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#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Autr	iorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
National Democratic F	Policy Committee		
ADDRESS (number and street)	113 HALIFAX PLACE		
Check if different than previously reported. (ACC)	LEESBURG		VA 20175 –
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Y. <b>A</b>	STATE ▲ ZIP CODE ▲
C C00136531		S THIS EPORT X (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (  X July 15 Quarterly Report (  October 15 Quarterly Report (  January 31 Year-End Report (  July 31 Mid-Year Report (Non-electi Year Only) (MY)  Termination Report (TER)	Q1) Q2) Q2) Q2) Q3) YE) Q4  Cb	General (30G)	Sep 20 (M9)  Sep 20 (M9)
5. Covering Period	01 2016	through 06	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined t Type or Print Name of Treasur	·	my knowledge and belief it is	true, correct and complete.
Type of Finit Name of Heasur	CI INGUIGING OCTIVITS		
Signature of Treasurer Kata	herine Jenkins	[Electronically Filed]	Date 07 07 2016
NOTE: Submission of false, error	neous, or incomplete information	may subject the person signing	this Report to the penalties of 2 U.S.C. §437g
Office Use			FEC FORM 3X Rev. 12/2004

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

#### National Democratic Policy Committee

Report Covering the Period: From: 04 01 2016 To: 06 30 2016

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  2016		3865.72
	(b) Cash on Hand at Beginning of Reporting Period	3859.72	
	(c) Total Receipts (from Line 19)	120.00	240.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3979.72	4105.72
7.	Total Disbursements (from Line 31)	126.00	252.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3853.72	3853.72
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	449726.38	

×

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	National	Democratic	Policy	Committee
--------------------------------------	----------	------------	--------	-----------

I. Receipts  Intributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	COLUMN A Total This Period  0.00 120.00	COLUMN B Calendar Year-to-Date  0.00 240.00
Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	120.00	240.00
Than Political Committees  (i) Itemized (use Schedule A)	120.00	240.00
(ii) Itemized (use Schedule A)	120.00	240.00
(ii) Unitemized	120.00	240.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶  Political Party Committees		
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶  Political Party Committees		
Lines 11(a)(i) and (ii)  Political Party Committees	120.00	040.00
Political Party Committees	7	240.00
	0.00	0.00
Other Political Committees		
(such as PACs)	0.00	0.00
Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	100.00	240.00
	120.00	240.00
	2.22	0.00
ty Committees	0.00	0.00
cans Passived	0.00	0.00
Loans neceived	7	7 7
- Personante Persional	0.00	0.00
	0.00	5.00
	0.00	0.00
ederal Candidates and Other		
The second secon	0.00	0.00
er Federal Receipts		
idends, Interest, etc.)	0.00	0.00
nsfers from Non-Federal and Levin Funds		
Non-Federal Account		
(from Schedule H3)	0.00	0.00
Levin Funds (from Schedule H5)	0.00	0.00
Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)

#### **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	
	erating Expenditures:	Iotal IIIIs Fellou	Calelluar fear-to-Date	
(a)	Allocated Federal/Non-Federal Activity (from Schedule H4)			
	(i) Federal Share	0.00	0.00	
	(ii) Non Foderal Chara	0.00	0.00	
(b)	(ii) Non-Federal Share Other Federal Operating	0.00	7	
(5)	Expenditures	126.00	252.00	
(c)				
	(add 21(a)(i), (a)(ii), and (b)) ▶	126.00	252.00	
	ansfers to Affiliated/Other Party	0.00	0.00	
<ol> <li>Co</li> </ol>	mmitteesntributions to	0.00	0.00	
Fed	deral Candidates/Committees d Other Political Committees	0.00	0.00	
	lependent Expenditures			
(us	se Schedule E)	0.00	0.00	
. Co (2	ordinated Party Expenditures U.S.C. §441a(d)) se Schedule F)	0.00		
(us	se Schedule F)	0.00	0.00	
S. Lo:	an Repayments Made	0.00	0.00	
, Lot	an riopaymente wade			
. Loa	ans Made	0.00	0.00	
	funds of Contributions To: Individuals/Persons Other			
, ,	Than Political Committees	0.00	0.00	
(b)	Political Party Committees	0.00	0.00	
(c)	Other Political Committees	7		
,	(such as PACs)	0.00	0.00	
(d)	Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00	
	(add Lines 20(a), (b), and (c))		0.00	
9. Oth	ner Disbursements	0.00	0.00	
	deral Election Activity (2 U.S.C. §431(20))			
(a)	Allocated Federal Election Activity			
	(from Schedule H6) (i) Federal Share	0.00	0.00	
	(i) i suorai sirais			
	(ii) "Levin" Share	0.00	0.00	
(b)	,	2.00	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	
	oo oo(a)(ii) aila oo(b))	7		
. Tot	tal Disbursements (add Lines 21(c), 22,			
23,	, 24, 25, 26, 27, 28(d), 29 and 30(c))	126.00	252.00	
_				
	tal Federal Disbursements			
	ubtract Line 21(a)(ii) and Line 30(a)(ii) m Line 31)	126.00	252.00	
1101		120.00	252.00	

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	120.00	240.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	120.00	240.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	126.00	252.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	126.00	252.00

MIZED DISBURSEMENTS  Use separate schedule(s) (check or		FOR LINE I	ly one)			
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b			
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)  National Democratic Policy Commit	tee					
Full Name (Last, First, Middle Initial)  FIT CORPORATION			Date of Disbursement			
Mailing Address 2911 DIXWELL AVE			04 05 2016			
,	tate Zip Code CT 06518		Transaction ID : 01000016101000014901			
Purpose of Disbursement EFT PROCESSING FEE Candidate Name	[	Category/	Amount of Each Disbursement this Period			
		Type	Memo Item			
Full Name (Last, First, Middle Initial)  3. EFT CORPORATION			Date of Disbursement			
Mailing Address 2911 DIXWELL AVE			05 05 2016			
,	tate Zip Code CT 06518		Transaction ID: 01000016301000015001  Amount of Each Disbursement this Period			
Candidate Name			40.00			
	ent For: Primary General Other (specify) ▼	,,	Memo Item			
Full Name (Last, First, Middle Initial)  FET CORPORATION			Date of Disbursement			
Mailing Address 2911 DIXWELL AVE			06 05 2016			
HAMDEN	tate Zip Code CT 06518		Transaction ID : 01000016501000015102			
Purpose of Disbursement EFT PROCESSING FEE Candidate Name	[	Category/ Type	Amount of Each Disbursement this Period 40.00			
	ent For:  Primary General  Other (specify)	715-	Memo Item			
SUBTOTAL of Disbursements This Page (optional)			120.00			
	TOTAL This Period (last page this line number only)					

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

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FOR LINE 13 OF FORM 3X

ME OF COMMITTEE (In Full)	o no ma i44 o o	Tr	ransaction ID : LOAN0010000004
ational Democratic Policy Co	ommittee		
LOAN SOURCE Full Name (Last, Finance Last, F	rst, Middle Initial) <b>[PERSONA</b>	AL FUNDS]	Election: Primary General
Mailing Address 2137 S 1150 EAST			Other (specify) ▼
City BOUNTIFUL	State UT ZIP C	ode 84010	
Original Amount of Loan	Cumulative Payment 1	To Date B	alance Outstanding at Close of This Perio
1000.0	0	0.00	1000.00
TERMS  Date Incurred	Date Du	e Interest R	ate Secured:
12 / 22 / 1986		1987 0	.00 % (apr) Yes X No
List All Endorsers or Guarantors (if	any) to Loan Source		
1. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	,,,,,
2. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	7 . 7
4. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	
JBTOTALS This Period This Page (op	tional)	<b>&gt;</b> [	1000.00
OTALS This Period (last page in this li	ne only)	<b>&gt;</b>	
arry outstanding balance only to LINE	3. 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 Sulfilliary	rage
AME OF COMMITTEE (In Full)			Transaction ID : LOAN000002009
National Democratic Policy Commi	ttee		
LOAN SOURCE Full Name (Last, First, Mic	dle Initial) [PERSONAL	- FUNDS]  Memo Item	Election:
ALBERT E MC NAIR	, [ = 1.001		Primary
			General
Mailing Address 1657 EDDY DR			Other (specify) ▼
City NORTH TONAWANDA	State NY ZIP Co	ode 14120	
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:
Mam / Dad / Yayayay		milerest	
09 24 1984	12 24	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	
City State	ZIP Code	Amount Guaranteed	
Oity	ZII Oode	Outstanding:	7 7 7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed	
City State	ZIF Code	Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
4 Full Name (Lock First Middle Initial)		Outstanding:	, ,
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	7ID Codo	Amount	
City State	ZIP Code	Guaranteed Outstanding:	
		1	
NUDTOTAL C. This Desire L. This Desire V. H			1000.00
<b>GUBTOTALS</b> This Period This Page (optional).		·····	1000.00
OTALS This Period (last page in this line only	)	<b>&gt;</b>	
Corres outotonding belones only to LINE C. Cal-	adula D. far this line "	no Cohedula D. sarris	forward to appreciate line of Comment
Carry outstanding balance only to LINE 3, Sch	eaule D, for this line. If	no schedule D, carry	iorward 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

	, ,
National Democratic Policy Committee	Transaction ID : LOAN0000002886
LOAN SOURCE Full Name (Last, First, Middle Initial) [PERSONAL ESTHER E. WILSON	FUNDS]
Mailing Address 6241 WARNER #132	Other (specify)
City HUNTINGTON BEACH State CA ZIP Co.	de 92647
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
5000.00	0.00 5000.00
TERMS  Date Incurred  Date Due	Interest Rate Secured:
04 30 / 1984 04 30 / Y	1985 1200.00 % (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
4. Full Name (Last, First, Middle Initial)	Outstanding:  Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	5000.00
TOTALS This Period (last page in this line only)	<b>&gt;</b>
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 Summa	ary Page	TOTT EINE 13 OF TOTTIVE 3X
AME OF COMMITTEE (In Full)	•••		Transact	tion ID : LOAN000003820
National Democratic Policy Comm	nittee			
LOAN SOURCE Full Name (Last, First, N	Middle Initial) [PERSONAL	. <b>FUNDS]</b> Memo I	tem   Ele	ection:
MINEHART EDSEN	, [I ENCONAL	3.1.23   Meillo		Primary
				General
Mailing Address 1949 S MANCHESTER AVI				Other (specify)
SPACE 104	<b>=</b>			_ · · · · · · · · ·
City ANAHEIM	State CA ZIP Co	de 92802		
Original Amount of Loan	Cumulative Payment To	Date	Balance	Outstanding at Close of This Period
700.00		0.00		700.00
9				7
TERMS  Date Incurred	Date Due	Inter	est Rate	Secured:
M M / D D / Y Y Y Y		YYY		Secureu.
08 14 1984	11 14	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 Employe	r	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed		
		Outstanding:		,
2. Full Name (Last, First, Middle Initial)		Name of Employe	r	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		,
3. Full Name (Last, First, Middle Initial)		Name of Employe	r	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employe	r	
Mailing Address		Occupation		
Walling Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:	7	
		1		
SUBTOTALS This Period This Page (optional	l)	<b>&gt;</b>		700.00
OTALS This Period (last page in this line or	nly)	<b>&gt;</b>		, , , , , , , , ,
Carry outstanding balance only to LINE 3. S	chedule D for this line If	no Schedule D. co	rry 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

