL FUND	
GREGORY R WOLF			Primary
			General
Mailing Address 5258 CARTWRIGHT			Other (specify) ▼
		ode 91601	
Original Amount of Loan	Cumulative Payment To	Date E	Balance Outstanding at Close of This Period
100.00		0.00	100.00
TERMS	Date Due	Interest F	Poto Conwords
Date Incurred	Date Due	V V V	
	1 14	1984	0.00
List All Endorsers or Guarantors (if any) to	Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed	
City State	ZIF GOULE	Outstanding:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
		Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
	0000	Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	7ID Code	Amount	
City State	ZIP Code	Guaranteed Outstanding:	,,,,,,
SUBTOTALS This Period This Page (optional)			100.00
COTALS This Period (last page in this line only).		>	
Carry outstanding balance only to LINE 3, Schee	dule D, for this line. If	no Schedule D, carry f	forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pa	ge FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Tra	nnsaction ID : LOAN0000018611
National Democratic Policy Com			
LOAN SOURCE Full Name (Last, First, WILLIAM O MC KAY	Middle Initial)	[PERSONAL FUNDS	Flection: Primary General
Mailing Address 4627 W 137TH PL			Other (specify) ▼
City HAWTHORNE	State CA ZIP Co	de 90250	
Original Amount of Loan	Cumulative Payment To	Date Ba	lance Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS Date Incurred	Date Due	Interest Ra	ate Secured:
08 17 1984		1985 0.0	
List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9 9
SUBTOTALS This Period This Page (optional	al)	>	1000.00
OTALS This Period (last page in this line of	only)	>	
Carry outstanding balance only to LINE 3,	Schedule D, for this line. If	no Schedule D, carry fo	rward to appropriate line of Summary.

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

PAGE 33 OF 143
FOR LINE 13 OF FORM 3X

	Detailed Suffilliary Fage			
IAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000018612			
National Democratic Folicy Committee				
LOAN SOURCE Full Name (Last, First, Middle Initial) ALFRED MONTEROS	[PERSONAL FUNDS] Election: Primary General			
Mailing Address 1210 W PUENTE AVE	Other (specify)			
	de 91790			
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period			
1000.00	0.00 1000.00			
TERMS Date Incurred Date Due	Interest Rate Secured:			
	1984 0.00 % (apr) Yes No			
List All Endorsers or Guarantors (if any) to Loan Source				
1. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry Catalanding Dalance Unit to Line 3, Schedule D, for this line. If I	o concaule b, carry forward to appropriate line of Summary.			

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Page FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	•••	Transaction ID : LOAN0000018817
lational Democratic Policy Con	nmittee	
LOAN SOURCE Full Name (Last, First, LEONARD K NITZ	Middle Initial)	[PERSONAL FUNDS] Election: Primary General
Mailing Address 5343 CALLISTER AVE		Other (specify) ▼
City SACRAMENTO	State CA ZIP C	Code 95819
Original Amount of Loan	Cumulative Payment T	
1000.00	1 1 1 1 1 1	0.00
Date Incurred Date Incurred 1984	Date Due	e Interest Rate Secured: 1984 0.00 % (apr) Yes
List All Endorsers or Guarantors (if an		
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
JBTOTALS This Period This Page (option	nal)	
OTALS This Period (last page in this line	only)	
arry outstanding balance only to LINE 3.	Schedule D. for this line. I	If no Schedule D, carry forward to appropriate line of Summa

Use separate for each categories Sum

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)	Transaction ID - L CANDOCOM CCCO
AME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID: LOAN0000019658
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
WARREN BANDY	Primary
Mailing Address	General Other (specify) ▼
Mailing Address 934 TAMARACK LN #6	Other (specify)
City SUNNYVALE State CA	ZIP Code 94086
Original Amount of Loan Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS	0
Date Incurred Date Incurred	late Due Interest Rate Secured:
09 06 1984 12 06	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Augustina
City State ZIP Code	Amount Guaranteed
j	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Chata ZID Coda	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
UBTOTALS This Period This Page (optional)	
OTALS This Period (last page in this line only)	>
earry outstanding balance only to LINE 3. Schedule D. for this	s line. If no Schedule D, carry forward to appropriate line of Summary.
arry batotanamy balance only to mit of conocale by for the	into it its constant by sairy forward to appropriate into or canimary.

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

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		Detailed Suffillary F	age
AME OF COMMITTEE (In Full)	mittoo	Tı	ransaction ID : LOAN0000019945
National Democratic Policy Com			
LOAN SOURCE Full Name (Last, First, IAN MC CLASHAN	Middle Initial)	[PERSONAL FUND	Sj Election: Primary General
Mailing Address 245 W LORRAINE ST AP	T 121		Other (specify)
City GLENDALE		ode 91202	
Original Amount of Loan	Cumulative Payment To	Date E	salance Outstanding at Close of This Period
1500.00		0.00	1500.00
TERMS Date Incurred	Date Due	Interest F	Rate Secured:
M 09 / 10 / 1984	12 / 10 / Y	VVV	.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any	r) to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
UBTOTALS This Period This Page (option OTALS This Period (last page in this line of			1500.00
Carry outstanding balance only to LINE 3,	Schedule D, for this line. If	no Schedule D, carry f	orward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Page	FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	mmitta a	Trans	saction ID : LOAN0000021069
ational Democratic Policy Cor	nmillee		
LOAN SOURCE Full Name (Last, First LOUIS HARDING	, Middle Initial)	[PERSONAL FUNDS]	Election: Primary General
Mailing Address 815 N MADISON			Other (specify) ▼
City PIERRE	State SD ZIP C	ode 57501	-
Original Amount of Loan	Cumulative Payment T		nce Outstanding at Close of This Perio
1000.00		0.00	1000.00
TERMS			
Date Incurred Mark	Date Due	e Interest Rate 1985 0.00	Secured: % (apr) Yes X No
List All Endorsers or Guarantors (if a	ny) to Loan Source		
1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City Stat	te ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	te ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	te ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	te ZIP Code	Amount Guaranteed Outstanding:	7
JBTOTALS This Period This Page (option	nal)		1000.00
OTALS This Period (last page in this line	only)	>	
arry outstanding balance only to LINE 3	, Schedule D, for this line. I	f no Schedule D, carry forw	ard to appropriate line of Summary

SCHEDULE C (FEC Form 3X)

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	e FOR LINE 13 OF FORM 3X		
ME OF COMMITTEE (In Full) ational Democratic Policy C	Committee	Trar	Transaction ID : LOAN0000021171		
ational Democratic Policy C	ommittee				
LOAN SOURCE Full Name (Last, F MARILYN PEARSON	First, Middle Initial)	[PERSONAL FUNDS]	Election: Primary General		
Mailing Address RR 1			Other (specify) ▼		
City SPENCER	State IA ZIP (Code 51301			
Original Amount of Loan	Cumulative Payment		ance Outstanding at Close of This Period		
1000.	00	100.00	900.00		
TERMS					
Date Incurred 09	Date Du 9 28 / 28 / 28	ne Interest Rat			
List All Endorsers or Guarantors (i	f any) to Loan Source				
1. Full Name (Last, First, Middle In	itial)	Name of Employer			
Mailing Address		Occupation			
City	State ZIP Code	Amount Guaranteed Outstanding:	7		
2. Full Name (Last, First, Middle Init	ial)	Name of Employer			
Mailing Address		Occupation			
City	State ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Init	ial)	Name of Employer			
Mailing Address		Occupation			
City	State ZIP Code	Amount Guaranteed Outstanding:	7		
4. Full Name (Last, First, Middle Init	ial)	Name of Employer			
Mailing Address		Occupation			
City	State ZIP Code	Amount Guaranteed Outstanding:	<u></u>		
UBTOTALS This Period This Page (o			900.00		
carry outstanding balance only to LIN	E 3, Schedule D, for this line.	If no Schedule D, carry for	ward to appropriate line of Summary.		

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

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000021412
lational Democratic Policy Committee	Transaction ID . LOAN0000021412
•	
LOAN SOURCE Full Name (Last, First, Middle Initial) MARJORIE CZECZOK	[PERSONAL FUNDS] Election:
MARJORIE CZECZOK	Primary General
Mailing Address 820 LAKE ST S	Other (specify)
City KIRKLAND State WA ZIP Co.	de ₉₈₀₃₃
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
250.00	50.00 200.00
TERMS	Interest Bate Occurred
Date Incurred Date Due	Interest Rate Secured:
10 25 1984 11 25	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Oit.	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
State ZIF Code	Outstanding:
UBTOTALS This Period This Page (optional)	200.00
OTALS 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

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	Je FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Tra	nsaction ID : LOAN0000022667
National Democratic Policy Comr			
LOAN SOURCE Full Name (Last, First, Middle Initial) [PERSONAL FUNDS] ROBERT A FUDO			Flection: Primary General
Mailing Address 24922 MUIRLANDS SP 36			Other (specify) ▼
City EL TORO	State CA ZIP Cod	de 92630	
Original Amount of Loan	Cumulative Payment To	Date Bal	ance Outstanding at Close of This Period
750.00		0.00	750.00
TERMS Date Incurred	Date Due	Interest Ra	te Secured:
10 22 1984		1985 0.0	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	y
SUBTOTALS This Period This Page (optiona	l)	>	750.00
FOTALS This Period (last page in this line or	nly)	>	
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no Schedule D, carry for	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	POR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	mittoo	Trai	nsaction ID : LOAN0000023255
ational Democratic Policy Com	imittee		
LOAN SOURCE Full Name (Last, First, KEITH J ORR	Middle Initial)	[PERSONAL FUNDS]	Election: Primary General
Mailing Address 441 PUERTO PL			Other (specify)
City HAYWARD	State CA ZIP C	Code 94541	
Original Amount of Loan	Cumulative Payment 1		ance Outstanding at Close of This Perio
500.00		0.00	500.00
TERMS	D : D		
Date Incurred 10 24 1984	Date Du	e Interest Rat	
List All Endorsers or Guarantors (if an	y) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7.1.7.1.8.1
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
JBTOTALS This Period This Page (option	nal)		500.00
OTALS This Period (last page in this line	only)	>	
arry outstanding balance only to LINE 3	Schedule D. for this line.	If no Schedule D. carry for	ward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Su	mmary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)	mitto o		Transa	action ID : LOAN0000023300
National Democratic Policy Comr	nittee			
LOAN SOURCE Full Name (Last, First, M H WYVONNE LANDRY	Middle Initial)	[PERSON/	AL FUNDS]	Election: Primary General
Mailing Address 18346 COLLINS ST #17				Other (specify) ▼
City TARZANA	State CA ZIP Co	de 91356		
Original Amount of Loan	Cumulative Payment To	Date	Baland	ce Outstanding at Close of This Perio
800.00		0.00	3 0	800.00
TERMS Date Incurred	Date Due		Interest Rate	Secured:
M 10 / 25 / 1984		1985	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Emp	loyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		, , , , , , , ,
2. Full Name (Last, First, Middle Initial)		Name of Emp	loyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		, ,
3. Full Name (Last, First, Middle Initial)		Name of Emp	loyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		, ,
4. Full Name (Last, First, Middle Initial)		Name of Emp	loyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		, , , , , , , ,
UBTOTALS This Period This Page (optiona	il)		. [800.00
OTALS This Period (last page in this line o	nly)		· [.	
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no Schedule D), carry forwa	ard to appropriate line of Summary.

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

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		Detailed Sum	mary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)			Transa	ction ID : LOAN0000023612
National Democratic Policy Comn				
LOAN SOURCE Full Name (Last, First, M JACOB S PAINTER	fiddle Initial)	[PERSONAL	. FUNDS]	Election:
JACOB S PAINTER				Primary General
Mailing Address 4371 SUNRISE DR				Other (specify) ▼
City CASPER	State WY ZIP Cod	de 82604		
Original Amount of Loan	Cumulative Payment To		Balanc	e Outstanding at Close of This Period
250.00		0.00		250.00
TERMS Date Incurred	Date Due	Int	terest Rate	Secured:
10 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		1985	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Emplo	yer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:	L,	
2. Full Name (Last, First, Middle Initial)		Name of Emplo	yer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Emplo	yer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Emplo	yer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:	L,	
		ı		
SUBTOTALS This Period This Page (optional	i)			250.00
OTALS This Period (last page in this line or	ıly)			
Carry outstanding balance only to LINE 3, Se	chedule D, for this line. If	no Schedule D,	carry forwar	d to appropriate line of Summary.

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

		Detailed Summary Page FOR LINE 13 (OF FURIN 3X
ME OF COMMITTEE (In Full) ational Democratic Policy Co	ommittoo	Transaction ID : LOAN0000	023623
ational Democratic Folicy Co	Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		
LOAN SOURCE Full Name (Last, Fi	rst, Middle Initial)	[PERSONAL FUNDS] Election: Primary General	
Mailing Address 46 SOMERSET AVE		Other (specify) ▼	
City RIVERSIDE	State RI ZIP	Code ₀₂₉₁₅	
Original Amount of Loan	Cumulative Payment		se of This Perio
1000.0	0	0.00	1000.00
TERMS			
Date Incurred 10 22 1984	Date D	ue Interest Rate 5 1985 0.00 % (apr)	Secured: Yes X No
List All Endorsers or Guarantors (if	any) to Loan Source		
1. Full Name (Last, First, Middle Initi	ial)	Name of Employer	
Mailing Address		Occupation	
City S	tate ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City S	tate ZIP Code	Amount Guaranteed Outstanding:	· ·
3. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City S	tate ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City S	tate ZIP Code	Amount Guaranteed Outstanding:	
JBTOTALS This Period This Page (op	tional)	>	1000.00
OTALS This Period (last page in this li	ne only)		
arry outstanding balance only to LINE	3, Schedule D, for this line.	If no Schedule D, carry forward to appropriate lin	e of Summary.