AME OF COMMITTEE (In Full)		Tr	ansaction ID : LOAN0000003823
National Democratic Policy Co	mmittee	.,	ansaction is . Ecanologous
•			
LOAN SOURCE Full Name (Last, First MINEHART EDSEN	st, Middle Initial) [PERSONA	L FUNDS]	Election:  Primary
WINCHART EDSEN			General
Mailing Address 1949 S MANCHESTER	· Δ\/Ε		Other (specify)
SPACE 104	AVL		·
City ANAHEIM	State CA ZIP Co	ode 92802	
Original Amount of Loan	Cumulative Payment To	Date B	alance Outstanding at Close of This Period
1250.00		0.00	1250.00
TERMS	Data Data	luturest D	0
Date Incurred	Date Due		
09 12 1984	12 12	100-1	00 % (apr) Yes X No
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	
City	ate Zii Oode	Outstanding:	
2. Full Name (Last, First, Middle Initial		Name of Employer	
Mailing Address		Occupation	
Walling Address		Occupation	
		Amount	
City Sta	ate ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial	)	Name of Employer	
A CE			
Mailing Address		Occupation	
		Amount	
City	ate ZIP Code	Guaranteed	
		Outstanding:	, , , , , , , , , , , , , , , , , , , ,
4. Full Name (Last, First, Middle Initial	1)	Name of Employer	
Mailing Address		Occupation	
011	710.0	Amount	
City Sta	ate ZIP Code	Guaranteed Outstanding:	
<u> </u>			
		г	
UBTOTALS This Period This Page (opti	ional)	<b>&gt;</b>	1250.00
OTALS This Period (last page in this lin	ne only)		
(Mot page III tillo IIII)			
Carry outstanding balance only to LINE	3, Schedule D, for this line. If	no Schedule D, carry fe	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

ME OF COMMITTEE (In Full)	Transaction ID : LOAN000004982
lational Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) [PERS	SONAL FUNDS] Memo Item Election:
EUGENE L DRUSELL	Primary
Mailing Address	General Other (specify) ▼
Mailing Address 1704 SAWYER	Other (specify)
	ZIP Code 91790
Original Amount of Loan Cumulative Paym	nent To Date Balance Outstanding at Close of This Period
1000.00	0.00
TERMS	- Due George Date George
Date Incurred Date	e Due Interest Rate Secured:
08 08 1984 11 08	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
O Full Name (Leat First Middle India)	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
4 Full Name (Look First Middle Initial)	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Amount Guaranteed
	Outstanding:
UBTOTALS This Period This Page (optional)	1000.00
OTALS This Period (last page in this line only)	<b>&gt;</b>
arry outstanding balance only to LINE 3. Schedule D. for this li	ine. 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

AME OF COMMITTEE (In Full)  National Democratic Policy Committee	Transaction ID: LOAN0000004983	
•	RSONAL FUNDS: Mama Itam   Election:	
LOAN SOURCE Full Name (Last, First, Middle Initial) [PERSONAL FUNDS]   Memo Item   Election:   Primary   General		
Mailing Address 1704 SAWYER	Other (specify) ▼	
City WEST COVINA State CA	ZIP Code 91790	
Original Amount of Loan Cumulative Pay	ment To Date  Balance Outstanding at Close of This Period	
1000.00	0.00 1000.00	
TERMS  Date Incurred  Date Incurred	ate Due Interest Rate Secured:	
08 / 08 / 1984 11 / 08 O8	/ 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	
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)	1000.00	
OTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3. Schedule D. for this	s 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

ME OF COMMITTEE (In Full)		Tr	ransaction ID : LOAN0000005986
lational Democratic Policy Con	nmittee		
LOAN SOURCE Full Name (Last, First, BILL SUEDKAMP	, Middle Initial) <b>[PERSONAL</b>	FUNDS]	Election: Primary General
Mailing Address 1211 DOUGLAS HWY			Other (specify) ▼
City GILLETTE	State WY ZIP Co	de 82716	
Original Amount of Loan	Cumulative Payment To	Date B	alance Outstanding at Close of This Perio
1000.00		0.00	1000.00
TERMS  Date Incurred	Date Due	Interest R	
09 / 26 / 1984	03 / 26	1000	.00 % (apr) Yes X No
List All Endorsers or Guarantors (if ar			
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 State	e ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	
UBTOTALS This Period This Page (option	nal)	<b>&gt;</b> [	1000.00
OTALS This Period (last page in this line	only)	<b>&gt;</b>	
arry outstanding balance only to LINE 3	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

ME OF COMMITTEE (In Full)		Tr	ansaction ID : LOAN0000005987
lational Democratic Policy C	ommittee		
LOAN SOURCE Full Name (Last, Find BILL SUEDKAMP	rst, Middle Initial) <b>[PERSONA</b>	L 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	Date B	alance Outstanding at Close of This Perio
1000.0	0	0.00	1000.00
TERMS Date Incurred	Date Due	Interest R	ate Secured:
10 18 1984		1984 0.	00 % (apr) Yes X No
List All Endorsers or Guarantors (if	any) to Loan Source		
1. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	
UBTOTALS This Period This Page (op	tional)	<b>&gt;</b>	1000.00
OTALS This Period (last page in this I	ne only)	<b>&gt;</b>	
arry outstanding balance only to LINE	3. Schedule D. for this line. If	f no Schedule D. carry fo	prward 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 FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	•••	Tra	nsaction ID : LOAN000006929
lational Democratic Policy Co	ommittee		
LOAN SOURCE Full Name (Last, Find HENRY C MAYBERRY	st, Middle Initial) [PERSONA	AL FUNDS]	Election: Primary General
Mailing Address 8071 E 19TH ST			Other (specify) ▼
City WESTMINSTER		Code 92683	
Original Amount of Loan	Cumulative Payment T	To Date Bal	ance Outstanding at Close of This Period
500.00	)	0.00	500.00
TERMS  Date Incurred	Date Due	e Interest Ra	te Secured:
10 25 1984		1985 0.0	
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
2. Full Name (Last, First, Middle Initia	<u>ll)</u>	Name of Employer	
Mailing Address		Occupation	
City Si	tate ZIP Code	Amount Guaranteed	
		Outstanding:	7
3. Full Name (Last, First, Middle Initia	il)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initia	d)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	7
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OTALS This Period (last page in this lin	ne only)	·····	
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Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

ME OF COMMITTEE (In Full)		Tra	ansaction ID : LOAN000007139
ational Democratic Policy C	Committee		
LOAN SOURCE Full Name (Last, I RONALD TAI HO CHOI	First, Middle Initial) [PERSONA	L FUNDS]	Election: Primary General
Mailing Address 35797 BLAIR PL			Other (specify) ▼
City FREMONT	State CA ZIP Co	ode 94536	
Original Amount of Loan	Cumulative Payment To	Date Ba	alance Outstanding at Close of This Perio
500.	00	0.00	500.00
TERMS  Date Incurred	Date Due	Interest R	ate Secured:
09 28 1984		1985 0.	00 % (apr) Yes X No
List All Endorsers or Guarantors (i			
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:	9 9
4. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·
<b>UBTOTALS</b> This Period This Page (o	ptional)		500.00
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arry outstanding balance only to LIN	E 3. Schedule D. for this line. If	no Schedule D, carry fo	prward 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