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		Detailed Su	mmary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		•	Transa	ction ID : LOAN0000023624
National Democratic Policy Comm				
LOAN SOURCE Full Name (Last, First, M BRYCE JONES	liddle Initial)	[PERSON	AL FUNDS]	Election: Primary General
Mailing Address 213 W OAKRIDGE DR				Other (specify)
City FARMINGTON	State UT ZIP Cod	de 84025		
Original Amount of Loan	Cumulative Payment To	Date	Balanc	e Outstanding at Close of This Period
1000.00		0.00		1000.00
TERMS Date Incurred	Date Due		Interest Rate	Secured:
10 22 1984		1985	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Emp	oloyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Emp	oloyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Emp	oloyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Emp	oloyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional			· [1000.00
OTALS This Period (last page in this line or	ıly)		.	
Carry outstanding balance only to LINE 3, Se	chedule D, for this line. If	no Schedule [D, carry forwa	rd to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Sur	mmary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		•	Transa	ction ID : LOAN0000023627
National Democratic Policy Comm				
LOAN SOURCE Full Name (Last, First, M	fiddle Initial)	[PERSONA	AL FUNDS]	Election:
MRS BRYCE JONES				Primary General
Mailing Address 213 W OAKRIDGE DR				Other (specify)
City FARMINGTON	State UT ZIP Co	de 84025		
Original Amount of Loan	Cumulative Payment To	Date	Balanc	e Outstanding at Close of This Period
1000.00		0.00		1000.00
TERMS Date Incurred	Date Due		nterest Rate	Secured:
10 / 22 / 1984	01 / D / Y	1985	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Emp	loyer	
Mailing Address		Occupation		
	710.0	Amount		
City State	ZIP Code	Guaranteed Outstanding:	L.,	
2. Full Name (Last, First, Middle Initial)		Name of Emp	loyer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:	L,	
3. Full Name (Last, First, Middle Initial)		Name of Emp	loyer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:	L,	
4. Full Name (Last, First, Middle Initial)		Name of Emp	loyer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
<u>, </u>		1		
SUBTOTALS This Period This Page (optional)		<u> </u>	1000.00
OTALS This Period (last page in this line or	nly)		· [7
Carry outstanding balance only to LINE 3, So	chedule D, for this line. If	no Schedule D	, carry forwa	rd to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	ge FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	mittoo	Tra	nsaction ID : LOAN0000023628
ational Democratic Policy Com	imillee		
LOAN SOURCE Full Name (Last, First, MRS DONALD MILLS	Middle Initial)	[PERSONAL FUNDS]	Election: Primary General
Mailing Address 4495 WOODLAWN			Other (specify) ▼
City BEAUMONT	State TX ZIP 0	Code 77703	
Original Amount of Loan	Cumulative Payment	To Date Bal	ance Outstanding at Close of This Perio
500.00	7	0.00	500.00
TERMS	Data Du		to Consumed.
Date Incurred 10 22 1984	Date Du	ne Interest Rai	
List All Endorsers or Guarantors (if any	y) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
JBTOTALS This Period This Page (option	al)	<u>}</u>	500.00
OTALS This Period (last page in this line	only)		
arry outstanding balance only to LINE 3,	Schedule D. for this line	If no Schedule D. carry for	ward to appropriate line of Summary

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

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FOR LINE 13 OF FORM 3X

	Detailed Suffilliary Page 1 311 2112 13 31 1 3111 311
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000023683
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) AMY G BRAINARD	[PERSONAL FUNDS] Election: Primary General
Mailing Address 1202 S GLADYS AVE	Other (specify) ▼
	IP Code 91776
Original Amount of Loan Cumulative Payme	ent To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date	e Due Interest Rate Secured:
10 / 25 / 1984 10 / 25	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
COTALS This Period This Page (optional)	
Carry outstanding balance only to LINE 3, Schedule D, for this li	ne. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	Je FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	mmittaa	Tra	nsaction ID : LOAN0000024453
ational Democratic Policy Co	mmittee		
LOAN SOURCE Full Name (Last, Fire JAMES HOWARD PETERS	st, Middle Initial)	[PERSONAL FUNDS]	Election: Primary General
Mailing Address 2380 GRANADA AVE			Other (specify)
City LONG BEACH	State CA ZIP (Code 90815	
Original Amount of Loan	Cumulative Payment		ance Outstanding at Close of This Perio
1000.00		0.00	1000.00
TERMS			
Date Incurred 11	Date Du 05 26 /	Interest Rate 1985	
List All Endorsers or Guarantors (if a	any) to Loan Source		
1. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial		Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial		Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	7
JBTOTALS This Period This Page (opti			1000.00
			award to appropriate line of Super-
arry outstanding balance only to LINE	3, Scriedule D, for this line.	ii iio ociiedule D, carry for	waru to appropriate line of Summar

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	e FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	amittaa	Trar	nsaction ID : LOAN0000024908
ational Democratic Policy Com			
LOAN SOURCE Full Name (Last, First, LARS THELANDER	Middle Initial)	[PERSONAL FUNDS]	Election: Primary General
Mailing Address 14 MOUNT CASTLE PL			Other (specify) ▼
City JOHNSON CITY	State TN ZIP C	ode 37601	
Original Amount of Loan	Cumulative Payment T	o Date Bala	ance Outstanding at Close of This Perio
500.00	, , , , ,	0.00	500.00
TERMS Date Incurred	Date Due	e Interest Rat	e Secured:
11 02 1984	02 / 02	1985 0.00	0 % (apr) Yes X No
List All Endorsers or Guarantors (if an	y) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , ,
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	<u></u>
JBTOTALS This Period This Page (option	nal)	>	500.00
OTALS This Period (last page in this line	only)	>	
arry outstanding balance only to LINE 3,	Schedule D. for this line. I	f no Schedule D. carry for	ward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pa	ge TON LINE 13 OF TONIN 3X
AME OF COMMITTEE (In Full)		Tra	ansaction ID : LOAN0000025202
National Democratic Policy Cor	nmittee		
LOAN SOURCE Full Name (Last, First ALMA G UBER	t, Middle Initial)	[PERSONAL FUNDS	Election: Primary General
Mailing Address 3447 STERNE ST			Other (specify) ▼
City SAN DIEGO	State CA ZIP Co	ode 92106	
Original Amount of Loan	Cumulative Payment To	Date Ba	alance Outstanding at Close of This Period
500.00	7	0.00	500.00
TERMS Date Incurred	Date Due	Interest Ra	ate Secured:
11 07 1984		1985	
List All Endorsers or Guarantors (if a	ny) to Loan Source		
1. Full Name (Last, First, Middle Initial		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	9.1.9.1.5.1
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	9 1 1 9 1 1 1 1 1
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	
COURT OUTSIDE DESIGNATION OF THE LINE 2	only)	>	500.00
Carry outstanding balance only to LINE 3	, scriedule D, for this line. If	no schedule D, carry to	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

		Detailed Summary Page	FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	amitta a	Transaction	ID : LOAN0000026096
ational Democratic Policy Con	nmittee		
LOAN SOURCE Full Name (Last, First, GABRIEL DICK	, Middle Initial)		n: imary eneral
Mailing Address BOX 274		Of	ther (specify)
City CARMEL	State CA ZIP (Code 93921	
Original Amount of Loan	Cumulative Payment ⁻		standing at Close of This Perio
500.00	,	0.00	500.00
TERMS			
Date Incurred 11 30 1984	Date Du	e Interest Rate 1984 0.00	Secured: % (apr) Yes X No
List All Endorsers or Guarantors (if ar	y) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	.,
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	
JBTOTALS This Period This Page (option	nal)	<u> </u>	500.00
OTALS This Period (last page in this line	only)	>	7
arry outstanding balance only to LINE 3,	Schedule D. for this line	If no Schedule D. carry forward to	appropriate line of Summary

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

		Detailed S	ummary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		•	Transa	ction ID : LOAN0000032658
National Democratic Policy Comn				
LOAN SOURCE Full Name (Last, First, M JOHN PRICE	fiddle Initial)	[PERSON	IAL FUNDS]	Election: Primary General
Mailing Address 101 S COTTAGE RD				Other (specify) ▼
City STERLING	State VA ZIP Co	de 22170		
Original Amount of Loan	Cumulative Payment To	Date	Balanc	e Outstanding at Close of This Period
750.00		0.0	0	750.00
TERMS Date Incurred	Date Due		Interest Rate	Secured:
05 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		1986	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Em	ployer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	Ĺ,	
2. Full Name (Last, First, Middle Initial)		Name of Em	ployer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Em	ployer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Em	ployer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)		.	750.00
OTALS This Period (last page in this line or	nly)		· [41400.00
Carry outstanding balance only to LINE 3, Se	chedule D, for this line. If	no Schedule	D, carry forwa	rd to appropriate line of Summary.

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PAGE 54 OF 143 FOR LINE NUMBER: (check only one)

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cluding Loans			numb	ered line)	 10
AME OF COMMITTEE (In Full)			•	•	
National Democratic Policy Committe	ee				
LA Foll Nove (Last First Middle In Not College					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			Nature of Debt (Pu EXPRESS PACK	
AIRBORNE FREIGHT CORP.					
Mailing Address P O BOX 662					
City State	Zip Code				
SEATTLE	WA	98111			
Outstanding Balance Beginning This Period				Transaction ID :	INV6010000112089
12.50					
12.30					
Amount Incurred This Period	Pay	ment This Period		Outstanding Bala	ance at Close of This Period
0.00			0.00		12.50
, ,	,	<u> </u>		ŕ	, and the second
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		T	Nature of Debt (Pu	ırpose):
AMFAC HOTEL				ROOM RENTAL	
Mailing Address P O BOX 1926					
City State	Zip Code				
ALBUQUERQUE	NM	87119			
Outstanding Balance Beginning This Period			I	Transaction ID	: INV6010000112090
				Transaction ib	. 11440010000112030
198.49					
Amount Incurred This Period	Pay	ment This Period		Outstanding Bala	ance at Close of This Period
0.00	7		0.00		198.49
C. Full Name (Last, First, Middle Initial) of Debto	v ov Croditor			Natura of Dalet (D.	
ARLINGTON HILTON	r or Creditor			Nature of Debt (Pu ROOM RENTALS	
Mailing Address 2401 EAST LAMAR BOULEVAR	D				
	_				
City	State	Zip Code			
ARLINGTON	TX	76011			
Outstanding Balance Beginning This Period				Transaction ID	: INV6010000112363
139.00					
Amount Incurred This Period	Pay	ment This Period		Outstanding Bala	ance at Close of This Period
0.00			0.00		139.00
) SUBTOTALS This Period This Page (optional)					349.99
			<u> </u>		
) TOTALS This Period (last page this line number	only)		>		-
TOTAL OUTSTANDING LOANS from Schedule (C (last page or	nly)			
) ADD 2) and 3) and carry forward to appropriate	line of Summa	ny Page (last page	only) 🛌		
and carry forward to appropriate	iiile oi Suiliina	ry rage (last page	Offig)		9

Excluding Loans

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EQUIPMENT RENTAL AUDIO VISUAL CENTER** Mailing Address 235 NORTH BROAD STREET State Zip Code PA **PHILADELPHIA** 19107 Transaction ID: INV6010000112091 Outstanding Balance Beginning This Period 25.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 25.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EQUIPMENT RENTAL** AUDIO VISUAL HEADQUARTERS CORP Mailing Address 361 NORTH OAK STREET City State Zip Code **INGLEWOOD** 90301 CA Outstanding Balance Beginning This Period Transaction ID: INV6010000112092 11.08 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 11.08 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EQUIPMENT RENTAL** AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City State Zip Code **DALLAS** 75207 TX Transaction ID: INV6010000112093 Outstanding Balance Beginning This Period 65.64 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 65 64 0.00 101.72 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee		
A. Full Name (Last, First, Middle Initial) of Debte	or or Creditor	Nature of Debt (Pur	pose):
BANK OF THE COMMONWE	ALTH	MISC. EXPENSE	
Mailing Address PO BOX 32900			
City State	Zip Code		
DETROIT	MI 48232		
Outstanding Balance Beginning This Period		Transaction ID : I	NV6010000112095
1430.00			
Amount Incurred This Period	Payment This Period	Outstanding Balan	nce at Close of This Period
0.00	0.0	00	1430.00
B. Full Name (Last, First, Middle Initial) of Debto BELMONT RESTAURANT	r or Creditor	Nature of Debt (Pur ROOM RENTALS	pose):
Mailing Address 541 LEXINGTON AVE.			
City State	Zip Code		
NEW YORK	NY 10022		
Outstanding Balance Beginning This Period		Transaction ID :	INV6010000112096
110.00			
Amount Incurred This Period	Payment This Period	Outstanding Balan	nce at Close of This Period
0.00	0.0		110.00
C. Full Name (Last, First, Middle Initial) of Debt BROWN PALACE HOTEL	or or Creditor	Nature of Debt (Pur ROOM RENTALS	pose):
Mailing Address P.O. BOX 1440			
City	State Zip Code		
DENVER	CO 80201		
Outstanding Balance Beginning This Period		Transaction ID :	INV6010000112097
273.00			
Amount Incurred This Period	Payment This Period	Outstanding Balan	nce at Close of This Period
0.00	0.0	00	273.00
SUBTOTALS This Period This Page (optional)		• • • • • • • • • • • • • • • • • • •	1813.00
2) TOTALS This Period (last page this line numbe	r only)		.,
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		7
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page onli	y) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line)

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	e				
	A. Full Name (Last, First, Middle Initial) of Debtor BRUKOFF, BERAS & STEWAR				Nature of Debt (Purpose): ATTY FEES-ZIEGLER/CONG	
	Mailing Address 3000 TOWN CENTER SUITE 2550					
	City State SOUTHFIELD	Zip Code MI	48075			
	Outstanding Balance Beginning This Period				Transaction ID : INV6010	0000112099
	285.00					
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at 0	Close of This Period
	0.00			0.00	, , , , ,	285.00
	B. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	or Creditor			Nature of Debt (Purpose): PRESS RELATIONS SERV	VICE
f	Mailing Address P.O. BOX 17726				-	
- 1	City State WASHINGTON	Zip Code DC	20041			
	Outstanding Balance Beginning This Period 2700.00				Transaction ID : INV601	0000111880
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at 0	Close of This Period
	0.00			0.00	,	2700.00
Ī	C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS				Nature of Debt (Purpose): RENT	
	Mailing Address P.O. BOX 17726				-	
	City WASHINGTON	State DC	Zip Code 20041			
	Outstanding Balance Beginning This Period 64.51				Transaction ID : INV601	10000111909
		Pov	ment This Period		Outstanding Balance at 0	Class of This Pariod
	Amount Incurred This Period	Pay	ment This Period	0.00	Outstanding Balance at C	
	0.00			0.00		64.51
1)	SUBTOTALS This Period This Page (optional)			>		3049.51
2)	TOTALS This Period (last page this line number of	only)		>		
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)	>	, , , ,	
4)	ADD 2) and 3) and carry forward to appropriate li	ine of Summa	ıry Page (last page	only) ►		

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code DC WASHINGTON 20041 Transaction ID: INV6010000111912 Outstanding Balance Beginning This Period 1567.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1567.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000111913 60.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 60.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 Zip Code City State WASHINGTON DC 20041 Transaction ID: INV6010000111914 Outstanding Balance Beginning This Period 7316.85 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 7316.85 0.00 8943.85 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ee			
	A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): RENT	
	Mailing Address P.O. BOX 17726				
	City State WASHINGTON	Zip Code DC	20041		
	Outstanding Balance Beginning This Period			Transaction ID : INV601000011191	5
	800.00				
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of Th	nis Period
	0.00		0.	00 80	0.00
	B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): PHOTOCOPIER USAGE	
	Mailing Address P.O. BOX 17726				
ł	City State	Zip Code			
	WASHINGTON	DC	20041		
	Outstanding Balance Beginning This Period			Transaction ID : INV60100001119	16
	250.00				
		Do	ment This Davied	Outstanding Polones at Class of Th	aio Dariad
	Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of The	
	0.00		0.0	00 250	0.00
•	C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): TELECOMMUNICATIONS	
	Mailing Address P.O. BOX 17726				
	City WASHINGTON	State DC	Zip Code 20041		
Ī	Outstanding Balance Beginning This Period			Transaction ID : INV60100001119	17
	1000.00				
	Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of Th	nis Period
	0.00		0.		0.00
1)	SUBTOTALS This Period This Page (optional)			▶ 205	0.00
2)	TOTALS This Period (last page this line number	only)	······	>	
3)	TOTAL OUTSTANDING LOANS from Schedule C	C (last page o	nly)	>	
4)	ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page on	nly) ▶	

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRESS RELATIONS SERVICE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code DC WASHINGTON 20041 Transaction ID: INV6010000111918 Outstanding Balance Beginning This Period 8170.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 8170.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000111919 1310.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1310.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 Zip Code City State WASHINGTON DC 20041 Transaction ID: INV6010000111920 Outstanding Balance Beginning This Period 11948.30 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 11948.30 0.00 21428.30 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **RENT** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code DC WASHINGTON 20041 Transaction ID: INV6010000111921 Outstanding Balance Beginning This Period 800.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 800.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PHOTOCOPIER USAGE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000111922 250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 250.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELECOMMUNICATIONS** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 Zip Code City State WASHINGTON DC 20041 Transaction ID: INV6010000111923 Outstanding Balance Beginning This Period 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1000.00 0.00 2050.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRESS RELATIONS SERVICE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code DC WASHINGTON 20041 Transaction ID: INV6010000111924 Outstanding Balance Beginning This Period 8170.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 8170.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000111925 150.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 150.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 Zip Code City State WASHINGTON DC 20041 Transaction ID: INV6010000111926 Outstanding Balance Beginning This Period 30.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 30.00 0.00 8350.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code DC WASHINGTON 20041 Transaction ID: INV6010000111927 Outstanding Balance Beginning This Period 5852.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5852.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000112054 13773.65 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 13773.65 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 Zip Code City State WASHINGTON DC 20041 Transaction ID: INV6010000112055 Outstanding Balance Beginning This Period 302.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 302 50 0.00 19928.15 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