ROBERT C MCKINNEY    Mailing Address PO BOX 3245   General Other (specify) ▼    City SEAL BEACH   State CA   ZIP Code 90740	lational Democratic Policy Com  LOAN SOURCE Full Name (Last, First,		I FUNDSI □ Mome Item   Election:
Mailing Address PO BOX 3245  City SEAL BEACH State CA ZIP Code 90740  Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This P 1000.00  TERMS Date Incurred Date Due Interest Rate Secured:  10 22 1984 10 22 1985 1200.00 % (apr) Yes   List All Endorsers or Guarantors (if any) to Loan Source  T. Full Name (Last, First, Middle Initial) Name of Employer  Mailing Address Occupation  City State ZIP Code Guaranteed Outstanding:  City State ZIP Code Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial) Name of Employer  Mailing Address Occupation  Amount Guaranteed Outstanding:  City State ZIP Code Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial) Name of Employer  Mailing Address Occupation  Amount Guaranteed Guar		Middle Illitial) [PERSONAL	Primary
Original Amount of Loan  Cumulative Payment To Date  Balance Outstanding at Close of This P  Balance Outstanding at Close of This P  Date Due  Date Date Date Date Date Due  Date Date Date Date Date Date Date Date	Mailing Address PO BOX 3245		
TERMS Date Incurred Date Due Interest Rate Secured: 10	City SEAL BEACH	State CA ZIP Co	ode 90740
TERMS Date Incurred Date Due Interest Rate Secured: 10 22 1984 10 22 1985 1200.00 % (apr) Yes  List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Guaranteed Outstanding:  City State ZIP Code Cocupation  Arrount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Cocupation  Arrount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Cocupation  Arrount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Name of Employer  City State ZIP Code Cocupation  Arrount Guaranteed Outstanding:  Arrount Guaranteed Outstanding:  City State ZIP Code Cocupation  Arrount Guaranteed Outstanding:  1000.00	Original Amount of Loan	Cumulative Payment To	Date Balance Outstanding at Close of This Per
Date Due Interest Rate Secured:  10 22 1984 10 22 1985 1200.00 % (apr) Yes   List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Outstanding:  Amount Guaranteed Outstanding:  City State ZIP Code Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Outstanding:  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:	1000.00		0.00 1000.00
List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:	Date Incurred	M M / D D / Y	1200.00
1. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Guaranteed Outstanding:  City State ZIP Code Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:			1985   1200.00   % (apr)   Yes   X
Mailing Address  City State ZIP Code Quaranteed Qutstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Quaranteed Qutstanding:  Amount Guaranteed Qutstanding:  Amount Guaranteed Qutstanding:  Name of Employer  Amount Guaranteed Qutstanding:  Occupation  Amount Guaranteed Qutstanding:  Amount Guaranteed Qutstanding:  City State ZIP Code Guaranteed Qutstanding:  Amount Guaranteed Qutstanding:  City State ZIP Code Guaranteed Qutstanding:  Amount Guaranteed Qutstanding:	· · · · · · · · · · · · · · · · · · ·	y) to Loan Source	Name of Employer
City State ZIP Code Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  City State ZIP Code Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Displayed Outstanding:			Name of Employer
City State ZIP Code Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Name of Employer  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:	Mailing Address		Occupation
Mailing Address  City State ZIP Code Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Amount Guaranteed Outstanding:  City State ZIP Code Guaranteed Outstanding:  City State ZIP Code Outstanding:  Display Code Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Display Code Outstanding:  Display Code Outstanding:  Display Code Outstanding:	City State	e ZIP Code	Guaranteed
City State ZIP Code Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Outstanding:	2. Full Name (Last, First, Middle Initial)		Name of Employer
City State ZIP Code Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Guaranteed Outstanding:  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Occupation  Amount Guaranteed Outstanding:  City State ZIP Code Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:	Mailing Address		Occupation
Mailing Address  Occupation  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Name of Employer  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Description  Amount Guaranteed Outstanding:  Description  Amount Guaranteed Outstanding:	City State	e ZIP Code	Guaranteed
City State ZIP Code Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:	3. Full Name (Last, First, Middle Initial)		Name of Employer
City State ZIP Code Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  JBTOTALS This Period This Page (optional)	Mailing Address		Occupation
Mailing Address  City  State  ZIP Code  Amount Guaranteed Outstanding:  JBTOTALS This Period This Page (optional)	City State	e ZIP Code	Guaranteed
City State ZIP Code Amount Guaranteed Outstanding:  DBTOTALS This Period This Page (optional) 1000.00	4. Full Name (Last, First, Middle Initial)		Name of Employer
City State ZIP Code Guaranteed Outstanding:  DBTOTALS This Period This Page (optional) 1000.00	Mailing Address		Occupation
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Use separate schedule(s) for each category of the Detailed Summary Page

ate schedule(s) PAGE 19 OF 143
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AME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID: LOAN0000009557
LOAN SOURCE Full Name (Last, First, Middle Initial) ROBERT LOFTUS	[PERSONAL FUNDS]
Mailing Address 2446 N SUMMIT	Other (specify) ▼
City DECATUR State IL	ZIP Code 62526
Original Amount of Loan Cumulative	Payment To Date Balance Outstanding at Close of This Period
1000.00	0.00
TERMS  Date Incurred  06 / 05 / 1984 07 / 07	Date Due Interest Rate Secured:  05
List All Endorsers or Guarantors (if any) to Loan Sou	
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	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)	1000.00
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earry outstanding halance 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

PAGE 20 OF 143
FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000010472
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial SCOTT BEARD	[PERSONAL FUNDS]
Mailing Address 4125 HAWTHORNE	Other (specify) ▼
City DALLAS State TX	ZIP Code 75202
Original Amount of Loan Cumulat	tive Payment To Date Balance Outstanding at Close of This Period
1000.00	0.00
Date Incurred  M 04 / 09 / 1984 07	Date Due Interest Rate Secured:  0.00  (apr)  Date Due Interest Rate Secured:  (apr)  Yes No
List All Endorsers or Guarantors (if any) to Loan S	cource
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Co	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Co	Amount Ode Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Co	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Co	Amount Guaranteed Outstanding:
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Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

ME OF COMMITTEE (In Full)	Transaction ID : LOAN0000010652
ational Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) [PE NANCY J STEINER	ERSONAL FUNDS]
Mailing Address 2809 GREER RD	Other (specify) ▼
City PALO ALTO State CA	ZIP Code 94303
Original Amount of Loan Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
1000.00	0.00
TERMS  Date Incurred	Date Due Interest Rate Secured:
12 29 1986 12 12 12 12 12 12 12 12 12 12 12 12 12	
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:
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Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 22 OF 143
FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)		T-	
AME OF COMMITTEE (In Full)  National Democratic Policy Committee		ır	ansaction ID : LOAN0000011262
National Democratic Policy Committee			
LOAN SOURCE Full Name (Last, First, Middle In	itial) [PERSONAL F	UNDS] Memo Item	Election:
RAY BRANDENBERG	•	•	Primary
			General
Mailing Address 1303 AMORETTI			Other (specify) ▼
City THERMOPOLIS State	WY ZIP Code	82443	
Original Amount of Loan Cum	nulative Payment To Da	ate B	alance Outstanding at Close of This Period
200.00		0.00	200.00
200.00		0.00	200.00
TERMS			
Date Incurred	Date Due	Interest R	ate Secured:
05 14 1984 08		984 180	00.00 % (apr) Yes X No
			% (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loa	n Source		
Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address	(	Occupation	
	1	Amount	
City State ZIF		Guaranteed	
		Outstanding:	,
2. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address	(	Occupation	
	<u> </u>		
City State ZIF		Amount Guaranteed	
Only State 211		Outstanding:	, , , , , , , , , , , , , , , , , , , ,
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
	1	Amount	
City State ZIF		Guaranteed	
		Outstanding:	
4. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address		Occupation	
City Class		Amount	
City State ZIF		Guaranteed  Outstanding:	
		Г	200.00
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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 : LOAN0000011993
National Democratic Policy Committee	Transaction ID : ECANOGOUT 1993
•	
LOAN SOURCE Full Name (Last, First, Middle Initial) [PERS]  JACKSON B BREEZE	SONAL FUNDS] Memo Item Election:
JACKSON B BREEZE	Primary   General
Mailing Address 419 QUARTZ ST	Other (specify)
419 QUARTZ ST	
City REDWOOD CITY State CA Z	IP Code 94062
Original Amount of Loan Cumulative Payme	ent To Date Balance Outstanding at Close of This Perio
1000.00	0.00
TERMS	
	e Due Interest Rate Secured:
11 30 / 1984 03 / 02	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
	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
	Arrange
City State ZIP Code	Amount Guaranteed
, Julio 2 Julio 2	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
State Zir Gode	Outstanding:
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arry outstanding balance only to LINE 3. Schedule D. for this li	ine. 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

AME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000012031
LOAN SOURCE Full Name (Last, First, Middle Initial RICHARD ROPER	[PERSONAL FUNDS]
Mailing Address 630 W DUARTE RD #33	Other (specify) ▼
City MONROVIA State (	CA ZIP Code 91016
Original Amount of Loan Cumul	ative Payment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS  Date Incurred  05	Date Due Interest Rate Secured:  30 / Y 1984 0.00 % (apr) Yes 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 C	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP C	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP C	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP C	Amount Guaranteed Outstanding:
UBTOTALS This Period This Page (optional)	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 Summary.

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

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FOR LINE 13 OF FORM 3X

ME OF COMMITTEE (In Full)	Transaction ID : LOAN0000012946
ational Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) IPERSONAL	FUNDS] Memo Item Election:
FLOYD T WRIGHT	Primary
	General
Mailing Address 4207 PATRICIA ST	Other (specify)
	de 94536
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Peri
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M   M   / D   D   / Y   Y   Y   Y     M   M   / D   D   / Y	1004
08 24 1984 11 24	1984 0.00 % (apr) Yes X
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
	Amount
City State ZIP Code	Guaranteed
4. Full Name (Last, First, Middle Initial)	Outstanding:  Name of Employer
T. I UII IVAITIE (LASI, I IISI, IVIIUUIE IIIIIIAI)	waine of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
JBTOTALS This Period This Page (optional)	1000.00
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Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

ME OF COMMITTEE (In Full)		Tr	ansaction ID : LOAN0000013379
lational Democratic Policy Cor	nmittee	11	ansaction id . LOANOUUU 13379
ational Democration only Cor	THITH CO		
LOAN SOURCE Full Name (Last, First	i, Middle Initial) [PERSONA	L FUNDS]	Election:
MARGARET MAMULA			Primary
			General
Mailing Address 4321 N EL BURRITO			Other (specify) ▼
City TUCSON	State AZ ZIP Co	ode 85705	
Original Amount of Loan	Cumulative Payment To		alance Outstanding at Close of This Perion
Original Amount of Loan	Outfluidlive Fayifiefit To	D Date D	
1000.00		0.00	1000.00
TERMS	Data Dua	. Internet D	-t- Convert
Date Incurred	Date Due	V V V	
06 15 1984	08 15	1984	% (apr) Yes X N
List All Endorsers or Guarantors (if a	• •		
1. Full Name (Last, First, Middle Initial	)	Name of Employer	
Mailing Address		Occupation	
City	te ZIP Code	Amount	
City Sta	le ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
Mailing Address		Occupation	
		Amount	
City Sta	te ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	te ZIP Code	Guaranteed	
		Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
ŭ		'	
		Amount	
City Sta	te ZIP Code	Guaranteed	
		Outstanding:	
IDTOTAL C This Desired Title Desired of		. Γ	1000.00
JBTOTALS This Period This Page (option	naı)	·····	1000.00
OTALS This Period (last page in this line	only)		
arry outstanding balance only to LINE 3	, Schedule D, for this line. If	f 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

AME OF COMMITTEE (In Full)  National Democratic Policy Committee	Transaction ID : LOAN0000013410
LOAN SOURCE Full Name (Last, First, Middle In BILL DRAKE	tial) [PERSONAL FUNDS]
Mailing Address RT 4 BOX 126	Other (specify) ▼
City DEXTER State	MO ZIP Code 63841
Original Amount of Loan Cum	ulative Payment To Date Balance Outstanding at Close of This Period
100.00	0.00
Date Incurred    March   March	Date Due Interest Rate Secured:  19 1984 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan	n Source
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP	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
	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP	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