(Use separate schedule(s) for each

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Excluding Loans numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code DC WASHINGTON 20041 Transaction ID: INV6010000112056 Outstanding Balance Beginning This Period 7910.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 7910.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000112057 40.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 40.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 Zip Code City State WASHINGTON DC 20041 Transaction ID: INV6010000112058 Outstanding Balance Beginning This Period 7989.60 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 7989 60 0.00 15939.60 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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NAME OF COMMITTEE (In Full) National Democratic Policy Committ	ee			
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			ebt (Purpose):
CAMPAIGNER PUBLICATIONS			RENT	
Mailing Address P.O. BOX 17726				
City State WASHINGTON	Zip Code DC	20041		
Outstanding Balance Beginning This Period			Transaction	on ID : INV6010000112059
800.00				
Amount Incurred This Period	Paym	ent This Period	Outstandir	ng Balance at Close of This Period
0.00	,	, 0	0.00	800.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
CAMPAIGNER PUBLICATIONS				MUNICATIONS
CAMPAIGNER FUBLICATIONS	•			
Mailing Address P.O. BOX 17726				
City State	Zip Code			
WASHINGTON	DC	20041		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112060
1000.00				
Amount Incurred This Period	Paym	ent This Period	Outstandir	ng Balance at Close of This Period
0.00	, ,	0	.00	1000.00
	0 111			
C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATION			RENT	ebt (Purpose):
Mailing Address P.O. BOX 17726				
City	State	Zip Code		
WASHINGTON	DC	20041		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112061
Catalanding Edianoc Edginning This Tenod				
800.00				
Amount Incurred This Period	Paym	ent This Period	Outstandin	ng Balance at Close of This Period
0.00			0.00	800.00
0.00				000.00
1) SUBTOTALS This Period This Page (optional)			▶	2600.00
				· · · · · · · · ·
2) TOTALS This Period (last page this line number	only)		▶	7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only	/)	>	7 7
4) ADD 2) and 3) and carry forward to appropriate	line of Summary	Page (last page o	nly) ▶	

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELECOMMUNICATIONS** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code DC WASHINGTON 20041 Transaction ID: INV6010000112062 Outstanding Balance Beginning This Period 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1000.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **RENT** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000112063 800.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 800.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELECOMMUNICATIONS** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 Zip Code City State WASHINGTON DC 20041 Transaction ID: INV6010000112064 Outstanding Balance Beginning This Period 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1000.00 0.00 2800.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** CAPITOL PLAZA Mailing Address 240 WEST STATE STREET State Zip Code **TRENTON** 08608 Transaction ID: INV6010000112103 Outstanding Balance Beginning This Period 93.10 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 93.10 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** CAPITOL PLAZA HOTEL Mailing Address HOLIDAY INN 300 J STREET State City Zip Code **SACRRAMENTO** CA 95814 Outstanding Balance Beginning This Period Transaction ID: INV6010000112102 15.78 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 15.78 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** 10101 NY Transaction ID: INV6010000112274 Outstanding Balance Beginning This Period 8023.57 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 8023.57 0.00 8132.45 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Э е		•	
A. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC			Nature of D MTG PLAN	Debt (Purpose): NNING FEES & EXPNS
Mailing Address PO BOX 748 RADIO CITY STATION				
City State NEW YORK	Zip Code NY	10101		
Outstanding Balance Beginning This Period			Transacti	ion ID : INV6010000112275
1529.35				
Amount Incurred This Period 0.00	Pay	ment This Period	Outstandi 0.00	ng Balance at Close of This Period 1529.35
7 7 7	- Craditor	,		7
B. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.				Debt (Purpose): FICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION	7:n Codo			
City State NEW YORK	Zip Code NY	10101		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112281
2614.35				
Amount Incurred This Period	Pay	ment This Period		ng Balance at Close of This Period
0.00			0.00	2614.35
C. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC				Debt (Purpose): CTELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION		7: 0 1:		
City NEW YORK	State NY	Zip Code 10101		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112282
9834.85	Dov	This Davied	Outstandi	This Deviced
Amount Incurred This Period 0.00	Pay	ment This Period	0.00	ng Balance at Close of This Period 9834.85
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1) SUBTOTALS This Period This Page (optional)			>	13978.55
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3) TOTAL OUTSTANDING LOANS from Schedule (C (last page or	าly)	>	, , , , , , , , ,
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Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MTG PLANNING FEES & EXPNS CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 **RADIO CITY STATION** State Zip Code **NEW YORK** 10101 Transaction ID: INV6010000112283 Outstanding Balance Beginning This Period 235.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 235.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** NY 10101 Outstanding Balance Beginning This Period Transaction ID: INV6010000112284 2614.35 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2614.35 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** 10101 NY Transaction ID: INV6010000112285 Outstanding Balance Beginning This Period 7844.75 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 7844.75 0.00 10694.10 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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	F COMMITTEE (In Full) nal Democratic Policy Committe	е			
A. Fı	ull Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of	Debt (Purpose): FFICE RENT
CAUCUS DISTRIBUTORS INC.					-FIGE RENT
Mailin	g Address PO BOX 748 RADIO CITY STATION				
City	State	Zip Code			
NEW	YORK	NY	10101		
Out	tstanding Balance Beginning This Period			Transac	tion ID : INV6010000112286
	2614.35				
	Amount Incurred This Period	Pay	ment This Period	Outstand	ding Balance at Close of This Period
	0.00			0.00	2614.35
	Il Name (Last, First, Middle Initial) of Debtor AUCUS DISTRIBUTORS INC.	or Creditor			Debt (Purpose): C TELEPHONE USAGE
Mailin	g Address PO BOX 748 RADIO CITY STATION				
City	State	Zip Code			
NEW	YORK	NY	10101		
Out	tstanding Balance Beginning This Period 5250.00			Transa	ction ID : INV6010000112287
		_			
	Amount Incurred This Period	Pay	ment This Period	Outstand	ding Balance at Close of This Period
	0.00		(0.00	5250.00
	ull Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.				Debt (Purpose): ANNING FEES & EXPNS
Mailin	g Address PO BOX 748 RADIO CITY STATION				
City		State	Zip Code		
NEW	YORK	NY	10101		
Out	tstanding Balance Beginning This Period			Transa	ction ID : INV6010000112288
		_			
	Amount Incurred This Period	Pay	ment This Period	Outstand	ding Balance at Close of This Period
	0.00		,	0.00	1151.71
1) SUB	TOTALS This Period This Page (optional)			>	9016.06
2) TOT/	ALS This Period (last page this line number	only)		}	5
3) TOT/	AL OUTSTANDING LOANS from Schedule C	C (last page or	nly)	>	, , , , , , , , , , , , , , , , , , , ,
4) ADD	2) and 3) and carry forward to appropriate I	ine of Summa	ry Page (last page o	only) ▶	

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Police	y Committee	e			
` ' '	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.				
Mailing Address PO BOX 748 RADIO CITY ST	ATION				
City State NEW YORK		Zip Code NY 10101			
Outstanding Balance Beginning	This Period			·	Transaction ID : INV6010000112289
2614.35					
Amount Incurred This Pe	eriod	Payment This Period			Outstanding Balance at Close of This Period
	0.00	7	(0.00	2614.35
· ·	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.				Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Mailing Address PO BOX 748					
RADIO CITY ST City State	ATION	Zip Code			
City State NEW YORK		NY NY	10101		
Outstanding Balance Beginning	This Period		Transaction ID : INV6010000112290		
	2296.00				
Amount Incurred This Pe	eriod	Payment This Period			Outstanding Balance at Close of This Period
7	0.00		, (0.00	2296.00
	. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.				Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Mailing Address PO BOX 748					
RADIO CITY ST	ATION	State	Zip Code		
NEW YORK		NY	10101		
Outstanding Balance Beginning	This Period				Transaction ID : INV6010000112291
1	0085.00				
Amount Incurred This Po	eriod	Payr	ment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	10085.00
1) SUBTOTALS This Period This Pa	age (optional)			>	14995.35
2) TOTALS This Period (last page this line number only)					
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)					
4) ADD 2) and 3) and carry forward					

Excluding Loans

(Use separate schedule(s) for each numbered line)

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	Э е		
	A. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC	Nature of Debt (Purpose): FIELD OFFICE RENT		
	Mailing Address PO BOX 748 RADIO CITY STATION			
	City State NEW YORK	Zip Code NY 10101		1
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112292
	2200.00			
	Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period
	0.00		0.00	2200.00
	B. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	Nature of Debt (Purpose): FIELD OFFICE RENT		
	Mailing Address PO BOX 748			
	RADIO CITY STATION City State	Zip Code		
	City State NEW YORK	NY NY	10101	
	Outstanding Balance Beginning This Period	Transaction ID : INV6010000112293		
	2000.00			
	Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period
	0.00		0.00	2000.00
	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.			Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Ì	Mailing Address PO BOX 748			
	RADIO CITY STATION	Ctoto	7in Codo	
	City NEW YORK	State NY	Zip Code 10101	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112294
	9170.00			
	Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period
	0.00		0.00	9170.00
1)	SUBTOTALS This Period This Page (optional)			13370.00
2)	TOTALS This Period (last page this line number			
3)	TOTAL OUTSTANDING LOANS from Schedule C			
4)	ADD 2) and 3) and carry forward to appropriate			

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION State Zip Code **NEW YORK** 10101 Transaction ID: INV6010000112295 Outstanding Balance Beginning This Period 2000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2000.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** NY 10101 Outstanding Balance Beginning This Period Transaction ID: INV6010000112296 9170.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 9170.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MTG PLANNING FEES & EXPNS CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** 10101 NY Transaction ID: INV6010000112297 Outstanding Balance Beginning This Period 2144.91 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2144.91 0.00 13314.91 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ADJUST 1986 TEL USAGE CHG CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION State Zip Code **NEW YORK** 10101 Transaction ID: INV6010000112298 Outstanding Balance Beginning This Period 18135.97 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 18135.97 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **RENT** CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** NY 10101 Outstanding Balance Beginning This Period Transaction ID: INV6010000112299 2000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELEPHONE USAGE** CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** 10101 NY Transaction ID: INV6010000112300 Outstanding Balance Beginning This Period 9170.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 9170.00 0.00 29305.97 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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(Use separate schedule(s) for each numbered line)

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	ee				
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CITICORP				Nature of Debt (Purpose): MISC. EXPENSES	
	Mailing Address CCSI COLLECTION DEPARTME P.O. BOX C5216	ENT				
	City State MELVILLE	Zip Code NY	11750			
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112302	
	760.00					
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period	
	0.00			0.00	760.00	
	B. Full Name (Last, First, Middle Initial) of Debtor CLIFFORD B KOENIG	or Creditor			Nature of Debt (Purpose): TRAVEL AND LODGING	
	Mailing Address 7195 COOPER SPUR ROAD					
	City State MT HOOD/PARKDALE	Zip Code OR	97041			
	Outstanding Balance Beginning This Period 556.76				Transaction ID : INV6010000112378	
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period	
	0.00			0.00	556.76	
	C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL	r or Creditor			Nature of Debt (Purpose): ROOM RENTALS	
	Mailing Address 123 E. POST RD. (RT 22)					
	City WHITE PLAINS	State NY	Zip Code 10610			
	Outstanding Balance Beginning This Period 120.00				Transaction ID : INV6010000112303	
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period	
	0.00			0.00	120.00	
1)	SUBTOTALS This Period This Page (optional)			>	1436.76	
2)	TOTALS This Period (last page this line number	only)		>		
3)	TOTAL OUTSTANDING LOANS from Schedule (C (last page o	nly)			
4)	ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page	only) ▶		

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Commit	itee	
A. Full Name (Last, First, Middle Initial) of Deb COACHMAN INN & RESTAUI	Nature of Debt (Purpose): ROOM RENTALS	
Mailing Address 10 JACKSON DRIVE		
City State CRANFORD	Zip Code NJ 07016	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112304
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	150.00
B. Full Name (Last, First, Middle Initial) of Debte DALE ANDERSON'S	or or Creditor	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 7041 FIRST AVE.		
City State SCOTTSDALE	Zip Code AZ 85251	
Outstanding Balance Beginning This Period 238.50		Transaction ID: INV6010000112308
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	238.50
C. Full Name (Last, First, Middle Initial) of Deb DAVID JAY, ESQ.	tor or Creditor	Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES
Mailing Address ATTORNEY AT LAW 120 DELAWARE AVENUE, ST	E 100 State Zip Code	
BUFFALO	NY 14202	
Outstanding Balance Beginning This Period 306.35		Transaction ID : INV6010000112373
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	306.35
1) SUBTOTALS This Period This Page (optional).	>	694.85
2) TOTALS This Period (last page this line number	er only)	7
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	-
4) ADD 2) and 3) and carry forward to appropriat	e line of Summary Page (last page only)	

Excluding Loans

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	AME OF COMMITTEE (In Full) Iational Democratic Policy Committe	:e			
	A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (P POSTAGE	'urpose):
	DAVID KILBUR	FUSIAGE			
	Mailing Address 1901 NORIEGA #5				
	City State	Zip Code			
	SAN FRANCISCO	CA 941	22		
	Outstanding Balance Beginning This Period			Transaction ID	: INV6010000112376
	194.93				
	Amount Incurred This Period	Payment Thi	s Period	Outstanding Bal	ance at Close of This Period
	0.00		0.00	,	194.93
ı	B. Full Name (Last, First, Middle Initial) of Debtor DOUBLEWOOD INN BEST WES			Nature of Debt (P ROOM RENTAL	Purpose):
	Mailing Address 3333 13TH AVE. SOUTH				
	City State	Zip Code			
	FARGO	ND 581	03		
	Outstanding Balance Beginning This Period			Transaction ID	: INV6010000113252
	36.40	December 11:		O the office Del	. Ol at This Based
	Amount Incurred This Period	Payment Thi		Outstanding bai	ance at Close of This Period
	0.00		0.00		36.40
	C. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBUT			Nature of Debt (P FIELD OFFICE F	
	Mailing Address P.O. BOX 268			-	
	City	State Zip C	ode		
	DREXEL HILL	PA 1902	6		
	Outstanding Balance Beginning This Period			Transaction ID	: INV6010000114470
	200.00				
	Amount Incurred This Period	Payment Thi	s Period	Outstanding Bal	ance at Close of This Period
	0.00		0.00		200.00
1)	SUBTOTALS This Period This Page (optional)		>		431.33
2)	TOTALS This Period (last page this line number of	only)	>		7
3)	TOTAL OUTSTANDING LOANS from Schedule C	Clast page only)	>		
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Excluding Loans

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	COMMITTEE (In Full) al Democratic Policy Committe	ee			
	II Name (Last, First, Middle Initial) of Debto ASTERN STATES DISTRIBU		Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE		
Mailing	g Address P.O. BOX 268				
City DREX	State EL HILL	Zip Code PA	19026		
Outs	standing Balance Beginning This Period				Transaction ID : INV6010000114471
	915.00				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		0	0.00	915.00
I	Name (Last, First, Middle Initial) of Debtor ASTERN STATES DISTRIBUT			I	Nature of Debt (Purpose): FIELD OFFICE RENT
Mailing	g Address P.O. BOX 268				
City	State EL HILL	Zip Code PA	19026		
	standing Balance Beginning This Period	FA	19020		Transaction ID : INV6010000114472
Outs	200.00				Transaction ID: INV6010000114472
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		0.	0.00	200.00
	III Name (Last, First, Middle Initial) of Debto ASTERN STATES DISTRIBU				Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Mailing	g Address P.O. BOX 268				
City DREX	(EL HILL	State PA	Zip Code 19026		
Outs	standing Balance Beginning This Period				Transaction ID : INV6010000114473
	915.00				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		0	0.00	915.00
1) SUBT	TOTALS This Period This Page (optional)			•	2030.00
2) TOTA	ALS This Period (last page this line number	only)		>	
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Excluding Loans