PAGE 28 OF 143
FOR LINE 13 OF FORM 3X

ME OF COMMITTEE (In Full)		Tr	ansaction ID : LOAN0000017823
lational Democratic Policy Co	mmittee		
LOAN SOURCE Full Name (Last, First HAROLD N LYNGE MD	st, Middle Initial) <b>[PERSONAI</b>	L <b>FUNDS]</b> Memo Item	Election: Primary General
Mailing Address 2 S 13TH ST			Other (specify) ▼
City SAN JOSSE	State CA ZIP Co	ode 95112	-
Original Amount of Loan	Cumulative Payment To	Date B	alance Outstanding at Close of This Perio
1000.00		0.00	1000.00
TERMS  Date Incurred	Date Due	Interest R	ate Secured:
08 / 08 / 1984		1984 0.	00 % (apr) Yes X No
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	ite ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	tte 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:	
UBTOTALS This Period This Page (optic	onal)	<b>)</b>	1000.00
OTALS This Period (last page in this line	e only)	<b>&gt;</b>	
arry outstanding balance only to LINE 3	3. Schedule D. for this line. If	no Schedule D. carry fo	prward 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)  National Democratic Policy Committee	Transaction ID: LOAN0000018351
LOAN SOURCE Full Name (Last, First, Middle Initial) [PERS GREGORY R WOLF	SONAL FUNDS]
Mailing Address 5258 CARTWRIGHT	Other (specify) ▼
City NORTH HOLLYWOOD State CA Z	ZIP Code 91601
Original Amount of Loan Cumulative Paym	ent To Date Balance Outstanding at Close of This Period
300.00	0.00 300.00
TERMS  Date Incurred  Date 1984  Date 1984	e Due Interest Rate Secured:  1984  0.00  (apr)
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)	300.00
OTALS This Period (last page in this line only)	<b>&gt;</b>
Carry outstanding halance only to LINE 3. Schedule D. for this li	ine. 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

AME OF COMMITTEE (In Full)  National Democratic Policy Committee	Transaction ID: LOAN0000018352
LOAN SOURCE Full Name (Last, First, Middle Initial) [PERS] GREGORY R WOLF	SONAL FUNDS]
Mailing Address 5258 CARTWRIGHT	General Other (specify) ▼
City NORTH HOLLYWOOD State CA Z	(IP Code 91601
Original Amount of Loan Cumulative Payme	ent To Date Balance Outstanding at Close of This Period
100.00	0.00 100.00
Date Incurred Date    Market   Market	e Due Interest Rate Secured:  1984 0.00 % (apr) Yes 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:
UBTOTALS This Period This Page (optional)	
OTALS This Period (last page in this line only)	
`arry outstanding balance only to LINE 3. Schedule D. for this li	ine. If no Schedule D, carry forward 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

AME OF COMMITTEE (In Full)	Transaction ID : LOAN000018353
National Democratic Policy Committee	Transaction is . 20 Attoucources
LOAN SOURCE Full Name (Last, First, Middle Initial) [I] GREGORY R WOLF	PERSONAL FUNDS]  Memo Item  Election: Primary
GREGORY R WOLF	General
Mailing Address 5258 CARTWRIGHT	Other (specify)
5 SZSS CARTWRIGHT	
City NORTH HOLLYWOOD State CA	ZIP Code 91601
Original Amount of Loan Cumulative I	Payment To Date Balance Outstanding at Close of This Perio
100.00	0.00
TERMS	
Date Incurred	Date Due Interest Rate Secured:
	4 1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	ce
Full Name (Last, First, Middle Initial)	Name of Employer
Mailian Address	
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
S	
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2	, , , , , , , , , , , , , , , , , , ,
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
ony once 211 code	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
M. T. A.I.	
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
UDTOTALO TIVA DA VALTIVA DA LA CARRA DE	100.00
UBTOTALS This Period This Page (optional)	100.00
OTALS This Period (last page in this line only)	<b>&gt;</b>
arry outstanding balance only to LINE 3, Schedule D, for t	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

AME OF COMMITTEE (In Full)	Transaction ID : LOAN000018611
lational Democratic Policy Committee	Transaction in . LOANOUUU 10011
actional Bomooratio Folloy Committee	
	AL FUNDS] Memo Item
WILLIAM O MC KAY	Primary
Mailing Address	General Other (angeity)
Mailing Address 4627 W 137TH PL	Other (specify) ▼
City HAWTHORNE State CA ZIP C	Code 90250
Original Amount of Loan Cumulative Payment T	To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incomed	- Interest Data Convent
Date Incurred Date Due	V V V
08 17 1984 11 17	1985 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
	America
City State ZIP Code	Amount Guaranteed
Only State 211 South	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
Only State 211 South	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	·
	Amount
City State ZIP Code	Guaranteed
4. Full Name (Last, First, Middle Initial)	Outstanding:  Name of Employer
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)	1000.00
ODITION THIS I GIOU THIS I age (Optional)	
OTALS This Period (last page in this line only)	<b>&gt;</b>
arry outstanding balance only to LINE 3. Schedule D. for this line. I	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	Page TON LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)			Transaction ID : LOAN0000018612
lational Democratic Policy Com	mittee		
LOAN SOURCE Full Name (Last, First,	Middle Initial) IPERSONAL	. <b>FUNDS]</b> Memo Item	Election:
ALFRED MONTEROS	, [i Litoottal		Primary
			General
Mailing Address 1210 W PUENTE AVE			Other (specify)
City WEST COVINA	State CA ZIP Co	de 91790	
Original Amount of Loan	Cumulative Payment To	Date	Balance Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS	Data Dua	Intoroct	Deta Casuradi
Date Incurred	Date Due	Interest	
08 17 1984	11 17	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	
		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	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	<del>_</del>
Mailing Address		Occupation	
3			
0.11	710.0	Amount	
City State	ZIP Code	Guaranteed Outstanding:	9 1 9
UBTOTALS This Period This Page (options	al)	<b>&gt;</b>	1000.00
OTALS This Period (last page in this line of	only)	<b>&gt;</b>	
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

AME OF COMMITTEE (In Full)		Tr	ansaction ID : LOAN0000018817
lational Democratic Policy Co	ommittee		
LOAN SOURCE Full Name (Last, Fir	est Middle Initial)	. F.W.DO	Election:
LEONARD K NITZ	st, Middle Initial) [PERSONA	L FUNDS]	Primary
			General
Mailing Address 5343 CALLISTER AVE			Other (specify)
City SACRAMENTO	State CA ZIP Co	ode 95819	
Original Amount of Loan	Cumulative Payment To	Date Ba	alance Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS  Date Incurred	Date Due	Interest R	ate Secured:
M		1984 0.	00 % (apr) Yes 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	
		Amount	
City St	ate ZIP Code	Guaranteed Outstanding:	.,,
2. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City St	ate ZIP Code	Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,
3. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ate ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initia	1)	Name of Employer	
Mailing Address		Occupation	
Mailing / taurooo		Cooupation	
City	ate ZIP Code	Amount Guaranteed	
City St	ate ZIP Code	Outstanding:	9 9 9
		_	
UBTOTALS This Period This Page (opt	ional)	<b>&gt;</b>	1000.00
OTALS This Period (last page in this lin	ne only)	<b>&gt;</b>	
carry outstanding balance only to LINE	3, 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
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000019658
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) [PERSON WARREN BANDY	CONAL FUNDS]
Mailing Address 934 TAMARACK LN #6	Other (specify) ▼
City SUNNYVALE State CA ZI	IP Code 94086
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:
09	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
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)	1000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this lin	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 Suffiffial	y rage
AME OF COMMITTEE (In Full)  National Democratic Policy Co	mmittee		Transaction ID : LOAN0000019945
valional Democratic Folicy Col	mmuee		
LOAN SOURCE Full Name (Last, First	t, Middle Initial) [PERSONA	AL FUNDS] Memo Ite	em   Election:
IAN MC CLASHAN		<u>.</u>	Primary
			General
Mailing Address 245 W LORRAINE ST	APT 121		Other (specify) ▼
City GLENDALE		Code 91202	
Original Amount of Loan	Cumulative Payment	To Date	Balance Outstanding at Close of This Period
1500.00		0.00	1500.00
TERMS  Date Incurred	Date Du	e Intere	st Rate Secured:
M M / D D / Y Y Y Y	M M / D D /	Y Y Y Y	0.00
09 10 1984	12 10	1984	% (apr) Yes X No
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	ite ZIP Code	Amount Guaranteed	
Oity	ite Zii Oode	Outstanding:	
2. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address		Occupation	
City Sta	ite ZIP Code	Amount Guaranteed	
Only Only	211 0000	Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	ite ZIP Code	Amount Guaranteed	
Oity	ite Zii Oode	Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	sto ZID Codo	Amount	
City Sta	tte ZIP Code	Guaranteed Outstanding:	
		1	
UBTOTALS This Period This Page (option	onal)		1500.00
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carry outstanding balance only to LINE	3, Schedule D, for this line.	If no Schedule D, car	ry 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

AME OF COMMITTEE (In Full)		Tr	ansaction ID : LOAN0000021069
National Democratic Policy Commit	tee		ansaction is . Econococcios
•			
LOAN SOURCE Full Name (Last, First, Mid LOUIS HARDING	dle Initial) <b>[PERSONAL</b>	. <b>FUNDS]</b> Memo Item	Election:
LOUIS HARDING			Primary General
Mailing Address 815 N MADISON			Other (specify)
815 N MADISON			Curior (opeany) •
City PIERRE	State SD ZIP Co	de 57501	
Original Amount of Loan	Cumulative Payment To	Date Ba	alance Outstanding at Close of This Perio
1000.00		0.00	1000.00
TERMS	5 . 5		
Date Incurred	Date Due	Interest R	
09 27 1984	03 27	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	
		A	
City State	ZIP Code	Amount Guaranteed	
City	211 0000	Outstanding:	, , ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
Oit.	7ID 0 - d -	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:	
<u> </u>			
		г	
UBTOTALS This Period This Page (optional)		<b>&gt;</b>	1000.00
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carry outstanding balance only to LINE 3, School	edule 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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ME OF COMMITTEE (In Full)		Tr	ansaction ID : LOAN0000021171
ational Democratic Policy Committee	Э		
LOAN SOURCE Full Name (Last, First, Middle	Initial) [PERSONAL	FUNDS]  Memo Item	Election:
MARILYN PEARSON	, , ,	_ memo nem	Primary
A LI			General Other (appoint)
Mailing Address RR 1			Other (specify)
City SPENCER State	te IA ZIP Cod	<sup>de</sup> 51301	
Original Amount of Loan Cu	umulative Payment To	Date B	alance Outstanding at Close of This Perio
1000.00		100.00	900.00
TERMS	Data Bara	Internal B	Od
Date Incurred	Date Due	Interest R	
09 28 1984 03	28	1000	.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Lo	an Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State Z	IP Code	Guaranteed	
		Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State Z	IP Code	Guaranteed	
		Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State Z	IP Code	Guaranteed	
4 Full Name (Lock First Middle Initial)		Outstanding:	, , , , , , , , , , , , , , , , , , , ,
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State Z	IP Code	Guaranteed	
•		Outstanding:	7
UBTOTALS This Period This Page (optional)			900.00
OTALS This Period (last page in this line only)		<b>&gt;</b>	
arry outstanding balance only to LINE 3, Schedul	le D. for this line. If	no Schedule D. carry fo	prward to appropriate line of Summary