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 State Zip Code PA DREXEL HILL 19026 Transaction ID: INV6010000114474 Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 200.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 City State Zip Code **DREXEL HILL** 19026 PΑ Outstanding Balance Beginning This Period Transaction ID: INV6010000114475 915.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 915.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **RENT** EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 City State Zip Code DREXEL HILL 19026 PA Transaction ID: INV6010000114476 Outstanding Balance Beginning This Period 200.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 200.00 0.00 1315.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ee			
	A. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBUT	Nature of Debt (Purpose): TELEPHONE USAGE			
Ī	Mailing Address P.O. BOX 268				
	City State DREXEL HILL	Zip Code PA	19026		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000114477
	915.00				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		(0.00	915.00
	B. Full Name (Last, First, Middle Initial) of Debtor (EDGEWATER INN	or Creditor			Nature of Debt (Purpose): ROOM RENTAL
	Mailing Address PIER 67				
	City State SEATTLE	Zip Code WA	98121		
	Outstanding Balance Beginning This Period 205.00				Transaction ID : INV6010000113744
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		(0.00	205.00
	C. Full Name (Last, First, Middle Initial) of Debtor EDWARD CORPUS	or Creditor			Nature of Debt (Purpose): PRINTING
	Mailing Address 1339 MARYLAND ST. APT. 1				
	City LOS ANGELES	State CA	Zip Code 90017		
	Outstanding Balance Beginning This Period 22.95				Transaction ID : INV6010000112307
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		(0.00	22.95
1)	SUBTOTALS This Period This Page (optional)			>	1142.95
2)	TOTALS This Period (last page this line number of	only)		>	7
3)	TOTAL OUTSTANDING LOANS from Schedule C	C (last page or	ıly)	>	
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Excluding Loans

(Use separate schedule(s) for each

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE **EMERY WORLDWIDE** Mailing Address P.O. BOX 100 City State Zip Code **BALTIMORE** 21277 Transaction ID: INV6010000112315 Outstanding Balance Beginning This Period 11.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 11.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** ERIE HILTON HOTEL--ERIE/PA Mailing Address C/O METROPOLITAN HOTELS, INC. 2 EAST FAYETTE STREET City State Zip Code **BALTIMORE** 21202 MD Outstanding Balance Beginning This Period Transaction ID: INV6010000112364 37.10 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 37.10 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL AND LODGING **ERNEST BAALS** Mailing Address 826 GARWOOD ROAD Zip Code City State **ERIAL** 08081 NJ Transaction ID: INV6010000112094 Outstanding Balance Beginning This Period 206.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 206.00 0.00 254.60 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committed	е			
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor EVELYN LANTZ			Nature of Debt (Purpose): PRINTING	
	Mailing Address 1826 NORIEGA STREET				
	City State	Zip Code CA			
	SAN FRANCISCO Outstanding Balance Beginning This Period	- CA	94122		Transaction ID : INV6010000112386
	60.98				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		,	0.00	60.98
•	B. Full Name (Last, First, Middle Initial) of Debtor of EXECUTIVE HOTEL & SPA	or Creditor			Nature of Debt (Purpose): MEETING ROOM RENTAL
	Mailing Address 1055 FIRST AVE.				
	City State SAN DIEGO	Zip Code CA	92101		
	Outstanding Balance Beginning This Period 100.00				Transaction ID : INV6010000114372
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	100.00
	C. Full Name (Last, First, Middle Initial) of Debtor EXECUTIVE RED CARPET INN				Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address 4020 SOUTHWEST FREEWAY				
	City HOUSTON	State TX	Zip Code 77027		
	Outstanding Balance Beginning This Period 22.00				Transaction ID : INV6010000112317
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	22.00
1)	SUBTOTALS This Period This Page (optional)			>	182.98
2)	TOTALS This Period (last page this line number of	only)		>	
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	>	
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summa	ry Page (last page o	only) 🕨	

Excluding Loans

(Use separate schedule(s) for each

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE FEDERAL EXPRESS Mailing Address PO BOX 727, DEPT. A State Zip Code TN **MEMPHIS** 38194 Transaction ID: INV6010000112318 Outstanding Balance Beginning This Period 275.97 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 275.97 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE FEDERAL EXPRESS Mailing Address PO BOX 727, DEPT. A City State Zip Code **MEMPHIS** TN 38194 Outstanding Balance Beginning This Period Transaction ID: INV6010000112319 14.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 14.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL-TARPLEY/SENATE FERRANTE TRAVEL CENTER Mailing Address 135 BROAD AVENUE City State Zip Code PALISADES PARK 07650 NJ Transaction ID: INV6010000113745 Outstanding Balance Beginning This Period 254.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 254.00 0.00 543.97 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL-TARPLEY/SENATE FERRANTE TRAVEL CENTER Mailing Address 135 BROAD AVENUE State Zip Code PALISADES PARK 07650 Transaction ID: INV6010000113746 Outstanding Balance Beginning This Period 57.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 57.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): LIST PURCHASE FUSION ENERGY FOUNDATION Mailing Address 250 W 57TH ST. STE.1711 City State Zip Code **NEW YORK** NY 10019 Outstanding Balance Beginning This Period Transaction ID: INV6010000112327 4439.10 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 4439.10 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MISC. EXPENSE HENRY MCBRIDE Mailing Address C/O HENRY'S AUTO PARTS 91 SO WHITE HORSE PIKE City State Zip Code **BERLIN** 08009 NJ Transaction ID: INV6010000112396 Outstanding Balance Beginning This Period 233.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 233.00 0.00 4729.10 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS HOLIDAY INN** Mailing Address 1614 CENTRAL AVENUE City State Zip Code NY **ALBANY** 12205 Transaction ID: INV6010000112341 Outstanding Balance Beginning This Period 40.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 40.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS HOLIDAY INN & HOLIDOME** Mailing Address 1501 FREEWAY BLVD. City State Zip Code **MINNEAPOLIS** 55430 MN Outstanding Balance Beginning This Period Transaction ID: INV6010000112996 42.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 42.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS HOLIDAY INN AIRPORT 2** Mailing Address 5401 GREEN VALLEY DRIVE Zip Code City State **BLOOMINGTON** 55437 MN Transaction ID: INV6010000112340 Outstanding Balance Beginning This Period 157.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 157.50 0.00 239.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITT National Demo	TEE (In Full) OCRATIC Policy Committe	ee					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN CHEEKTOWAGA					Nature of Debt (Purpose): ROOM RENTALS		
Mailing Address	609 DINGENS ST.						
City Stat		Zip Code NY	14206				
	alance Beginning This Period				Transaction ID : INV6010000112342		
	23.15						
Amount	Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period		
	0.00		(0.00	23.15		
,	st, First, Middle Initial) of Debtor INN CHERRY HILL	or Creditor			lature of Debt (Purpose): ROOM RENTALS		
Mailing Address	RTE 70 & SAYRE AVENUE						
City Stat	re	Zip Code					
CHERRY HILL		NJ	08034				
	alance Beginning This Period				Transaction ID: INV6010000112343		
	50.00						
Amount	Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period		
	0.00		C	0.00	50.00		
	ast, First, Middle Initial) of Debto Y INN CHICO	or or Creditor			lature of Debt (Purpose): ROOM RENTALS		
Mailing Address	685 MANZANITA COURT						
City CHICO		State CA	Zip Code 95926				
Outstanding Ba	alance Beginning This Period				Transaction ID : INV6010000112344		
	45.00						
Amount	Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period		
,	0.00	,		0.00	45.00		
1) SUBTOTALS Th	is Period This Page (optional)			<u> </u>	118.15		
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Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN COLISEUM Mailing Address 440 WEST 57TH STREET State Zip Code **NEW YORK** 10019 Transaction ID: INV6010000112345 Outstanding Balance Beginning This Period 224.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 224.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN CONCORD Mailing Address 1050 BURNETT AVE. City State Zip Code CONCORD CA 94520 Outstanding Balance Beginning This Period Transaction ID: INV6010000112346 97.24 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 97.24 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City State Zip Code **DALLAS** 75202 TX Transaction ID: INV6010000112347 Outstanding Balance Beginning This Period 52.00 Outstanding Balance at Close of This Period Payment This Period Amount Incurred This Period

1)	SUBTOTALS This Period This Page (optional)	Ξ	,	Ι	Ξ	,	Ξ	3	73.2	4	
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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	:e			
	A. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN ERIE	Nature of D ROOM RE	ebt (Purpose): NTALS		
İ	Mailing Address 8040 PERRY HWY.				
Ī	City State ERIE	Zip Code PA	16509		
	Outstanding Balance Beginning This Period 47.70			Transacti	on ID : INV6010000112348
	Amount Incurred This Period 0.00	Pa	yment This Period	Outstandir	ng Balance at Close of This Period 47.70
	B. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN HAUPPAUGE	or Creditor	,	Nature of D ROOM REI	ebt (Purpose): NTALS
	Mailing Address				
	City State HAUPPAUGE	Zip Code NY	11788		
	Outstanding Balance Beginning This Period 60.00			Transact	ion ID : INV6010000112349
	Amount Incurred This Period	Pa	yment This Period	Outstandir	ng Balance at Close of This Period
	0.00		0.	.00	60.00
	C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN KENILWORTH	or Creditor		Nature of D ROOM RE	ebt (Purpose): NTALS
	Mailing Address BLVD. & SOUTH 31ST ST.				
	City KENILWORTH	State NJ	Zip Code 07033		
	Outstanding Balance Beginning This Period 45.00			Transact	ion ID : INV6010000112352
	Amount Incurred This Period 0.00	Pa	yment This Period	Outstandir	ng Balance at Close of This Period 45.00
			7		7 7
1)	SUBTOTALS This Period This Page (optional)			>	152.70
2)	TOTALS This Period (last page this line number of	only)		>	, , , , , , , ,
3)	TOTAL OUTSTANDING LOANS from Schedule C	; (last page o	only)	>	, , , , , , ,
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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	е			
	A. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN NORWALK	Nature of Debt (Purpose): ROOM RENTALS			
İ	Mailing Address 789 CONNECTICUT AVENUE				
	City State NORWALK	Zip Code CT	06854		
	Outstanding Balance Beginning This Period				Transaction ID: INV6010000112356
	90.00				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	90.00
	B. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN OF LAMAR	or Creditor			Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address RD #2 EXIT 25 INTERSTATE 80				
	City State MILL HALL	Zip Code PA	17751		
Ì	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112353
	52.78				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	52.78
	C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN OF NEWTON	or Creditor			Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address P.O. BOX 4305				
	City BOSTON	State MA	Zip Code 02211		
	Outstanding Balance Beginning This Period 90.00				Transaction ID : INV6010000112355
	Amount Incurred This Period	Pav	ment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	90.00
1)	SUBTOTALS This Period This Page (optional)			▶	232.78
	TOTALS This Period (last page this line number of				
3)					
4)	ADD 2) and 3) and carry forward to appropriate I	only) ▶			

Excluding Loans

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90 OF

numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN OF RICHMOND BELLS Mailing Address 4303 COMMERCE RD. City State Zip Code RICHMOND 23234 Transaction ID: INV6010000112358 Outstanding Balance Beginning This Period 157.30 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 157.30 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN OF WILLMAR Mailing Address P.O. BOX 1157 City State Zip Code WILLMAR 56201 MN Outstanding Balance Beginning This Period Transaction ID: INV6010000112362 45.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 45.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN PROVIDENCE RI Mailing Address 21 ATWELLS AVENUE City State Zip Code **PROVIDENCE** 02903 RI Transaction ID: INV6010000112357 Outstanding Balance Beginning This Period 75.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 75.00 0.00 277.30 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) National Democratic Police	y Committee					
A. Full Name (Last, First, Middle HOLIDAY INN ROCH		Nature of Debt ROOM RENTA	(Purpose): ALS			
Mailing Address 911 BROOKS AV	/ENUE					
City State ROCHESTER	Zip Co	ode NY	14604			
Outstanding Balance Beginning		•	14624		Transaction	ID : INV6010000112359
	50.00					
Amount Incurred This Pe	eriod	Payme	nt This Period		Outstanding I	Balance at Close of This Period
	0.00	,		0.00		50.00
B. Full Name (Last, First, Middle In HOLIDAY INN ROCK		or			Nature of Debt ROOM RENTA	
Mailing Address 173 SUNRISE H	WY.					
City State ROCKVILLE. L.I.	Zip Co NY		11570			
Outstanding Balance Beginning	This Period 50.00			1	Transaction	ID : INV6010000112360
Amount Incurred This Pe	eriod	Payme	nt This Period		Outstanding I	Balance at Close of This Period
	0.00		(0.00		50.00
C. Full Name (Last, First, Middle HOLIDAY INN SCHE		tor			Nature of Debt ROOM RENTA	
Mailing Address DOWNTOWN	ACE & FRANKLIN					
City SCHENECTADY	State NY		Zip Code 12305			
Outstanding Balance Beginning	This Period				Transaction	ID: INV6010000112361
L. J. J. J. Till B	45.00	_			0	
Amount Incurred This Pe	0.00	Payme	nt This Period	0.00	Outstanding I	Balance at Close of This Period 45.00
7 7	0.00	7		0.00	L	10.00
1) SUBTOTALS This Period This Pa	age (optional)			>		145.00
2) TOTALS This Period (last page the	nis line number only)			▶		, , , , , , , , , , , , , , , , , , , ,
3) TOTAL OUTSTANDING LOANS	from Schedule C (last pag	ge only)		▶		
4) ADD 2) and 3) and carry forward	only) ▶		, , , , , ,			

Excluding Loans

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FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN-AIRPORT/NORTH Mailing Address 4545 N. LINDBURGH BLVD. State Zip Code MO **BRIDGETON** 63044 Transaction ID: INV6010000112354 Outstanding Balance Beginning This Period 79.22 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 79.22 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EQUIPMENT RENTAL** HOOVER BROTHERS, INC. Mailing Address P.O. BOX 728 City State Zip Code TEMPLE 76503 TX Outstanding Balance Beginning This Period Transaction ID: INV6010000112369 33.90 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 33.90 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOWARD JOHNSON'S Mailing Address P.O. BOX 3045 City State Zip Code **BOSTON** 02107 MA Transaction ID: INV6010000112365 Outstanding Balance Beginning This Period 102.92 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 102 92 0.00 216.04 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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	COMMITTEE (In Full) Al Democratic Policy Committe	ee		
	Name (Last, First, Middle Initial) of Debtor JDSON'S WASHINGTON NE	Nature of Debt (Purpose): MEDIA DIRECTORY PURCHASE		
Mailing	Address 7315 WISCONSIN AVENUE SUITE 1200N			
City BETHE	State	Zip Code MD	20814	
Outst	anding Balance Beginning This Period			Transaction ID : INV6010000112370
L.	88.04			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
L.	0.00		0.00	88.04
I	Name (Last, First, Middle Initial) of Debtor ATT PALO ALTO	or Creditor		Nature of Debt (Purpose): ROOM RENTALS
Mailing	Address 4290 EL CAMINO REAL			
City PALO A	State NLTO	Zip Code CA	94306	
Outst	anding Balance Beginning This Period			Transaction ID : INV6010000112371
	58.43			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	58.43
	Name (Last, First, Middle Initial) of Debtor ON BUCHANON	r or Creditor		Nature of Debt (Purpose): CREDIT CARD MERCHANT DISC
Mailing	Address 423L UNIVERSITY BOULEVARE)		
City	_	State	Zip Code	
DALLA		TX	75205	Turner die un ID INN/0040000440400
Outst	anding Balance Beginning This Period 1000.00			Transaction ID : INV6010000112100
	Amount Incurred This Period	Pav	ment This Period	Outstanding Balance at Close of This Period
	0.00	. uy	0.00	
	7			
1) SUBTO	OTALS This Period This Page (optional)			1146.47
2) TOTAL	S This Period (last page this line number	only)		<u> </u>
3) TOTAL	OUTSTANDING LOANS from Schedule C	C (last page or	nly)	>
4) ADD 2	and 3) and carry forward to appropriate	>		