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AME OF COMMITTEE (In Full)		Tra	ansaction ID : LOAN0000021412
lational Democratic Policy Com	mittee		
LOAN SOURCE Full Name (Last, First,	Middle Initial)		Election:
MARJORIE CZECZOK	ivildule iriiliai) [PERSONAL	. <b>FUNDS]</b> Memo Item	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 Ba	alance Outstanding at Close of This Perio
250.00		50.00	200.00
TERMS	Data Dua	Interest D	Conurado
Date Incurred  10 25 1984	Date Due	100-1	ate Secured:  00 % (apr) Yes X No
List All Endorsers or Guarantors (if any	y) 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:	7
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	
Mailing Address		Cocupation	
City.	710.0-1-	Amount	
City State	ZIP Code	Guaranteed Outstanding:	7 7 7
UBTOTALS This Period This Page (option	al)	<u> </u>	200.00
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arry outstanding balance only to LINE 3,	Schedule D, for this line. If	no Schedule D, carry fo	orward to appropriate line of Summary.

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ME OF COMMITTEE (In Full)		Tr	ansaction ID : LOAN0000022667
lational Democratic Policy Com	mittee		
LOAN SOURCE Full Name (Last, First,	Middle Initial) [PERSONAL	L <b>FUNDS]</b> Memo Item	Election:
ROBERT A FUDO	, [i Litoonii	_ Memo tem	Primary
M. W. A. I. I			General
Mailing Address 24922 MUIRLANDS SP 3	36		Other (specify)
City EL TORO	State CA ZIP Co	ode 92630	
Original Amount of Loan	Cumulative Payment To	Date B	alance Outstanding at Close of This Perio
750.00		0.00	750.00
TERMS	Date Due	Interest D	oto Conuradi.
Date Incurred	M M / D D / Y	Interest R	ate Secured:
10 22 1984	01 22	1000	% (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	
		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	
2 Full Name (Look First Middle Initia)		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	
		Amazount	
City State	zIP Code	Amount Guaranteed	
		Outstanding:	
UBTOTALS This Period This Page (option	ıal)	<b>_</b>	750.00
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arry outstanding balance only to LINE 3.	Schedule D, for this line. If	no Schedule D, carry fo	orward to appropriate line of Summary.

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)  National Democratic Policy Committee	Transaction ID: LOAN0000023255
LOAN SOURCE Full Name (Last, First, Middle Initial) KEITH J ORR	[PERSONAL FUNDS]
Mailing Address 441 PUERTO PL	Other (specify) ▼
City HAYWARD State CA	ZIP Code 94541
Original Amount of Loan Cumulative	Payment To Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS  Date Incurred  10	Date Due Interest Rate Secured:  24
List All Endorsers or Guarantors (if any) to Loan Sour	
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	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)	500.00
OTALS This Period (last page in this line only)	<b>&gt;</b>
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

ME OF COMMITTEE (In Full)	Transaction ID : LOAN0000023300
ational Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) H WYVONNE LANDRY	PERSONAL FUNDS]
Mailing Address 18346 COLLINS ST #17	Other (specify) ▼
City TARZANA State CA	ZIP Code 91356
Original Amount of Loan Cumulative	Payment To Date Balance Outstanding at Close of This Period
800.00	0.00 800.00
TERMS  Date Incurred	Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D	
List All Endorsers or Guarantors (if any) to Loan Sour	ee
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:
JBTOTALS This Period This Page (optional)	800.00
DTALS This Period (last page in this line only)	
	his 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

AME OF COMMITTEE (In Full)		Tr	ansaction ID : LOAN0000023612
National Democratic Policy Con	nmittee	11	ansaction ib . EOAN0000023612
ational Bemocratic Folicy Con	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		
LOAN SOURCE Full Name (Last, First	, Middle Initial) [PERSONAL	L <b>FUNDS]</b> Memo Item	Election:
JACOB S PAINTER			Primary
			General
Mailing Address 4371 SUNRISE DR			Other (specify)
City CASPER	State WY ZIP Co	ode 82604	
Original Amount of Loan	Cumulative Payment To	Date B	alance Outstanding at Close of This Perio
250.00		0.00	250.00
TERMS			
Date Incurred	Date Due	V V V	
10 22 1984	01 22	1985 0.	00 % (apr) Yes X No
List All Endorsers or Guarantors (if ar	ıy) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Stat	e ZIP Code	Guaranteed	
		Outstanding:	, , , , , , , , , , , , , , , , , , , ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Stat	e ZIP Code	Guaranteed	
		Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Stat	e ZIP Code	Amount Guaranteed	
S.i.y	2.11 0000	Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		·	
		Amount	
City Stat	e ZIP Code	Guaranteed Outstanding:	7
1		_	
SUBTOTALS This Period This Page (option	nal)	<b>&gt;</b>	250.00
OTALS This Period (last page in this line	only)	<b>&gt;</b>	
	01.11.54.65.6	01.11.7	
Carry outstanding balance only to LINE 3,	Schedule D, for this line. If	no Schedule D, carry for	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

AME OF COMMITTEE (In Full)  National Democratic Policy Cor	nmittee	Transaction ID : LOAN0000023623
LOAN SOURCE Full Name (Last, First	, Middle Initial) <i>IPERSONAL</i>	L FUNDS] Memo Item Election:
RONALD A BOWDEN	Primary	
Mailing Address 46 SOMERSET AVE		General Other (specify) ▼
46 SOMERSET AVE		
City RIVERSIDE		ode 02915
Original Amount of Loan	Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00		0.00
TERMS  Date Incurred	Date Due	Interest Rate Secured:
M 10 / 22 / 1984	01 / 22 / Y	1985
List All Endorsers or Guarantors (if ar	ny) 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)		Outstanding:  Name of Employer
		Tham 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
		Amount
City Stat	e ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City Stat	e ZIP Code	Guaranteed Outstanding:
1		
UBTOTALS This Period This Page (option	nal)	
OTALS This Period (last page in this line	only)	<b>&gt;</b>
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 Detailed Summary Page

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	Detailed Sulfilliary Page
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000023624
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) [PERS BRYCE JONES	SONAL FUNDS]
Mailing Address 213 W OAKRIDGE DR	Other (specify) ▼
City FARMINGTON State UT Z	ZIP Code 84025
Original Amount of Loan Cumulative Paym	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 / 22 / 1984 01 / 22	1985 0.00 % (apr) Yes ⊠ 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:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	<b>&gt;</b>
Carry outstanding balance only to LINE 3, Schedule D, for this li	ine. 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

AME OF COMMITTEE (In Full)		Tı	ransaction ID : LOAN0000023627
lational Democratic Policy Co	ommittee		
LOAN SOURCE Full Name (Last, Fi	rst, Middle Initial) <i>IPERSONA</i>	AL FUNDS]  Memo Item	Election:
MRS BRYCE JONES	, į Litoviu		Primary
AA 3P			General Other (area; f.)
Mailing Address 213 W OAKRIDGE DR	2		Other (specify)
City FARMINGTON	State UT ZIP C	Code 84025	
Original Amount of Loan	Cumulative Payment 1	To Date B	alance Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS Date Incurred	Date Du	a Interest D	oto Conurado
M M / D D / Y Y Y Y	M M / D D / Y	, , , , , , , , , , , , , , , , , , ,	
10 22 1984	01 22	1000	.00 % (apr) Yes X No
List All Endorsers or Guarantors (if			
1. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed	
S.i.y	0000	Outstanding:	7
2. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed	
-		Outstanding:	7
3. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City S	tate ZIP Code	Guaranteed	
		Outstanding:	7
4. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed	
Only C	211 0000	Outstanding:	7
		'	
UBTOTALS This Period This Page (op	tional)		1000.00
	,		
OTALS This Period (last page in this li	ne only)	<b>&gt;</b>	
arry 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

ME OF COMMITTEE (In Full)	Transaction ID : LOAN0000023628
lational Democratic Policy Committee	Transaction ib . LOAN000023020
•	
	L FUNDS] Memo Item Election:
MRS DONALD MILLS	Primary
	General Other (const)
Mailing Address 4495 WOODLAWN	Other (specify) ▼
City BEAUMONT State TX ZIP Co	ode 77703
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS	
Date Incurred Date Due	V V
10 22 1984 10 22	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
	Amount
City State ZIP Code	Amount Guaranteed
Only State 211 Gode	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
City State Zir Code	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
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)	500.00
COLOTACO TIIO I GIIOU TIIO F AGE (OPLIOTIAL)	
OTALS This Period (last page in this line only)	<b>&gt;</b>
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 Detailed Summary Page

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)		Tr	ansaction ID : LOAN0000023683
National Democratic Policy Com	mittee	''	ansaction ib . LOANUUUUU23003
<u> </u>			
LOAN SOURCE Full Name (Last, First,	Middle Initial) [PERSONAL	- <b>FUNDS]</b> Memo Item	Election:
AMY G BRAINARD			Primary
Moiling Address			General Other (cpecify)
Mailing Address 1202 S GLADYS AVE			Other (specify)
City SAN GABRIEL	State CA ZIP Co	ode 91776	
Original Amount of Loan	Cumulative Payment To	Date B	alance Outstanding at Close of This Perio
1000.00		0.00	1000.00
TERMS	D-1- D	lotorest D	-ti-
Date Incurred	Date Due	Interest R	
10 25 1984	10 25	1985	.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	
		Amount	
City State	ZIP Code	Guaranteed	
		Outstanding:	7
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:	
		I.	
UBTOTALS This Period This Page (optional	al)		1000.00
OTALS This Period (last page in this line of	only)	<b>&gt;</b>	
			7
carry outstanding balance only to LINE 3,	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

AME OF COMMITTEE (In Full)	Transaction ID : LOAN000024453
National Democratic Policy Committee	Hansaction ID . EOAN0000024455
valional Democration oney Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Memo Item Election:
JAMES HOWARD PETERS	Primary
	General
Mailing Address 2380 GRANADA AVE	Other (specify) ▼
City LONG BEACH State CA	ZIP Code 90815
Original Amount of Loan Cumulative	Payment To Date Balance Outstanding at Close of This Perio
1000.00	0.00
TERMS	
Date Incurred	Date Due Interest Rate Secured:
	26 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Sour	се
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:
•	'
SUBTOTALS This Period This Page (optional)	
OTALS This Period (last page in this line only)	
- Tile Forted (dest page in the only)	7 7 7
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

ME OF COMMITTEE (In Full)		Tr	ansaction ID : LOAN0000024908
lational Democratic Policy Co	mmittee		
LOAN SOURCE Full Name (Last, Firs	t, Middle Initial) [PERSONA	L FUNDS]  Memo Item	Election:
LARS THELANDER	•	•	Primary
Mailing Addraga			General Other (specify) ▼
Mailing Address 14 MOUNT CASTLE PL			Other (specify)
City JOHNSON CITY		ode 37601	
Original Amount of Loan	Cumulative Payment To	D Date B	alance Outstanding at Close of This Perio
500.00		0.00	500.00
TERMS	Data Dua	Interest D	oto Consumado
Date Incurred	Date Due		
11 02 1984	02 02	1000	.00 % (apr) Yes X No
List All Endorsers or Guarantors (if a			
1. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	te ZIP Code	Amount Guaranteed	
•		Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	te ZIP Code	Guaranteed	
		Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	te ZIP Code	Guaranteed	
		Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	te ZIP Code	Guaranteed	
		Outstanding:	
UBTOTALS This Period This Page (optional)			
	<u> </u>		, , , , , , , , , , , , ,
OTALS This Period (last page in this line	e only)	<b>&gt;</b>	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
 arry outstanding balance only to LINE 3	8, 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

AME OF COMMITTEE (In Full)  National Democratic Policy Committee	Transaction ID: LOAN0000025202
LOAN SOURCE Full Name (Last, First, Middle Initial) [PERSO	ONAL FUNDS]  Memo Item  Election:
ALMA G UBER	Primary
Mailing Address 3447 STERNE ST	General Other (specify) ▼
City SAN DIEGO State CA ZII Original Amount of Loan Cumulative Payme	P Code 92106  Int To Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS  Date Incurred  Date	Due Interest Rate Secured:
11 / 07 / 1984 Y 05 / 07 /	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
AA T	
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)	500.00
OTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3. Schedule D. for this lin	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

ME OF COMMITTEE (In Full) ational Democratic Policy Co	nmmittee	Tr	ransaction ID: LOAN0000026096
<u> </u>			
LOAN SOURCE Full Name (Last, Fir GABRIEL DICK	st, Middle Initial) <b>[PERSONA</b>	L FUNDS]	Election: Primary General
Mailing Address BOX 274			Other (specify) ▼
City CARMEL	State CA ZIP Co	ode 93921	
Original Amount of Loan	Cumulative Payment To	Date B	alance Outstanding at Close of This Perio
500.00		0.00	500.00
TERMS  Date Incurred	Date Due	Interest R	ate Secured:
11 30 1984		1984 0	.00 % (apr) Yes X No
List All Endorsers or Guarantors (if			
Full Name (Last, First, Middle Initial	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:	, , , , , , , , ,
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:	
UBTOTALS This Period This Page (opt	ional)	······ [	500.00
OTALS This Period (last page in this lin	ne only)	<b>&gt;</b>	
arry outstanding balance only to LINE	3. 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

lational Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) [PER: JOHN PRICE	SONAL FUNDS]
Mailing Address 101 S COTTAGE RD	Other (specify) ▼
City STERLING State VA Z	ZIP Code 22170
Original Amount of Loan Cumulative Paym	nent To Date Balance Outstanding at Close of This Period
750.00	0.00 750.00
TERMS  Date Incurred  Date M 05	te Due Interest Rate Secured:  1986 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)	750.00
OTALS This Period (last page in this line only)	41400.00

**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 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE AIRBORNE FREIGHT CORP. Mailing Address P O BOX 662 State Zip Code WA **SEATTLE** 98111 Transaction ID: INV6010000112089 Outstanding Balance Beginning This Period 12.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 12.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTAL** AMFAC HOTEL Mailing Address P O BOX 1926 City State Zip Code **ALBUQUERQUE** NM 87119 Outstanding Balance Beginning This Period Transaction ID: INV6010000112090 198.49 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 198.49 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** ARLINGTON HILTON Mailing Address 2401 EAST LAMAR BOULEVARD Zip Code City State **ARLINGTON** 76011 TX Transaction ID: INV6010000112363 Outstanding Balance Beginning This Period 139.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 139.00 0.00 349.99 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)

PAGE FOR LINE NUMBER: (check only one)

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X	10

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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): **EQUIPMENT RENTAL** AUDIO VISUAL CENTER Mailing Address 235 NORTH BROAD STREET State Zip Code **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 0.00 11.08 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 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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				,	<b>/</b>   10
	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ee			
	A. Full Name (Last, First, Middle Initial) of Debto BANK OF THE COMMONWEA	Nature of Debt (Purpose): MISC. EXPENSE			
	Mailing Address PO BOX 32900				
	City State DETROIT	Zip Code MI	48232		
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000	112095
	1430.00				
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close	e of This Period
	0.00		0.00		1430.00
ı	B. Full Name (Last, First, Middle Initial) of Debtor BELMONT RESTAURANT	or Creditor		Nature of Debt (Purpose): ROOM RENTALS	
	Mailing Address 541 LEXINGTON AVE.				
	City State NEW YORK	Zip Code NY	10022		
	Outstanding Balance Beginning This Period	Transaction ID : INV601000	0112096		
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close	e of This Period
	0.00	,	0.00		110.00
ı	C. Full Name (Last, First, Middle Initial) of Debto BROWN PALACE HOTEL	or or Creditor		Nature of Debt (Purpose): ROOM RENTALS	
	Mailing Address P.O. BOX 1440				
	City DENVER	State CO	Zip Code 80201		
	Outstanding Balance Beginning This Period			Transaction ID : INV601000	0112097
	273.00				
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close	
	0.00		0.00		273.00
1)	SUBTOTALS This Period This Page (optional)		<b>)</b>		1813.00
2)	TOTALS This Period (last page this line number	only)	<b>&gt;</b>		
3)	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4)	A) 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	е		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRUKOFF, BERAS & STEWART,P.C.			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 : INV6010000112099
	285.00			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at 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 SERVICE
	Mailing Address P.O. BOX 17726			
	City State WASHINGTON	Zip Code DC	20041	
	Outstanding Balance Beginning This Period 2700.00			Transaction ID : INV6010000111880
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00	7	0.00	2700.00
	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 : INV6010000111909
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	64.51
1)	SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	3049.51
2)	TOTALS This Period (last page this line number of	only)	<b>&gt;</b>	
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)			

**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 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 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 60.00 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 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)

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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): **RENT** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code WASHINGTON 20041 Transaction ID: INV6010000111915 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: INV6010000111916 250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 250.00 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: INV6010000111917 Outstanding Balance Beginning This Period 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 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** 

(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): PRESS RELATIONS SERVICE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code 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 0.00 1310.00 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 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) ▶

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AME OF COMMITTEE (In Full) National Democratic Policy Committe	ee			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debt	(Purpose):
CAMPAIGNER PUBLICATIONS	RENT			
Mailing Address P.O. BOX 17726				
City State WASHINGTON	Zip Code DC	20041		
Outstanding Balance Beginning This Period			Transaction	ID : INV6010000111921
800.00				
Amount Incurred This Period	Paym	nent This Period	Outstanding	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 Debt	(Purpose):
CAMPAIGNER PUBLICATIONS			PHOTOCOPIE	
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	Paym	nent This Period	Outstanding	Balance at Close of This Period
0.00		0.0	00	250.00
C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS	Nature of Debt TELECOMMU			
Mailing Address P.O. BOX 17726				
City	State	Zip Code		
WASHINGTON	DC	20041		
Outstanding Balance Beginning This Period			Transaction	ID : INV6010000111923
1000.00				
Amount Incurred This Period	Paym	nent This Period	Outstanding	Balance at Close of This Period
	ı uyıı			1000.00
0.00	7	0.0	JO	1000.00
) SUBTOTALS This Period This Page (optional)			>	2050.00
TOTALS This Period (last page this line number only)			>	
) TOTAL OUTSTANDING LOANS from Schedule (				
ADD 2) and 3) and carry forward to appropriate				

**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 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 0.00 150.00 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 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** 

(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	Nat	ure of Debt	t (Purpose):		
	CAMPAIGNER PUBLICATIONS	Sl	JBSCRIPTI	ONS PURCHASE		
Ī	Mailing Address P.O. BOX 17726					
(	City State	Zip Code				
L	WASHINGTON	DC	20041			
	Outstanding Balance Beginning This Period			Т	ransaction	ID: INV6010000111927
	5852.00					
	Amount Incurred This Period	Pay	ment This Period	C	utstanding	Balance at Close of This Period
	0.00		O	0.00		5852.00
E	3. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	or Creditor				t (Purpose): ONS PURCHASE
Ī	Mailing Address P.O. BOX 17726					
- 1	City State	Zip Code				
Ľ	WASHINGTON	DC	20041			
	Outstanding Balance Beginning This Period 13773.65			-	Transactior	n ID : INV6010000112054
	Amount Incurred This Period	Pav	ment This Period	C	Outstanding	Balance at Close of This Period
	0.00			0.00		13773.65
	7 1 7	,				
(	C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS				ture of Debt	t (Purpose): G
ı	Mailing Address P.O. BOX 17726					
(	City	State	Zip Code			
	WASHINGTON	DC	20041			
	Outstanding Balance Beginning This Period			-	Transaction	n ID : INV6010000112055
	302.50	Davi	manut Thin David		\tata	Delawas at Class of This Davied
	Amount Incurred This Period	Pay	ment This Period		outstanding	Balance at Close of This Period
	0.00	1 7	0	0.00		302.50
1)	SUBTOTALS This Period This Page (optional)					19928.15
2)	TOTALS This Period (last page this line number of	only)		<b>&gt;</b>		
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)			
4)	ADD 2) and 3) and carry forward to appropriate li	ne of Summa	ry Page (last page o	only) ▶		