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) National Democratic Policy Commi	ttee		
A. Full Name (Last, First, Middle Initial) of Deb JACK TAR HOTEL	Nature of Debt (Purpose): ROOM RENTALS		
Mailing Address VAN NESS GEARY			
City State	Zip Code		
SAN FRANCISCO	CA	94101	
Outstanding Balance Beginning This Period			Transaction ID : INV6010000112372
16.40			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00	7	0.00	16.40
B. Full Name (Last, First, Middle Initial) of Debt	for or Creditor		Nature of Debt (Purpose):
JERRY LITTON MEMORIAL F	UND		LITERATURE
Mailing Address PO BOX 220			
City State	Zip Code		
CHILLICOTHE	MO	64601	
Outstanding Balance Beginning This Period			Transaction ID: INV6010000112390
10.00			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00	T	0.00	10.00
C. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor		Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 1516 VINEWOOD #207			
City	State	Zip Code	
DETROIT	MI	48216	
Outstanding Balance Beginning This Period			Transaction ID : INV6010000112098
59.03			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	59.03
	,		
1) SUBTOTALS This Period This Page (optional).			85.43
2) TOTALS This Period (last page this line numb	er only)		
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page on	ıly)	
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Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debto			Nature of D EQUIPMEN	ebt (Purpose): NT RENTAL
Mailing Address 36-16 29TH STREET				
City State LONG ISLAND CITY	Zip Code NY	11106		
Outstanding Balance Beginning This Period 84.95			Transacti	on ID : INV6010000112377
Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
0.00	7	(0.00	84.95
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.				ebt (Purpose): ENTERED IN 1987
Mailing Address RT. 1, BOX 22				
City State STERLING	Zip Code VA	22170		
Outstanding Balance Beginning This Period 45071.87			Transact	tion ID : INV6010000115120
Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
0.00	,	C	0.00	45071.87
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			ebt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City STERLING	State VA	Zip Code 22170		
Outstanding Balance Beginning This Period 1649.60			Transact	tion ID : INV6010000115123
Amount Incurred This Period	Pay	ment This Period		ng Balance at Close of This Period
0.00	,		0.00	1649.60
1) SUBTOTALS This Period This Page (optional)				46806.42
2) TOTALS This Period (last page this line number	only)		>	, , , , , , ,
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page or	nly)	}	<u>, , , , , , , , , , , , , , , , , , , </u>
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Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ее				
	A. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	Natu SU	ure of Debt (Purpo BSCRIPTIONS PU	ose): JRCHASE		
	Mailing Address RT. 1, BOX 22					
	City State STERLING	Zip Code VA	22170			
	Outstanding Balance Beginning This Period		22110	Tr	ansaction ID : IN	V6010000115207
	1349.80					
	Amount Incurred This Period	Pay	ment This Period	Oı	utstanding Balance	e at Close of This Period
	0.00			0.00		1349.80
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.				ure of Debt (Purpo BSCRIPTIONS PU	
	Mailing Address RT. 1, BOX 22					
	City State STERLING	Zip Code VA	22170			
	Outstanding Balance Beginning This Period 1000.00			Т	ransaction ID : IN	IV6010000115362
	Amount Incurred This Period	Pay	ment This Period	Oı	utstanding Balance	e at Close of This Period
	0.00	7		0.00		1000.00
	C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ure of Debt (Purpo JBSCRIPTIONS PI	
	Mailing Address RT. 1, BOX 22					
	City STERLING	State VA	Zip Code 22170			
	Outstanding Balance Beginning This Period			Т	ransaction ID : IN	IV6010000115364
	1410.40 Amount Incurred This Period	Pay	ment This Period	Oı	utstanding Balanci	e at Close of This Period
	0.00			0.00	Total all g Data lo	1410.40
1)	SUBTOTALS This Period This Page (optional)			<u>}</u>		3760.20
2)	TOTALS This Period (last page this line number	only)		>		
3)	TOTAL OUTSTANDING LOANS from Schedule C	C (last page o	nly)	>		,
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Excluding Loans

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115365 Outstanding Balance Beginning This Period 1350.85 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1350.85 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115368 554.90 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 554.90 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCAHSE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115371 Outstanding Balance Beginning This Period 239.90 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 239 90 0.00 2145.65 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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	MMITTEE (In Full) Democratic Policy Committe	ее				
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.					pose): PURCHASE
Mailing Add	dress RT. 1, BOX 22					
City STERLING	State	Zip Code VA	22170			
	ling Balance Beginning This Period		22110	7	ransaction ID : IN	NV6010000115372
	119.75					
Α	mount Incurred This Period	Pay	ment This Period	(Outstanding Balan	ce at Close of This Period
	0.00			0.00		119.75
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.				ture of Debt (Purp JBSCRIPTIONS F	
Mailing Add	dress RT. 1, BOX 22					
City STERLING	State	Zip Code VA	22170			
Outstand	ling Balance Beginning This Period				Transaction ID : I	NV6010000115375
Α	mount Incurred This Period	Pay	ment This Period	(Outstanding Balan	ce at Close of This Period
	0.00			0.00	,	185.10
	me (Last, First, Middle Initial) of Debto V PUBLISHING CO.	r or Creditor			ture of Debt (Purp UBSCRIPTIONS F	
Mailing Add	dress RT. 1, BOX 22					
City STERLING	;	State VA	Zip Code 22170			
Outstand	ling Balance Beginning This Period				Transaction ID : I	NV6010000115377
A	81.00 mount Incurred This Period	Pav	ment This Period	(Outstanding Balan	ce at Close of This Period
	0.00	,		0.00	,	81.00
1) SUBTOTA	LS This Period This Page (optional)					385.85
2) TOTALS	This Period (last page this line number	only)		>		. ,
3) TOTAL O	UTSTANDING LOANS from Schedule (C (last page o	nly)	▶		
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Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115378 Outstanding Balance Beginning This Period 62.35 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 62.35 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115379 42.10 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 42.10 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBUCRITOINS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115380 Outstanding Balance Beginning This Period 51.10 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 51.10 0.00 155.55 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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NAME OF COMMITTEE (In Full) National Democratic Policy Committe				
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Deb	t (Purpose):
KMW PUBLISHING CO.			SUBSCRIPTI	ONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State	Zip Code			
STERLING	VA 2	2170		
Outstanding Balance Beginning This Period 13.45			Transaction	ID: INV6010000115381
Amount Incurred This Period	Payment 1	his Period	Outstanding	Balance at Close of This Period
Amount mounted this I ched	1 dymont	THIS I CHOO	Cutotariang	
0.00		0.00		13.45
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor		Nature of Debi	t (Purpose): ONS PURCHASES
Mailing Address RT. 1, BOX 22				
City State	Zip Code			
STERLING	VA 2	2170		
Outstanding Balance Beginning This Period			Transaction	n ID : INV6010000115383
4567.27				
Amount Incurred This Period	Payment 1	his Period	Outstanding	Balance at Close of This Period
0.00		0.00		4567.27
C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	r or Creditor		Nature of Deb	t (Purpose): ONS PURCHASE
Mailing Address RT. 1, BOX 22				
City	State Zip	Code		
STERLING	VA 22	170		
Outstanding Balance Beginning This Period			Transaction	n ID : INV6010000115384
Amount Incurred This David	Doumont 7	This David	Outstanding	Dalamas at Class of This David
Amount Incurred This Period	rayment i	his Period	Outstanding	Balance at Close of This Period
0.00		0.00		19.20

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AME OF COMMITTEE (In Full)				
National Democratic Policy Committ	tee			
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Natu	re of Debt (Purpose):	
KMW PUBLISHING CO.	SU	BSCRIPTIONS PURCHASE		
Mailing Addross DT 4 DOV 65				
Mailing Address RT. 1, BOX 22				
City State	Zip Code			
STERLING	VA 22170			
Outstanding Balance Beginning This Period		Tr	ansaction ID : INV60100001	15385
25.34				
Amount Incurred This Period	Payment This Period	d Ou	utstanding Balance at Close	of This Period
0.00		0.00		25.34
	7	5.50		
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		ire of Debt (Purpose):	
KMW PUBLISHING CO.		SU	BSCRIPTIONS PURCHASE	
Mailing Address RT. 1, BOX 22				
City State STERLING	Zip Code VA 22170			
	VA 22170			
Outstanding Balance Beginning This Period		Т	ransaction ID : INV6010000	115386
397.04				
Amount Incurred This Period	Payment This Period	d Ou	utstanding Balance at Close	of This Period
0.00		0.00		397.04
	7			
C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO.	or or Creditor		re of Debt (Purpose): BSCRIPTIONS PURCHASE	
Mailing Address RT 1 BOX 22				
Mailing Address RT. 1, BOX 22				
City	State Zip Code			
STERLING	VA 22170			
Outstanding Balance Beginning This Period		Т	ransaction ID : INV6010000	115387
33.88				
Amount Incurred This Period	Payment This Period	d Oi	utstanding Balance at Close	of This Period
0.00		0.00		33.88
	7			
•				1
) SUBTOTALS This Period This Page (optional)		>		456.26
TOTALS This Period (last page this line number	r only)		7 7	
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)			
) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last pag	ge only) 🕨		

Amount Incurred This Period

0.00

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115388 Outstanding Balance Beginning This Period 101.14 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 101.14 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** VA 22170 Outstanding Balance Beginning This Period Transaction ID: INV6010000115410 121.51 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 121.51 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115422 Outstanding Balance Beginning This Period 25.00

			-	-	-	-	-		$\overline{}$
1	SUBTOTALS This Period This Page (optional)	Ь.		7		,		247.65	┛
Г					7				П
2	2) TOTALS This Period (last page this line number only)			7		, ,			
Г									П
3	TOTAL OUTSTANDING LOANS from Schedule C (last page only)		-	7		7			_
-									П
4	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)		_	7	_	7		1 0 1	

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	е				
	 Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO. 	or Creditor		Nature SUB:	e of Debt (Purpose SCRIPTIONS PUR	e): RCHASE
ŀ	Mailing Address RT. 1, BOX 22					
	City State STERLING	Zip Code VA	22170			
	Outstanding Balance Beginning This Period 1125.00			Trar	nsaction ID : INV6	6010000115444
	Amount Incurred This Period	Pay	ment This Period		standing Balance	at Close of This Period
	0.00			0.00		1125.00
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.				e of Debt (Purpose SCRIPTIONS PUR	
	Mailing Address RT. 1, BOX 22					
- 1	City State STERLING	Zip Code VA	22170			
	Outstanding Balance Beginning This Period 800.00			Tra	insaction ID : INV	6010000115457
	Amount Incurred This Period	Pay	ment This Period	Outs	standing Balance	at Close of This Period
	0.00			0.00		800.00
Ī	C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			e of Debt (Purpose SCRIPTIONS PUR	
ŀ	Mailing Address RT. 1, BOX 22					
	City STERLING	State VA	Zip Code 22170			
	Outstanding Balance Beginning This Period 12.75			Tra	insaction ID : INV	6010000115458
	Amount Incurred This Period	Pay	ment This Period	Outs	standing Balance	at Close of This Period
	0.00	,		0.00		12.75
1)	SUBTOTALS This Period This Page (optional)			<u>}</u>		1937.75
2)	TOTALS This Period (last page this line number	only)		<u>+</u>		
3)	TOTAL OUTSTANDING LOANS from Schedule C	C (last page or	nly)			
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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115469 Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 50.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASES KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115470 750.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 750.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASES KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115471 Outstanding Balance Beginning This Period 50.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 50.00 0.00 850.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each

PAGE 105 OF 143 FOR LINE NUMBER: (check only one)

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AME OF COMMITTEE (In Full)	****	•	•	
National Democratic Policy Commit	tee			
A. Full Name (Last, First, Middle Initial) of Debt	tor or Creditor		lature of Debt (Pu SUBSCRIPTION F	
KMW PUBLISHING CO.			SUBSCRIPTION F	RUCHASES
Mailing Address RT. 1, BOX 22				
City State	Zip Code			
STERLING	VA 22170			
Outstanding Balance Beginning This Period			Transaction ID :	INV6010000115472
50.00				
Amount Incurred This Period	Payment This Period	d	Outstanding Bala	nce at Close of This Period
0.00		0.00	,	50.00
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		lature of Debt (Pu	rnoco):
KMW PUBLISHING CO.	or or editor		SUBSCRIPTION F	
Mailing Address RT. 1, BOX 22				
City State	Zip Code			
STERLING	VA 22170			
Outstanding Balance Beginning This Period			Transaction ID	INV6010000115481
3734.90				
Amount Incurred This Period	Payment This Period	d	Outstanding Bala	nce at Close of This Period
0.00		0.00		3734.90
0.00		0.00		0.0.00
C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		lature of Debt (Pu	
KMW PUBLISHING CO.			SUBSCRIPTIONS	PURCHASE
Mailing Address RT. 1, BOX 22				
City	State Zip Code			
STERLING	VA 22170			
Outstanding Balance Beginning This Period			Transaction ID	INV6010000115482
199.25				
Amount Incurred This Period	Payment This Period	d	Outstanding Bala	nce at Close of This Period
0.00	3,	0.00	J	199.25
0.00		0.00		100.20
CURTOTAL C. This Deviad This Dans (artises!)				3984.15
) SUBTOTALS This Period This Page (optional).				3004.10
) TOTALS This Period (last page this line number	er only)	>		
) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	>		7
) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last pa	ge only) ▶	,	

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(Use separate schedule(s) for each

PAGE 106 OF 143 FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) National Democratic Policy Committ	ee			
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of D	Pebt (Purpose):
KMW PUBLISHING CO.			SUBSCRIF	PTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING	Zip Code VA	22170		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000115483
2030.98				
Amount Incurred This Period	Payme	nt This Period	Outstandi	ng Balance at Close of This Period
0.00	, ,	0.	00	2030.98
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	Pebt (Purpose):
KMW PUBLISHING CO.	or Creditor			PTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State	Zip Code			
STERLING	VA	22170		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000115484
25.00				
Amount Incurred This Period	Payme	nt This Period	Outstandi	ng Balance at Close of This Period
0.00	,	0.	00	25.00
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.				Debt (Purpose): PTION PURCHASE
Mailing Address RT. 1, BOX 22				
City	State	Zip Code		
STERLING	VA	22170		
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000115486
10.00				
Amount Incurred This Period	Payme	nt This Period	Outstandi	ng Balance at Close of This Period
0.00			00	10.00
				2005.00
1) SUBTOTALS This Period This Page (optional)			•	2065.98
2) TOTALS This Period (last page this line number	only)		>	7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		>	7
4) ADD 2) and 3) and carry forward to appropriate	line of Summary F	Page (last page on	ıly) ▶	

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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Excluding Loans numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115487 Outstanding Balance Beginning This Period 25.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 25.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115488 25.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 25.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115489 Outstanding Balance Beginning This Period 50.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 50.00 0.00 100.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