**Excluding Loans** 

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

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	e		
	A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE		
	Mailing Address P.O. BOX 17726			
	City State Zip Code WASHINGTON DC 20041			
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112056
	7910.00			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	7910.00
	B. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	or Creditor		Nature of Debt (Purpose): ADVERTISING
	Mailing Address P.O. BOX 17726			
	City State WASHINGTON	Zip Code DC	20041	
	Outstanding Balance Beginning This Period 40.00			Transaction ID : INV6010000112057
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00	,	0.00	40.00
	C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
	Mailing Address P.O. BOX 17726			
	City WASHINGTON	State DC	Zip Code 20041	
•	Outstanding Balance Beginning This Period 7989.60			Transaction ID : INV6010000112058
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	7989.60
1)	SUBTOTALS This Period This Page (optional)			15939.60
2)	TOTALS This Period (last page this line number of	only)	·····	7
3)	TOTAL OUTSTANDING LOANS from Schedule C	7		
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summa	ary 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): **RENT** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code WASHINGTON 20041 Transaction ID: INV6010000112059 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): **TELECOMMUNICATIONS** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000112060 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1000.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **RENT** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 Zip Code City State WASHINGTON DC 20041 Transaction ID: INV6010000112061 Outstanding Balance Beginning This Period 800.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 800.00 0.00 2600.00 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

PAGE 66 OF 143 FOR LINE NUMBER: (check only one)

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AME OF COMMITTEE (In Full) National Democratic Policy Committe	ee		'	Jr. *1
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt	(Purpose):
CAMPAIGNER PUBLICATIONS	TELECOMMU			
Mailing Address P.O. BOX 17726				
City State WASHINGTON	Zip Code DC	20041		
Outstanding Balance Beginning This Period			Transaction	ID : INV6010000112062
1000.00				
Amount Incurred This Period	Payme	ent This Period	Outstanding	Balance at Close of This Period
0.00		0.0	00	1000.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt	(Purpose):
CAMPAIGNER PUBLICATIONS			RENT	
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	Payme	nt This Period	Outstanding	Balance at Close of This Period
0.00		0.0		800.00
C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS	Nature of Debt TELECOMMU			
Mailing Address P.O. BOX 17726				
City	State	Zip Code		
WASHINGTON	DC	20041		
Outstanding Balance Beginning This Period			Transaction	ID : INV6010000112064
1000.00				
Amount Incurred This Period	Payme	nt This Period	Outstanding	Balance at Close of This Period
0.00		0.0	00	1000.00
SURTOTALS This Period This Page (ontional)				2800.00
SUBTOTALS This Period This Page (optional)				
) TOTALS This Period (last page this line number	<b>)</b>			
) TOTAL OUTSTANDING LOANS from Schedule (	C (last page only)		>,	, , , , , , , , , , , , , , , , , , , ,
) ADD 2) and 3) and carry forward to appropriate	line of Summarv	Page (last page or	nly) ▶	

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full)  National Democratic Policy Commit	ttee	
A. Full Name (Last, First, Middle Initial) of Deb CAPITOL PLAZA	Nature of Debt (Purpose): ROOM RENTALS	
Mailing Address 240 WEST STATE STREET		
City State	Zip Code	
TRENTON  Outstanding Release Regioning This Region	NJ 08608	Transaction ID : INV6010000112103
Outstanding Balance Beginning This Period 93.10		1141154610111211111111111111111111111111111111
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	93.10
B. Full Name (Last, First, Middle Initial) of Debte CAPITOL PLAZA HOTEL	or or Creditor	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address HOLIDAY INN 300 J STREET		
City State SACRRAMENTO	Zip Code CA 95814	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112102
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	15.78
C. Full Name (Last, First, Middle Initial) of Deb		Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Mailing Address PO BOX 748  RADIO CITY STATION  City	State Zip Code	
NEW YORK	NY 10101	
Outstanding Balance Beginning This Period 8023.57		Transaction ID : INV6010000112274
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	8023.57
1) SUBTOTALS This Period This Page (optional).		8132.45
2) TOTALS This Period (last page this line number	er only)	<u> </u>
3) TOTAL OUTSTANDING LOANS from Schedule	<u> </u>	
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)	<b>•</b>

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full)  National Democratic Policy Committee	 Эе				
A. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC	Nature of D MTG PLAN	ebt (Purpose): INING FEES & EXPNS			
Mailing Address PO BOX 748  RADIO CITY STATION					
City State NEW YORK	Zip Code NY	10101			
Outstanding Balance Beginning This Period			Transaction	on ID : INV6010000112275	
1529.35					
Amount Incurred This Period	Pay	ment This Period		ng Balance at Close of This Period	
0.00		U.	.00	1529.35	
B. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		Nature of D FIELD OFF	ebt (Purpose): ICE RENT	
Mailing Address PO BOX 748  RADIO CITY STATION					
City State NEW YORK	Zip Code NY	10101			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112281	
2614.35					
Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period	
0.00		0.	00	2614.35	
C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC				ebt (Purpose): TELEPHONE USAGE	
Mailing Address PO BOX 748  RADIO CITY STATION	Charles	7:- O-da			
City NEW YORK	State NY	Zip Code 10101			
Outstanding Balance Beginning This Period 9834.85			Transact	ion ID : INV6010000112282	
Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period	
0.00		0.	00	9834.85	
1) SUBTOTALS This Period This Page (optional)			}	13978.55	
2) TOTALS This Period (last page this line number	only)		<b>&gt;</b>	, , , , , , ,	
3) TOTAL OUTSTANDING LOANS from Schedule C	B) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ry Page (last page o	nly) 🕨		

**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): 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** 10101 NY Outstanding Balance Beginning This Period Transaction ID: INV6010000112284 2614.35 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2614.35 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 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** 

(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): FIELD OFFICE RENT CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 **RADIO CITY STATION** State Zip Code **NEW YORK** 10101 Transaction ID: INV6010000112286 Outstanding Balance Beginning This Period 2614.35 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2614.35 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** 10101 NY Outstanding Balance Beginning This Period Transaction ID: INV6010000112287 5250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5250.00 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: INV6010000112288 Outstanding Balance Beginning This Period 1151.71 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1151.71 9016.06 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 Committe	е	
A. Full Name (Last, First, Middle Initial) of Debtor	Nature of Debt (Purpose):	
CAUCUS DISTRIBUTORS INC.	FIELD OFFICE RENT	
Mailing Address PO BOX 748		
RADIO CITY STATION		
City State NEW YORK	Zip Code NY 10101	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112289
2614.35		
, , , , , , , , , , , , , , , , , , , ,	Payment This Paried	Outstanding Polones at Class of This Povind
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2614.35
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor	Nature of Debt (Purpose):
CAUCUS DISTRIBUTORS INC.		FLD OFFC TELEPHONE USAGE
Mailing Address PO BOX 748		
RADIO CITY STATION		
City State NEW YORK	Zip Code NY 10101	
-	NI IOIOI	- : ID INVOCACECA 40000
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112290
2296.00		
Amount Incurred This Period Payment This Period		Outstanding Balance at Close of This Period
0.00	0.00	2296.00
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
CAUCUS DISTRIBUTORS INC.	FLD OFFC TELEPHONE USAGE	
Mailing Address PO BOX 748		
RADIO CITY STATION City	State Zip Code	
NEW YORK	NY 10101	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112291
10085.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	10085.00
·		44005.05
1) SUBTOTALS This Period This Page (optional)	14995.35	
2) TOTALS This Period (last page this line number of		
3) TOTAL OUTSTANDING LOANS from Schedule C		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only) ▶	

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PAGE 72 OF 143 FOR LINE NUMBER: (check only one)

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AME OF COMMITTEE (In Full)			
National Democratic Policy Committ	ee		
A. Full Name (Last, First, Middle Initial) of Debto		Nature of Debt (Purpose):	
CAUCUS DISTRIBUTORS INC	FIELD	OFFICE RENT	
Mailing Address PO BOX 748 RADIO CITY STATION			
City State	Zip Code		
NEW YORK	NY 10101		
Outstanding Balance Beginning This Period		Transa	action ID : INV6010000112292
2200.00			
Amount Incurred This Period	Payment This Period	Outsta	nding Balance at Close of This Period
0.00		0.00	2200.00
P. Full Name (Last First Middle Initial) of Debter	or Craditor	Noture	f Dobt (Dumoss)
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  CAUCUS DISTRIBUTORS INC.			f Debt (Purpose): DFFICE RENT
Mailing Address PO BOX 748			
RADIO CITY STATION City State	Zip Code		
NEW YORK	NY 10101		
Outstanding Balance Beginning This Period			action ID: INV6010000112293
2000.00			
Amount Incurred This Period	Payment This Period	Outsta	nding Balance at Close of This Period
0.00		0.00	2000.00
C. Full Name (Last, First, Middle Initial) of Debto		f Debt (Purpose): FC TELEPHONE USAGE	
Mailing Address PO BOX 748			
RADIO CITY STATION			
City NEW YORK	State Zip Code NY 10101		
Outstanding Balance Beginning This Period		Trans	action ID : INV6010000112294
9170.00			
Amount Incurred This Period	Payment This Period	Outsta	nding Balance at Close of This Period
	T dyment This T chod		9170.00
0.00		0.00	9170.00
) SUBTOTALS This Period This Page (optional)			13370.00
) TOTALS This Period (last page this line number	only)		7 7
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		.,,
ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page	e only)	

**Excluding Loans** 

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PAGE 73 OF 143 FOR LINE NUMBER: (check only one)