(Use separate schedule(s) for each

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AME OF COMMITTEE (In Full) National Democratic Policy Comm	ittee		
A. Full Name (Last, First, Middle Initial) of De	btor or Creditor	Nature of Debt (Pu	
KMW PUBLISHING CO.		PURCHASES OF S	SUBSCRITIONS
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Polones Paginning This Poriod		Transaction ID : I	NV6010000115490
Outstanding Balance Beginning This Period		Transastion is 1	
25.00			
Amount Incurred This Period	Payment This Period	Outstanding Balar	nce at Close of This Period
0.00	7	0.00	25.00
B. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of Debt (Pu	rpose):
KMW PUBLISHING CO.		SUBSCRIPTION P	URCHASES
Mailing Address RT. 1, BOX 22			
City State	Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Transaction ID :	INV6010000115491
25.00			
Amount Incurred This Period	Payment This Period	Outstanding Balar	nce at Close of This Period
0.00		0.00	25.00
O Full Name (Last First Middle Isitial) of De	http://www.com/Com/liberry	LN	,
C. Full Name (Last, First, Middle Initial) of De KREINGOLD DATA SERVIC		Nature of Debt (Pul	
Mailing Address STE. 5D, 119 PAYSON AVE.			
City	State Zip Code		
NEW YORK	NY 10034		
Outstanding Balance Beginning This Period		Transaction ID :	INV6010000112384
Catalana Datance Deginning This Fellou			3010000112007
2156.53			
Amount Incurred This Period	Payment This Period	Outstanding Balar	nce at Close of This Period
0.00		0.00	2156.53
0.00			2100.00
) SUBTOTALS This Period This Page (optional	1		2206.53
,	,		
) TOTALS This Period (last page this line number	per only)	>	
) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	>	,
) ADD 2) and 3) and carry forward to appropria	ate line of Summary Page (last page of	only) ►	

Excluding Loans

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X 10 NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MEDIA-RADIO KVAR-FM Mailing Address TEXAS LOTAS CORP. 8400 DAPAPOINT ST. 535 State Zip Code SAN ANTONIO 78229 Transaction ID: INV6010000112385 Outstanding Balance Beginning This Period 544.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 544.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFC RENT AND PHONE LOS ANGELES LABOR COMMITTEE Mailing Address 711 S. VERMONT AVE. #207 City State Zip Code LOS ANGELES CA 90005 Outstanding Balance Beginning This Period Transaction ID: INV6010000112391 21277.77 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 21277.77 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** LOUIS JOLIET RENAISSANCE CENTR Mailing Address 214 NORTH OTTAWA STREET Zip Code City State **JOLIET** 60431 Ш Transaction ID: INV6010000112393 Outstanding Balance Beginning This Period 38.21 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 38 21 0.00 21859.98 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	ee		
	A. Full Name (Last, First, Middle Initial) of Debtor MARK CALNEY	Nature of Debt (Purpose): PRINTING		
	Mailing Address 269 E. NEWTON ST.			
	City State SEATTLE	Zip Code WA 98102		
	Outstanding Balance Beginning This Period 205.80			Transaction ID : INV6010000112101
	Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
	0.00	,	0.0	0 205.80
٠	B. Full Name (Last, First, Middle Initial) of Debtor MARRIOT HOTEL PITTSBURG			Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address 101 MALL BLVD.			
	City State MONROEVILLE	Zip Code PA	15146	
	Outstanding Balance Beginning This Period 227.73			Transaction ID : INV6010000112395
	Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
	0.00		0.0	0 227.73
	C. Full Name (Last, First, Middle Initial) of Debtor MARRIOTT - SANTA CLARA	r or Creditor		Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address GREAT AMERICAN PARKWAY			
	City SANTA CLARA	State CA	Zip Code 95054	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112997
	24.50 Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
	0.00	,	0.0	0 24.50
1)	SUBTOTALS This Period This Page (optional)			458.03
2)	TOTALS This Period (last page this line number	only)		>
3)	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
4)	4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)			ŋ <u>►</u>

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AME OF COMMITTEE (In Full) Autional Democratic Policy Committee	ee				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MARTY SIMON			Nature of Debt (Purpose): FREIGHT AND POSTAGE		
Mailing Address 2971 W 8TH ST. #111					
City State LOS ANGELES	Zip Code CA 96402				
Outstanding Balance Beginning This Period 154.47		Transact	ion ID : INV6010000112907		
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period		
0.00		0.00	154.47		
B. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	or Creditor		Debt (Purpose): Y EXPENSES		
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200	7in Oada				
City State WASHINGTON	Zip Code DC 20005				
Outstanding Balance Beginning This Period 446.69		Transac	tion ID : INV6010000114180		
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period		
0.00	C	0.00	446.69		
C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	r or Creditor		Debt (Purpose): EY FEES & EXPENSES		
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200					
City WASHINGTON	State Zip Code DC 20005				
Outstanding Balance Beginning This Period 626.32		Transac	tion ID : INV6010000114182		
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period		
0.00		0.00	626.32		
SUBTOTALS This Period This Page (optional)			1227.48		
TOTALS This Period (last page this line number	only)	}	7		
TOTAL OUTSTANDING LOANS from Schedule 0	C (last page only)	>	7		
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page o	nly) ▶			

Excluding Loans

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(check only one) numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW **SUITE 1200** State Zip Code DC WASHINGTON 20005 Transaction ID: INV6010000114183 Outstanding Balance Beginning This Period 800.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 800.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW **SUITE 1200** City State Zip Code WASHINGTON DC 20005 Outstanding Balance Beginning This Period Transaction ID: INV6010000114184 3179.29 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 3179.29 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTORNEY EXPENSES MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW **SUITE 1200** Zip Code City State WASHINGTON DC 20005 Transaction ID: INV6010000114185 Outstanding Balance Beginning This Period 3.32 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 3 32 0.00 3982.61 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTORNEY EXPENSES MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW **SUITE 1200** State Zip Code DC WASHINGTON 20005 Transaction ID: INV6010000114186 Outstanding Balance Beginning This Period 5.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTORNEY FEES MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW **SUITE 1200** State City Zip Code WASHINGTON DC 20005 Outstanding Balance Beginning This Period Transaction ID: INV6010000114189 255.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 255.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRESS RELEASE DISTRIBUTN **MEDIAWIRE** Mailing Address 117 SOUTH 17TH ST. SUITE 210 City State Zip Code **PHILADELPHIA** 19103 PA Transaction ID: INV6010000112397 Outstanding Balance Beginning This Period 60.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 60.00 0.00 320.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each

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numbered line) **X** 10 NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRS REL DIST-ELDER/USS **MEDIAWIRE** Mailing Address 117 SOUTH 17TH ST. SUITE 210 State Zip Code PA **PHILADELPHIA** 19103 Transaction ID: INV6010000112398 Outstanding Balance Beginning This Period 65.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 65.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRS REL DIST-DOUGLAS/GOV **MEDIAWIRE** Mailing Address 117 SOUTH 17TH ST. SUITE 210 City State Zip Code **PHILADELPHIA** 19103 PΑ Outstanding Balance Beginning This Period Transaction ID: INV6010000112399 35.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 35.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE, N.E. Zip Code City State **MARIETTA** 30060 GΑ Transaction ID: INV6010000114254 Outstanding Balance Beginning This Period 2354.40 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 2354.40 0.00 2454.40 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full)

National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MELVINS NASH

Nature of Debt (Purpose):
ATTORNEY FEES & EXPENSES

MELVIN S. NASH	Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES		
Mailing Address 204 WASHINGTON AVENUE, N	I.E.		
City State MARIETTA	Zip Code GA 30060		
Outstanding Balance Beginning This Period		Transaction ID : INV6010000114255	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1496.91	
B. Full Name (Last, First, Middle Initial) of Debtor MICHAEL FRANK, ESQ. Mailing Address 434 SPITZER BLDG	or Creditor	Nature of Debt (Purpose): ATTY FEES-WINTER/CONG	
City State	Zip Code		
TOLEDO	OH 43604		
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112321	
400.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	400.00	
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose): PRINTING	
Mailing Address 1265 48TH AVE.			
City	State Zip Code		
SAN FRANCISCO	CA 94122		
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112368	
127.20			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	127.20	
SUBTOTALS This Period This Page (optional)		2024.11	
TOTALS This Period (last page this line number	only)	<u> </u>	
TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	•	
ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)) ·	

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full)

National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

LITERATURE PURCHASE

A. Full Name (Last, First, Middle Initial) of Debto NEW BENJAMIN FRANKLIN H	Nature of Debt (Purpose): LITERATURE PURCHASE		
Mailing Address 304 W 58TH ST.			
City State	Zip Code	_	
NEW YORK	NY 10019		
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112400	
176.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	176.50	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW HAMPSHIRE HIGHWAY HOTEL Mailing Address FT. EDDY ROAD		Nature of Debt (Purpose): ROOM RENTALS	
City State CONCORD	Zip Code NH 03301		
Outstanding Balance Beginning This Period 75.20		Transaction ID : INV6010000112401	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	75.20	
C. Full Name (Last, First, Middle Initial) of Debto		Nature of Debt (Purpose): ADVERTISING	
Mailing Address 304 W. 58TH ST. 5TH FL.			
City	State Zip Code		
NEW YORK	NY 10019		
Outstanding Balance Beginning This Period 540.00		Transaction ID : INV6010000112402	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	540.00	
SUBTOTALS This Period This Page (optional))	791.70	
TOTALS This Period (last page this line number	only)		
TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	, , , , , , , , , , , , , , , , , , , ,	
ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)		

Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	e			·	
	A. Full Name (Last, First, Middle Initial) of Debtor		Nature of Debt (Purpose):			
	NEW YORK TELEPHONE			TELE	PHONE	
	Mailing Address 10 COLUMBUS CIRCLE					
ŀ	City State	Zip Code				
	NEW YORK	NY	10019			
	Outstanding Balance Beginning This Period			Tran	saction ID : INV60100001124	103
	236.83					
	Amount Incurred This Period	Pay	ment This Period	Outs	tanding Balance at Close of	This Period
	0.00			0.00		236.83
	B. Full Name (Last, First, Middle Initial) of Debtor PATRICK F ADAMS P.C.	or Creditor			of Debt (Purpose): FEES - NY BEAM DEMS	
	Mailing Address ATTORNEY AT LAW					
ŀ	ONE EAST MAIN STREET City State	Zip Code				
	BAY SHORE	NY	11706			
	Outstanding Balance Beginning This Period			Tra	nsaction ID : INV6010000112	085
	5762.50					
	Amount Incurred This Period	Pay	ment This Period	Outs	tanding Balance at Close of	This Period
	0.00	,		0.00	57	62.50
	C. Full Name (Last, First, Middle Initial) of Debtor PATRICK F ADAMS P.C.	or Creditor			of Debt (Purpose): ATTY FEES-NY BEAM DEM	
	Mailing Address ATTORNEY AT LAW ONE EAST MAIN STREET					
f	City	State	Zip Code			
	BAY SHORE	NY	11706			
	Outstanding Balance Beginning This Period			Tra	nsaction ID : INV6010000112	086
	400.00					
	Amount Incurred This Period	Pay	ment This Period	Outs	tanding Balance at Close of	This Period
	0.00			0.00	, , , , ,	100.00
1)	SUBTOTALS This Period This Page (optional)			}	, 60	399.33
2)	TOTALS This Period (last page this line number	only)		<u>}</u>		
3)	TOTAL OUTSTANDING LOANS from Schedule C	C (last page or			7	
4)	ADD 2) and 3) and carry forward to appropriate I	ine of Summa	ry Page (last page o	only) ▶		

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debtor	Nature of Debt (Purp	Nature of Debt (Purpose): TRAVEL AND LODGING		
PETER ENNIS				
TETER ENTITIO				
Mailing Address 65 SEAMAN AVE.				
City State	Zip Code			
NEW YORK	NY 10034			
Outstanding Balance Beginning This Period		Transaction ID : IN	IV6010000112316	
16.76				
Amount Incurred This Period	Payment This Period	Outstanding Baland	ce at Close of This Period	
0.00	C	.00	16.76	
B. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING	or Creditor	Nature of Debt (Purp PRINTING	pose):	
A4 11 A 11				
Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22				
City State	Zip Code			
STERLING	VA 22170			
Outstanding Balance Beginning This Period		Transaction ID : I	NV6010000112882	
2500.00				
Amount Incurred This Period	Payment This Period	Outstanding Baland	ce at Close of This Period	
0.00	0	.00	2500.00	
C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING	or Creditor	Nature of Debt (Purp PRINTING	pose):	
Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22				
City	State Zip Code			
STERLING	VA 22170			
Outstanding Balance Beginning This Period		Transaction ID : I	NV6010000112885	
6123.00				
Amount Incurred This Period	Payment This Period	Outstanding Baland	ce at Close of This Period	
	 			
0.00	(0.00	6123.00	
SUBTOTALS This Period This Page (optional)			8639.76	
2) TOTALS This Period (last page this line number	only)	>		
3) TOTAL OUTSTANDING LOANS from Schedule (•			
4) ADD 2) and 3) and carry forward to appropriate				

Excluding Loans

(Use separate schedule(s) for each numbered line)

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ee			·	
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PROVIDENCE MARRIOTT INN				Nature of Debt (Purpose): ROOM RENTAL	
	Mailing Address CHARLES & ORMS STREETS					
	01	7:- 01-				
	City State PROVIDENCE	Zip Code RI	02904			
	Outstanding Balance Beginning This Period			Т	ransaction ID	: INV6010000113747
	125.00					
	Amount Incurred This Period	Pay	ment This Period	C	utstanding Bal	ance at Close of This Period
	0.00	,	7	0.00	,	125.00
•	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.				ure of Debt (PCOUNTING &	
Ì	Mailing Address P.O. BOX 836					
Ī	City State	Zip Code				
	LEESBURG	VA	22075			
	Outstanding Balance Beginning This Period 1700.00			7	Fransaction ID	: INV6010000112654
	Amount Incurred This Period	Pay	ment This Period	C	utstanding Bal	ance at Close of This Period
	0.00		,	0.00		1700.00
	C. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MC				ure of Debt (P	
	Mailing Address P.O. BOX 836					
ŀ	City	State	Zip Code			
	LEESBURG	VA	22075			
	Outstanding Balance Beginning This Period			1	Fransaction ID	: INV6010000112656
	3000.00 Amount Incurred This Period	Pav	ment This Period		utstanding Bal	ance at Close of This Period
	0.00	. uy		0.00	atotaliang Ban	3000.00
		7	7			
1)	SUBTOTALS This Period This Page (optional)			•	,	4825.00
2)	TOTALS This Period (last page this line number	only)		>		
3)	TOTAL OUTSTANDING LOANS from Schedule C	C (last page or	nly)	▶		
4)	ADD 2) and 3) and carry forward to appropriate I	line of Summa	ry Page (last page o	only) ▶		

Excluding Loans

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MANAGEMENT & DP SERVICE PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** 22075 Transaction ID: INV6010000112657 Outstanding Balance Beginning This Period 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3000.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MANAGEMENT & DP SERVICES PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** 22075 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000112658 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 3000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MANAGEMENT & DP SERIVCES PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** 22075 VA Transaction ID: INV6010000112661 Outstanding Balance Beginning This Period 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3000.00 0.00 9000.00 1) SUBTOTALS This Period This Page (optional).....

2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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	ME OF COMMITTEE (In Full) Ational Democratic Policy Committee	ee			
A	A. Full Name (Last, First, Middle Initial) of Debto PUBLICATION & GENERAL MO				Debt (Purpose): EMENT & DP SREVICES
N	Mailing Address P.O. BOX 836				
- 1	Dity State LEESBURG	Zip Code VA	22075		
	Outstanding Balance Beginning This Period 3000.00			Transac	ction ID : INV6010000112662
	Amount Incurred This Period 0.00	Pay	ment This Period	Outstan	ding Balance at Close of This Period 3000.00
E	3. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of	Debt (Purpose):
	PUBLICATION & GENERAL MO				EMENT & DP SÉRVICES
L	Mailing Address P.O. BOX 836	71.0.1			
	City State LEESBURG	Zip Code VA	22075		
	Outstanding Balance Beginning This Period 3000.00			Transa	action ID : INV6010000112666
	Amount Incurred This Period	Pay	ment This Period	Outstan	ding Balance at Close of This Period
	0.00			0.00	3000.00
C	PUBLICATION & GENERAL MO				Debt (Purpose): EMENT &DP SERVICES
N	Mailing Address P.O. BOX 836				
- 1	City LEESBURG	State VA	Zip Code 22075		
	Outstanding Balance Beginning This Period 3000.00			Transa	action ID : INV6010000112667
	Amount Incurred This Period	Pay	ment This Period	Outstan	ding Balance at Close of This Period
	0.00			0.00	3000.00
1)	SUBTOTALS This Period This Page (optional)			•	9000.00
2)	TOTALS This Period (last page this line number	only)		>	
3)	TOTAL OUTSTANDING LOANS from Schedule (C (last page o	nly)		, , , , , , , , , , , , , , , , , , , ,
4)	ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page o	only) ▶	

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee		
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purp MANAGEMENT & D	ose): P SERVICES	
PUBLICATION & GENERAL M	WAR COLVERY OF	CERTIGES	
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transaction ID : IN	V6010000112668
3000.00			
Amount Incurred This Period	Payment This Period	Outstanding Baland	e at Close of This Period
0.00	0.00		3000.00
B. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MO		Nature of Debt (Purp MANAGEMENT & D	
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transaction ID : II	NV6010000112669
3000.00			
Amount Incurred This Period	Payment This Period	Outstanding Baland	e at Close of This Period
0.00	0.00		3000.00
C. Full Name (Last, First, Middle Initial) of Debto		Nature of Debt (Purp MANAGEMENT & D	
Mailing Address P.O. BOX 836			
City	State Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transaction ID : II	NV6010000112670
3000.00			
Amount Incurred This Period	Payment This Period	Outstanding Baland	e at Close of This Period
0.00	0.00		3000.00
1) SUBTOTALS This Period This Page (optional)		.	9000.00
2) TOTALS This Period (last page this line number	only)	> ,	7 1 7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	·,	. ,
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	>	

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EXCII	uding Loans		num	bered line)	 10
	IE OF COMMITTEE (In Full) tional Democratic Policy Committe				
Α	A. Full Name (Last, First, Middle Initial) of Debtoo	r or Creditor			ebt (Purpose):
	PUBLICATION & GENERAL MO	GMT.		MANAGEM	ENT &DP SERVICE
N	Mailing Address P.O. BOX 836				
- 1	City State LEESBURG	Zip Code VA 22075			
	Outstanding Balance Beginning This Period			Transactio	on ID : INV6010000112671
	3000.00				
	Amount Incurred This Period	Payment This P	Period	Outstandin	g Balance at Close of This Period
	0.00		0.00		3000.00
B	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of De	ebt (Purpose):
	PUBLICATION & GENERAL MG				ENT &D P SERVICES
N	Mailing Address P.O. BOX 836			-	
C	Dity State	Zip Code	-	-	
L	EESBURG	VA 22075			
	Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112672
	3000.00				
	Amount Incurred This Period	Payment This P	eriod eriod	Outstandin	g Balance at Close of This Period
	0.00		0.00		3000.00
C	PUBLICATION & GENERAL MO				ebt (Purpose): ENT &DP SERVICES
N	Mailing Address P.O. BOX 836			-	
C	Dity	State Zip Code	;	-	
L	LEESBURG	VA 22075			
	Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112673
	3000.00				
	Amount Incurred This Period	Payment This P	eriod eriod	Outstandin	g Balance at Close of This Period
	0.00		0.00		3000.00
1)	SUBTOTALS This Period This Page (optional)		>		9000.00
2)	TOTALS This Period (last page this line number	only)	>		7
3)	TOTAL OUTSTANDING LOANS from Schedule (C (last page only)	>		
4)	ADD 2) and 3) and carry forward to appropriate	line of Summary Page (las	st page only)		

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(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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Excluding Loans		numbered line)	X 10		
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee				
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		ebt (Purpose): ENT &DP SERVICES		
PUBLICATION & GENERAL MO	PUBLICATION & GENERAL MGMT.				
Mailing Address P.O. BOX 836					
City State	Zip Code				
LEESBURG	VA 22075				
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112674		
3000.00					
Amount Insured This David	Daymant This Davied	Outstandin	an Delever of Class of This Devied		
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period		
0.00		0.00	3000.00		
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		ebt (Purpose):		
PUBLICATION & GENERAL MG	iMT.	MANAGEN	IENT & DP SERVICES		
Mailing Address P.O. BOX 836					
City State	Zip Code				
LEESBURG	VA 22075				
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112675		
3000.00					
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period		
0.00		0.00	3000.00		
C. Full Name (Last, First, Middle Initial) of Debtor	or Craditor	Noture of D	obt (Durages)		
PUBLICATION & GENERAL MO			ebt (Purpose): //ENT & DP SERVICES		
Mailing Address P.O. BOX 836					
City	State Zip Code				
LEESBURG	VA 22075				
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112676		
3000.00					
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period		
	T ayment This Tenou				
0.00		0.00	3000.00		
1) SUBTOTALS This Period This Page (optional)			9000.00		
2) TOTALS This Period (last page this line number	only)		7 7		
3) TOTAL OUTSTANDING LOANS from Schedule (C (last page only)		7		
4) ADD 2) and 3) and carry forward to appropriate	ine of Summary Page (last page	only) ▶	4		

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FOR LINE NUMBER: (check only one)

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cluding Loans		numbered line)	10
AME OF COMMITTEE (In Full)		'	•
National Democratic Policy Commit	ttee		
A. Full Name (Last, First, Middle Initial) of Deb	tor or Craditor	Noture	F Dobt (Durnoso)
		MANAG	f Debt (Purpose): EMENT & DP SERVICE
PUBLICATION & GENERAL N	VIGIVI I .		
Mailing Address P.O. BOX 836			
City State LEESBURG	Zip Code VA 22075		
	VA 22075		.: ID INVOCACE
Outstanding Balance Beginning This Period		Transa	ction ID : INV6010000112677
3000.00			
Amount Incurred This Period	Payment This Period	Outstar	nding Balance at Close of This Period
0.00			
0.00		0.00	3000.00
B. Full Name (Last, First, Middle Initial) of Debte	or or Creditor	Nature of	f Debt (Purpose):
PUROLATOR COURIER COR			SS PACKAGE SERVICE
Mailing Address 3333 NEW HYDE PARK ROAD)		
City State	Zip Code		
NEW HYDE PARK	NY 11042		
Outstanding Balance Beginning This Period		Trans	action ID : INV6010000112891
55.10			
Amount Incurred This Period	Payment This Period	Outstar	nding Balance at Close of This Period
0.00		0.00	55.10
C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		f Debt (Purpose):
QUALITY INN ALBANY		ROOM	RENTALS
Markey Address			
Mailing Address 1-3 WATERVLIET AVE.			
City	State Zip Code		
ALBANY	NY 12206		
Outstanding Balance Beginning This Period		Trans	action ID : INV6010000112892
43.45			
Amount Incurred This Period	Payment This Period	Outstar	nding Balance at Close of This Period
0.00		0.00	43.45
	7		
			0000 55
) SUBTOTALS This Period This Page (optional).		>	3098.55
) TOTALS This Period (last page this line number	er only)		
, TOTALS THIS I GHOW (last page this line humble	or orny)		
) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)		
) ADD 2) and 3) and carry forward to appropriat	e line of Summary Page (last page	e only) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line)

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Lacidding Loans			number	ea line)	 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ее		•	•	
A. Full Name (Last, First, Middle Initial) of Debto RAMADA INN CASPER	r or Creditor		Na F	ature of Debt (I	Purpose): S
Mailing Address PO BOX 2917					
City State CASPER	Zip Code WY	82602			
Outstanding Balance Beginning This Period			,	Transaction ID	: INV6010000112893
108.85					
Amount Incurred This Period	Pay	ment This Period		Outstanding Ba	lance at Close of This Period
0.00		,	0.00	,	108.85
B. Full Name (Last, First, Middle Initial) of Debtor RAMADA INN ST. LOUIS	or Creditor			ature of Debt (I	
Mailing Address 9636 NATURAL BRIDGE RD.					
City State ST. LOUIS	Zip Code MO	63134			
Outstanding Balance Beginning This Period	IVIO			Transaction II	D - INIVERSA 000044 290 4
52.31				Transaction ii	D : INV6010000112894
Amount Incurred This Period	Pav	ment This Period		Outetanding Ba	alance at Close of This Period
0.00	ı ay		0.00	Outstanding De	52.31
, , , , ,		7			7
C. Full Name (Last, First, Middle Initial) of Debto RAMADA INN-SAN ANTONIO	r or Creditor			ature of Debt (I ROOM RENTAL	
Mailing Address 3645 N. PAN AM EXPRESSWA	Y				
City SAN ANTONIO	State TX	Zip Code 78219			
Outstanding Balance Beginning This Period			· ·	Transaction II	D : INV6010000112897
60.00					
Amount Incurred This Period	Pay	ment This Period		Outstanding Ba	lance at Close of This Period
0.00	,	7	0.00	,	60.00
SUBTOTALS This Period This Page (optional)					221.16
2) TOTALS This Period (last page this line number					
3) TOTAL OUTSTANDING LOANS from Schedule					
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ry Page (last page	only) ▶		

Excluding Loans

(Use separate schedule(s) for each numbered line)

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	ее				
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RENAISSANCE MARKETING				Nature of Debt (Purpose): OFFICE RENT	
	Mailing Address 1249 WASHINGTON BLVD. STE					
	City State DETROIT	Zip Code MI	48226			
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112898	
	600.00					
	Amount Incurred This Period	Pay	yment This Period		Outstanding Balance at Close of This Period	
	0.00		(0.00	600.00	
•	B. Full Name (Last, First, Middle Initial) of Debtor RHEA, BOYD & RHEA	or Creditor			Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES	
	Mailing Address 930 FORREST AVENUE					
	City State GADSDEN	Zip Code AL	35901			
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000114208	
	24.60					
	Amount Incurred This Period	Pay	yment This Period		Outstanding Balance at Close of This Period	
	0.00		C	0.00	24.60	
•	C. Full Name (Last, First, Middle Initial) of Debto RICHARD MAGRAW	r or Creditor			Nature of Debt (Purpose): AUTO RENTAL	
	Mailing Address 22-60 23RD ST.					
Ì	City	State	Zip Code			
	ASTORIA	NY	11105			
	Outstanding Balance Beginning This Period 114.90				Transaction ID : INV6010000112394	
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period	
	0.00	1 4)		0.00	114.90	
				0.00	<u> </u>	
1)	SUBTOTALS This Period This Page (optional)			>	739.50	
2)	TOTALS This Period (last page this line number	only)		>		
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)			▶		
4)	ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page o	only) 🕨		

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(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	 Эе			
A. Full Name (Last, First, Middle Initial) of Debto ROBERT COLE	r or Creditor		Nature of D ROOM RE	Pebt (Purpose): NTALS
Mailing Address 4119 W. BELLEPLAINE #2W				
City State CHICAGO	Zip Code IL	60641		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112305
Amount Incurred This Period 0.00	Payme	ent This Period	Outstandii	ng Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor ROBERT KAY	or Creditor			ebt (Purpose): ND LODGING
Mailing Address 22-49 38TH ST. City State	Zip Code			
ASTORIA	NY	11105		
Outstanding Balance Beginning This Period 19.74			Transact	tion ID : INV6010000112375
Amount Incurred This Period	Payme	ent This Period	Outstandir	ng Balance at Close of This Period
0.00	,	C	0.00	19.74
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D ROOM RE	Pebt (Purpose): NTALS
Mailing Address 2 PINEHURST				
City NEW YORK CITY	State NY	Zip Code 10033		
Outstanding Balance Beginning This Period 207.82			Transact	tion ID : INV6010000112330
Amount Incurred This Period	Payme	ent This Period	Outstandir	ng Balance at Close of This Period
0.00			0.00	207.82
1) SUBTOTALS This Period This Page (optional)				, 1471.51
2) TOTALS This Period (last page this line number	only)		>	, , , , , , ,
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only))	>	7
4) ADD 2) and 3) and carry forward to appropriate	line of Summary	Page (last page c	only) ►	7

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee	
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): CONSULTING	
Mailing Address 36-5 FORT EVANS ROAD, NE		
City State LEESBURG	Zip Code VA 22075	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000114750
524.50		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.0	00 524.50
B. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor	Nature of Debt (Purpose): CONSULTING
Mailing Address 36-5 FORT EVANS ROAD, NE		
City State LEESBURG	Zip Code VA 22075	
Outstanding Balance Beginning This Period 1600.00		Transaction ID: INV6010000114756
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.0	1600.00
C. Full Name (Last, First, Middle Initial) of Debte SAFEWAY PRINTING	or or Creditor	Nature of Debt (Purpose): PRINTING
Mailing Address 3276 WEST 6TH ST.		
City LOS ANGELES	State Zip Code CA 90020	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112901
300.38		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.	00 300.38
1) SUBTOTALS This Period This Page (optional)		> 2424.88
2) TOTALS This Period (last page this line number	r only)	>
3) TOTAL OUTSTANDING LOANS from Schedule	>	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page on	ly) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) National Democratic Policy C	Committee		
A. Full Name (Last, First, Middle Initial SAN FRANCISCO LAB	Nature of Debt (Purpose): POSTAGE		
Mailing Address 1826 NOREIGA ST.			
City State SAN FRANCISCO	Zip Code CA	94122	
Outstanding Balance Beginning This	s Period		Transaction ID : INV6010000112902
413	3.47		
Amount Incurred This Period	l Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00	0.0	00 413.47
B. Full Name (Last, First, Middle Initia SANS SOUCI TRAVEL	I) of Debtor or Creditor		Nature of Debt (Purpose): AIR TRAVEL
Mailing Address 253 - 12 UNION TUR			
City State FLORAL PARK	Zip Code NY	11004	
Outstanding Balance Beginning This	s Period		Transaction ID : INV6010000113737
Amount Incurred This Period	l Pay	ment This Period	Outstanding Balance at Close of This Period
C	0.00	0.0	290.00
C. Full Name (Last, First, Middle Initial SANS SOUCI TRAVEL			Nature of Debt (Purpose): ADDER TO 4/10 INV-TRAVEL
Mailing Address 253 - 12 UNION TUR	RNPIKE		
City FLORAL PARK	State NY	Zip Code 11004	
Outstanding Balance Beginning This	-		Transaction ID : INV6010000113743
Amount Incurred This Period).00 L Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00	0.0	
SUBTOTALS This Period This Page TOTALS This Period (last page this I			
TOTAL OUTSTANDING LOANS from			
4) ADD 2) and 3) and carry forward to	appropriate line of Summa	ury Page (last page on	y) >

Excluding Loans

(Use separate schedule(s) for each

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTORNEY FEES SEGAL, MORAN & FEINBERG Mailing Address 210 COMMERCIAL STREET State Zip Code MA **BOSTON** 02109 Transaction ID: INV6010000113750 Outstanding Balance Beginning This Period 712.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 712.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** SEVEN SEAS MOTOR INN Mailing Address 1823 OLD RED TRAIL City State Zip Code MANDAN ND 58554 Outstanding Balance Beginning This Period Transaction ID: INV6010000112903 46.12 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 46.12 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): RM-RNTL-SCOTT/CONG SHERATON COLUMBUS PLAZA Mailing Address 50 NORTH THIRD STREET City State Zip Code **COLUMBUS** 43215 OH Transaction ID: INV6010000112906 Outstanding Balance Beginning This Period 50.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 50.00 0.00 808.62 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	е		•	
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of	Debt (Purpose):
SOLOMON, FOLEY & MORAN				EE: L. BOYLE/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING				
City State	Zip Code			
DETROIT	MI	48226		
Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000112908
538.45				
Amount Incurred This Period	Payı	ment This Period	Outstan	ding Balance at Close of This Period
0.00			0.00	538.45
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Debt (Purpose): EE: S. CROCKER/CONG
	SOLOMON, FOLEY & MORAN			
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING				
City State	Zip Code			
DETROIT	MI	48226		
Outstanding Balance Beginning This Period			Transa	action ID : INV6010000112909
538.45				
Amount Incurred This Period	Payı	ment This Period	Outstan	ding Balance at Close of This Period
0.00			0.00	538.45
C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor			Debt (Purpose): EE: M. DEAN/USS
Mailing Address ATTORNEYS AT LAW				
2280 PENOBSCOT BUILDING City	State	Zip Code		
DETROIT	MI	48226		
Outstanding Balance Beginning This Period			Transa	action ID : INV6010000112910
538.46				
Amount Incurred This Period	Payı	ment This Period	Outstan	ding Balance at Close of This Period
0.00			0.00	538.46
1) CURTOTALC This Deviced This Daws (anticanal)			, ,	1615.36
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2) TOTALS This Period (last page this line number of	only)		·····	. , . ,
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4) ADD 2) and 3) and carry forward to appropriate I	only) ▶			

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Excluding Loans	numbered line)	X 10				
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	;					
A. Full Name (Last, First, Middle Initial) of Debtor of SOLOMON, FOLEY & MORAN	or Creditor		Nature of D ATTY FEE	Nature of Debt (Purpose): ATTY FEE: S. JOHNSON/CONG		
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING						
City State DETROIT	Zip Code MI	48226				
Outstanding Balance Beginning This Period 538.46			Transacti	on ID : INV6010000112911		
Amount Incurred This Period	Payn	nent This Period	Outstandi	ng Balance at Close of This Period		
0.00		0	.00	538.46		
B. Full Name (Last, First, Middle Initial) of Debtor or SOLOMON, FOLEY & MORAN	Creditor			bebt (Purpose): : E.SEFCOVIC/CONG		
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State	7:n Codo					
City State DETROIT	Zip Code MI	48226				
Outstanding Balance Beginning This Period 538.46			Transact	tion ID : INV6010000112912		
Amount Incurred This Period	Paym	nent This Period	Outstandi	ng Balance at Close of This Period		
0.00		0.	00	538.46		
C. Full Name (Last, First, Middle Initial) of Debtor of SOLOMON, FOLEY & MORAN	or Creditor			Debt (Purpose): :: G SHEPPARD/CONG		
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING						
City DETROIT	State MI	Zip Code 48226				
Outstanding Balance Beginning This Period 538.46			Transact	tion ID : INV6010000112913		
Amount Incurred This Period	Paym	ment This Period		ng Balance at Close of This Period		
0.00	,	0	.00	538.46		
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Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	e				
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN				Nature of Debt (Purpose): ATTY FEE: H. SHORE/CONG	
	Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING					
	City State DETROIT	Zip Code MI	48226			
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112914	
	538.46 Amount Incurred This Period	Рауг	ment This Period		Outstanding Balance at Close of This Period	
	0.00	,	,	0.00	538.46	
	B. Full Name (Last, First, Middle Initial) of Debtor of SOLOMON, FOLEY & MORAN	or Creditor			Nature of Debt (Purpose): ATTY FEE: J. STAMPS/CONG	
	Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State DETROIT	Zip Code MI	48226			
	Outstanding Balance Beginning This Period 538.46	IVII	40220		Transaction ID: INV6010000112915	
	Amount Incurred This Period	Payı	ment This Period		Outstanding Balance at Close of This Period	
	0.00		,	0.00	538.46	
	C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor			Nature of Debt (Purpose): ATTY FEE: J. VAUGHN/CONG	
	Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City	State	Zip Code			
	DETROIT Outstanding Balance Beginning This Period	MI	48226		Transaction ID : INV6010000112916	
	538.46					
	Amount Incurred This Period	Payı	ment This Period		Outstanding Balance at Close of This Period	
	0.00	, ,		0.00	538.46	
1)	SUBTOTALS This Period This Page (optional)			>	1615.38	
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3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	▶		
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Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	e			
A. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor			ebt (Purpose): : O. WALKER/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING				
City State DETROIT	Zip Code MI	48226		
Outstanding Balance Beginning This Period 538.46			Transacti	on ID : INV6010000112917
Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
0.00		(0.00	538.46
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHEAST POLITICAL LITERATURE				ebt (Purpose): TELEPHONE USAGE
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD				
City State BALTIMORE	Zip Code MD	21227		
Outstanding Balance Beginning This Period 915.00			Transact	tion ID : INV6010000114478
Amount Incurred This Period	Pay	ment This Period	Outstandii	ng Balance at Close of This Period
0.00		(0.00	915.00
C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITE				ebt (Purpose): FICE RENT
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD				
City BALTIMORE	State MD	Zip Code 21227		
Outstanding Balance Beginning This Period 200.00			Transact	tion ID : INV6010000114479
Amount Incurred This Period	Pay	ment This Period		ng Balance at Close of This Period
0.00	1 7	-	0.00	200.00
1) SUBTOTALS This Period This Page (optional)			>	1653.46
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Excluding Loans

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NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITER	Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE		
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD			
City State BALTIMORE	Zip Code MD ₂₁₂₂₇		
Outstanding Balance Beginning This Period		Transaction ID: INV6010000114480	
915.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	915.00	
B. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITER	Nature of Debt (Purpose): FIELD OFFICE RENT		
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD			
City State BALTIMORE	Zip Code MD 21227		
Outstanding Balance Beginning This Period		Transaction ID : INV6010000114481	
200.00	Doymant This Davied	Outstanding Release at Class of This Revised	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 200.00	
C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITER		Nature of Debt (Purpose): TELEPHONE USAGE	
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD			
City BALTIMORE	State Zip Code MD 21227	-	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000114482	
915.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	915.00	
SUBTOTALS This Period This Page (optional)	>	2030.00	
2) TOTALS This Period (last page this line number of	only)		
3) TOTAL OUTSTANDING LOANS from Schedule C			
A) ADD 2) and 3) and carry forward to appropriate I			

Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ее			
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHEAST POLITICAL LITERATURE				Nature of Debt (Purpose): RENT
	Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD				
	City State BALTIMORE	Zip Code MD 21227			
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000114483
	200.00				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	200.00
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor STATE OF CALIFORNIA				Nature of Debt (Purpose): PRINTING
	Mailing Address OFFICE OF STATE PRINTING				
┝	LEGISLATIVE BILL ROOM City State	Zip Code			_
- 1	SACRAMENTO	CA CA	95814		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112389
	53.00				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
		гау	ment mis Penou		
	0.00			0.00	53.00
	C. Full Name (Last, First, Middle Initial) of Debto STATLER BUFFALO	r or Creditor			Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address 107 DELAWARE AVENUE				
	City BUFFALO	State NY	Zip Code 14202		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112918
	85.00				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	85.00
1)	SUBTOTALS This Period This Page (optional)			>	338.00
2)	TOTALS This Period (last page this line number	only)		>	
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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of I	Debt (Purpose):
SYRACUSE AIRPORT INN			ROOM RE	ENTALS
Mailing Address HANCOCK AIRPORT				
City State NORTH SYRACUSE	Zip Code NY	13212		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112921
19.00				
Amount Incurred This Period	Payn	nent This Period	Outstand	ing Balance at Close of This Period
0.00		0	.00	19.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of I	Debt (Purpose):
TED HERBERT	or orealier			ES & EXP-GA DEM SL
Mailing Address 142 FOREST AVENUE N.E.				
City State	Zip Code			
MARIETTA	GA	30060		
Outstanding Balance Beginning This Period			Transac	etion ID : INV6010000114387
1088.20				
Amount Incurred This Period	Payn	nent This Period	Outstand	ing Balance at Close of This Period
0.00		0	.00	1088.20
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			Debt (Purpose): ES & EXP-GA DEM SL
Mailing Address 142 FOREST AVENUE N.E.				
City	State	Zip Code		
MARIETTA	GA	30060		
Outstanding Balance Beginning This Period			Transac	etion ID : INV6010000114393
800.00				
Amount Incurred This Period	Payn	nent This Period	Outstand	ing Balance at Close of This Period
0.00		, 0	.00	800.00
SUBTOTALS This Period This Page (optional)				1907.20
2) TOTALS This Period (last page this line number	only)			7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page onl	y)	>	7 7
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PAGE 139 OF 143 FOR LINE NUMBER: (check only one)

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committed	е			
	A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of	Debt (Purpose):
	THE CHANCELLOR HOTEL			ROOM F	RENTALS
	Mailing Address 1501 SOUTH NEIL STREET				
ı	City State	Zip Code			
	CHAMPAIGN	IL	61820		
	Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000112301
	25.00				
	Amount Incurred This Period	Payr	nent This Period	Outstan	iding Balance at Close of This Period
	0.00	,		0.00	25.00
ŀ	B. Full Name (Last, First, Middle Initial) of Debtor of THE COLONNADE	or Creditor			Debt (Purpose): RENTALS
	Mailing Address 120 HUNTINGTON AVENUE				
- 1	City State	Zip Code			
	BOSTON	MA	02116		
	Outstanding Balance Beginning This Period			Transa	action ID : INV6010000112306
	75.00 Amount Incurred This Period	Payr	nent This Period	Outstan	iding Balance at Close of This Period
	0.00			0.00	75.00
-	C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	,	Nature of	Debt (Purpose):
	THE PRESS CLUB OF HOUST				RENTALS
t	Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE				
ı	City	State	Zip Code		
	HOUSTON	TX	77002		
	Outstanding Balance Beginning This Period			Transa	action ID : INV6010000112890
	25.00				
	Amount Incurred This Period	Payr	nent This Period	Outstan	ding Balance at Close of This Period
	0.00	7	9	0.00	25.00
1)	SUBTOTALS This Period This Page (optional)			, [125.00
	TOTALS This Period (last page this line number of			_ =	
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Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ee				
	A. Full Name (Last, First, Middle Initial) of Debto TONI JENNINGS	r or Creditor			Nature of Debt (Purpose): POSTAGE	
•	Mailing Address 2414 13TH AVE. SO. #104					
	City State SEATTLE	Zip Code WA	98144			
	Outstanding Balance Beginning This Period 30.15				Transaction ID: INV6010000	112374
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close	of This Period
	0.00	,		0.00		30.15
	B. Full Name (Last, First, Middle Initial) of Debtor TREAT CATERERS	Nature of Debt (Purpose): ROOM RENTALS				
	Mailing Address 50 PARK PLACE					
	City State NEWARK	Zip Code NJ	07101			
	Outstanding Balance Beginning This Period 100.00				Transaction ID : INV6010000	0112922
	Amount Incurred This Period	Pay	ment This Period	0.00	Outstanding Balance at Close	of This Period
	0.00			0.00		
	C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			Nature of Debt (Purpose): ROOM RENTALS	
	Mailing Address (C/O GILBERT ROBINSON COL P.O. BOX 16000	LEX)				
	City KANSAS CITY	State MO	Zip Code 64112			
	Outstanding Balance Beginning This Period 50.00				Transaction ID : INV6010000	112923
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close	of This Period
	0.00	,		0.00	7	50.00
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Excluding Loans

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	AME OF COMMITTEE (In Full) Iational Democratic Policy Committe	е			
	A. Full Name (Last, First, Middle Initial) of Debtor VITA OBERSCHNEIDER	or Creditor		Nature of E ROOM RE	Debt (Purpose): ENTALS
	Mailing Address 544 OAK HILL RD.				
	O's Charles	7': 0-1-			
	City State ELGIN	Zip Code IL	60120		
	Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112404
	149.16				
	Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period
	0.00		(0.00	149.16
	B. Full Name (Last, First, Middle Initial) of Debtor WESTBOROUGH PLAZA HOTE		Debt (Purpose): ROOM RENTAL		
	Mailing Address 5 TURNPIKE ROAD				
	City State WESTBOROUGH	Zip Code MA	01581		
	Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000114249
	54.25			Transac	MON 15 . HVV0010000114243
	Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period
	0.00		(0.00	54.25
1	C. Full Name (Last, First, Middle Initial) of Debtor WESTERN UNION INTERNATION			Nature of D	Debt (Purpose): DNE
	Mailing Address BOX 6022 CHRUCH ST. STA.				
	City NEW YORK	State NY	Zip Code 10008		
	Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112926
	Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period
	0.00	7	(0.00	18.42
1)	SUBTOTALS This Period This Page (optional)				221.83
2)	TOTALS This Period (last page this line number	only)		}	7
3)	TOTAL OUTSTANDING LOANS from Schedule C	Clast page or	าly)	>	7
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Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ee					
	A. Full Name (Last, First, Middle Initial) of Debtor WORLDCOMP	Nature of Debt (Purpose): TYPE SETTING					
	Mailing Address 722 EAST MARKET STREET						
	City State LEESBURG	Zip Code VA 22075					
	Outstanding Balance Beginning This Period	· · · · · · · · · · · · · · · · · · ·	22075	Transaction ID : INV6010000112983			
	741.67						
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period			
	0.00		0.0	741.67			
	B. Full Name (Last, First, Middle Initial) of Debtor WORLDCOMP	Nature of Debt (Purpose): TYPE & ART					
	Mailing Address 722 EAST MARKET STREET	-					
	City State LEESBURG	Zip Code VA	22075				
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112988			
	926.37						
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period			
	0.00		0.0	926.37			
	C. Full Name (Last, First, Middle Initial) of Debtor WORLDCOMP	Nature of Debt (Purpose): TYPE & ART					
	Mailing Address 722 EAST MARKET STREET						
	City LEESBURG	State VA	Zip Code 22075				
	Outstanding Balance Beginning This Period 71.58			Transaction ID : INV6010000112992			
	Amount Incurred This Period	Pav	ment This Period	Outstanding Balance at Close of This Period			
	0.00		0.0				
1)	SUBTOTALS This Period This Page (optional)			. • 1739.62			
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Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ee		
	A. Full Name (Last, First, Middle Initial) of Debtor WORLDCOMP	Nature of Debt (Purpose): TYPE SETTING		
	ailing Address 722 EAST MARKET STREET			
	City State LEESBURG	Zip Code VA 22075		
-	Outstanding Balance Beginning This Period		22075	Transaction ID : INV6010000112993
	50.00			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.	50.00
-	B. Full Name (Last, First, Middle Initial) of Debtor YMCA SYRACUSE	Nature of Debt (Purpose): ROOM RENTALS		
-	Mailing Address 340 MONTGOMERY STREET			
- 1	City State SYRACUSE	Zip Code NY	13202	
	Outstanding Balance Beginning This Period 25.00			Transaction ID: INV6010000112994
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.0	00 25.00
	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ZELLER & LETICA INC.			Nature of Debt (Purpose): MAILING LABELS-SUB LISTS
	Mailing Address 15 E. 26TH ST.			
	City NEW YORK	State NY	Zip Code 10010	
	Outstanding Balance Beginning This Period 57.84			Transaction ID : INV6010000112995
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.	.00 57.84
1)	SUBTOTALS This Period This Page (optional)			▶ 132.84
2)	TOTALS This Period (last page this line number	only)		▶ 408326.38
3)	TOTAL OUTSTANDING LOANS from Schedule C	• 0.00		
4)	ADD 2) and 3) and carry forward to appropriate I	nly) ▶ 408326.38		