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	e			
	A. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		Nature of E FIELD OF	Debt (Purpose): FICE RENT
	Mailing Address PO BOX 748 RADIO CITY STATION				
	City State NEW YORK	Zip Code NY	10101		
	Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112295
	2000.00				
	Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
	0.00	, ,	0.	00	2000.00
	B. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor			Debt (Purpose): CTELEPHONE USAGE
	Mailing Address PO BOX 748  RADIO CITY STATION				
Ī	City State NEW YORK	Zip Code NY	10101		
	Outstanding Balance Beginning This Period	INT	10101	Transas	tion ID : INV6010000112296
	9170.00			Halisac	11011 ID . 111 V 60 1 0 0 0 0 1 1 2 2 9 6
	Amount Incurred This Period	Pav	ment This Period	Outstandi	ng Balance at Close of This Period
	0.00			00	9170.00
	C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor			Debt (Purpose): NNING FEES & EXPNS
	Mailing Address PO BOX 748 RADIO CITY STATION				
	City NEW YORK	State NY	Zip Code 10101		
	Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112297
	2144.91  Amount Incurred This Period	Pay	ment This Period	Outstandi	ing Balance at Close of This Period
	0.00	гау		00	2144.91
1)	SUBTOTALS This Period This Page (optional)				13314.91
	TOTALS This Period (last page this line number o			_ =	
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)		7
4)	ADD 2) and 3) and carry forward to appropriate lii	ne of Summa	ry Page (last page o	nly) ▶	7

**Excluding Loans** 

(Use separate schedule(s) for each

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NAME OF COMMITTEE (In Full)  National Democratic Policy Committee	<del></del>			
A. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC			Nature of D ADJUST 19	ebt (Purpose): 986 TEL USAGE CHG
Mailing Address PO BOX 748 RADIO CITY STATION				
City State NEW YORK	Zip Code NY	10101		
Outstanding Balance Beginning This Period 18135.97			Transaction	on ID : INV6010000112298
Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	18135.97
B. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		Nature of D RENT	ebt (Purpose):
Mailing Address PO BOX 748  RADIO CITY STATION				
City State NEW YORK	Zip Code NY	10101		
Outstanding Balance Beginning This Period 2000.00			Transact	ion ID : INV6010000112299
Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	2000.00
C. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC			Nature of D TELEPHOI	ebt (Purpose): NE USAGE
Mailing Address PO BOX 748  RADIO CITY STATION	Chata	7: Codo		
City NEW YORK	State NY	Zip Code 10101		
Outstanding Balance Beginning This Period 9170.00			Transact	ion ID : INV6010000112300
Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	9170.00
1) SUBTOTALS This Period This Page (optional)			>	29305.97
2) TOTALS This Period (last page this line number	only)		<b>&gt;</b>	, , , , , ,
3) TOTAL OUTSTANDING LOANS from Schedule (	C (last page or	าly)	>	, , , , , , , , , , , , , , , , , , ,
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ry Page (last page o	only) ►	

**Excluding Loans** 

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	AME OF COMMITTEE (In Full) Iational Democratic Policy Committee	e			
	A. Full Name (Last, First, Middle Initial) of Debtor  CITICORP	or Creditor		Nature of D MISC. EXF	Debt (Purpose): PENSES
	Mailing Address CCSI COLLECTION DEPARTMEN P.O. BOX C5216				
	City State MELVILLE	Zip Code NY	11750		
	Outstanding Balance Beginning This Period 760.00			Transacti	ion ID : INV6010000112302
	Amount Incurred This Period	Pay	ment This Period	Outstandii	ng Balance at Close of This Period 760.00
					7 7
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  CLIFFORD B KOENIG				Debt (Purpose): ND LODGING
	Mailing Address 7195 COOPER SPUR ROAD				
	City State MT HOOD/PARKDALE	Zip Code OR	97041		
	Outstanding Balance Beginning This Period 556.76			Transact	tion ID : INV6010000112378
	Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
	0.00		0.	.00	556.76
i	C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL	or Creditor		Nature of D ROOM RE	Debt (Purpose): ENTALS
	Mailing Address 123 E. POST RD. (RT 22)				
	City WHITE PLAINS	State NY	Zip Code 10610		
	Outstanding Balance Beginning This Period 120.00			Transact	tion ID : INV6010000112303
	Amount Incurred This Period	Pay	ment This Period	Outstandir	ng 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 o	only)		<b>&gt;</b>	7
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	ıly)	>	, , , , ,
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summa	ry Page (last page o	nly) ▶	7

**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** COACHMAN INN & RESTAURANT Mailing Address 10 JACKSON DRIVE City State Zip Code **CRANFORD** 07016 Transaction ID: INV6010000112304 Outstanding Balance Beginning This Period 150.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 150.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** DALE ANDERSON'S Mailing Address 7041 FIRST AVE. City State Zip Code **SCOTTSDALE** 85251 ΑZ Outstanding Balance Beginning This Period Transaction ID: INV6010000112308 238.50 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 238.50 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES DAVID JAY, ESQ. Mailing Address ATTORNEY AT LAW 120 DELAWARE AVENUE, STE 100 City State Zip Code **BUFFALO** NY 14202 Transaction ID: INV6010000112373 Outstanding Balance Beginning This Period 306.35 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 306.35 0.00

1)	SUBTOTALS This Period This Page (optional)	L	_	Ĺ	,			,		69	)4.85	5	
2)	TOTALS This Period (last page this line number only)			7				7	7		7		
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)				,	_	_	,	Ξ	Ξ	_		
4)	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	Г	Т		Т	T	Т		Т	Т	Т		

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PAGE 77 OF 143 FOR LINE NUMBER: (check only one)

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National Democratic Policy Committe	e				
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):	
DAVID KILBUR	POSTAGE				
Mailing Address 1901 NORIEGA #5					
City State SAN FRANCISCO	Zip Code CA	94122			
Outstanding Balance Beginning This Period			Transaction	on ID : INV601000011:	2376
Amount Incurred This Period	Payment	This Period	Outstandir	ng Balance at Close o	f This Period
0.00		0.0		, , , , ,	194.93
B. Full Name (Last, First, Middle Initial) of Debtor of DOUBLEWOOD INN BEST WES			Nature of D ROOM RE	ebt (Purpose): NTAL	
Mailing Address 3333 13TH AVE. SOUTH					
City State FARGO	Zip Code ND	58103			
Outstanding Balance Beginning This Period 36.40			Transact	ion ID : INV601000011	13252
Amount Incurred This Period	Payment	This Period	Outstandir	ng Balance at Close o	f This Period
0.00	,	0.0	0	7	36.40
C. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBUT			Nature of D FIELD OFF	ebt (Purpose): FICE RENT	
Mailing Address P.O. BOX 268					
City DREXEL HILL		o Code 9026			
Outstanding Balance Beginning This Period 200.00			Transact	ion ID : INV601000011	14470
Amount Incurred This Period	Payment	This Period	Outstandir	ng Balance at Close o	f This Period
0.00		0.0	0	7	200.00
SUBTOTALS This Period This Page (optional)				7	431.33
2) TOTALS This Period (last page this line number of	only)		>	, , , ,	
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only)			, , ,	
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Pa	ge (last page on	ly) ▶		

**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 (Pur FLD OFFC TELEPH	pose):				
	EASTERN STATES DISTRIBUTORS					
Mailing Address P.O. BOX 268						
City State	Zip Code					
DREXEL HILL	PA 19026					
Outstanding Balance Beginning This Period		Transaction ID : II	NV6010000114471			
915.00						
Amount Incurred This Period	Payment This Period	Outstanding Balan	ce at Close of This Period			
0.00	0.00		915.00			
EASTERN STATES DISTRIBUT	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  EASTERN STATES DISTRIBUTORS					
Mailing Address P.O. BOX 268						
City State DREXEL HILL	Zip Code PA 19026					
	PA 19020					
Outstanding Balance Beginning This Period 200.00		Transaction ID :	INV6010000114472			
Amount Incurred This Period	Payment This Period	Outstanding Balan	ce at Close of This Period			
0.00	0.00		200.00			
3.00	5.55		200.00			
C. Full Name (Last, First, Middle Initial) of Debto EASTERN STATES DISTRIBU		Nature of Debt (Pur FLD OFFC TELEPH				
Mailing Address P.O. BOX 268						
City	State Zip Code					
DREXEL HILL	PA 19026					
Outstanding Balance Beginning This Period		Transaction ID:	INV6010000114473			
915.00						
Amount Incurred This Period	Payment This Period	Outstanding Balan	ce at Close of This Period			
0.00	0.00		915.00			
1) SUBTOTALS This Period This Page (optional)		·	2030.00			
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	() <b>&gt;</b>				

**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): FIELD OFFICE RENT EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 State Zip Code 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 0.00 915.00 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 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 Committee	ее		
	A. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBU	Nature of Debt (Purpose): TELEPHONE USAGE		
	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	Nature of Debt (Purpose): ROOM RENTAL		
ľ	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 Debto EDWARD CORPUS	r or Creditor		Nature of Debt (Purpose): PRINTING
İ	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	only)		
3)	TOTAL OUTSTANDING LOANS from Schedule 0			
4)	ADD 2) and 3) and carry forward to appropriate			

**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): EXPRESS PACKAGE SERVICE **EMERY WORLDWIDE** Mailing Address P.O. BOX 100 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 State City 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 0.00 37.10 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 0.00 206.00 254.60 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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NAME OF COMMITTEE (In Full)

National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debte	or or Creditor	Nature of Debt (Purpose):
EVELYN LANTZ	PRINTING	
Mailing Address 1826 NORIEGA STREET		
City State	Zip Code	_
SAN FRANCISCO	CA 94122	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112386
60.98		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	60.98
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (Purpose):
EXECUTIVE HOTEL & SPA		MEETING ROOM RENTAL
Mailing Address 1055 FIRST AVE.		
City State	Zip Code	_
SAN DIEGO	CA 92101	
Outstanding Balance Beginning This Period		Transaction ID: INV6010000114372
100.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	100.00
0.00	0.00	100.00
C. Full Name (Last, First, Middle Initial) of Debt		Nature of Debt (Purpose):
EXECUTIVE RED CARPET IN	INS	ROOM RENTALS
Mailing Address 4020 SOUTHWEST FREEWAY	,	
City	State Zip Code	
HOUSTON	TX 77027	
Outstanding Balance Beginning This Period		Transaction ID: INV6010000112317
22.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	22.00
SUBTOTALS This Period This Page (optional)	<b>&gt;</b>	182.98
TOTALS This Period (last page this line number		
TOTAL OUTSTANDING LOANS from Schedule		
ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)	

**Excluding Loans** 

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Name of commit National Den	TTEE (In Full) nocratic Policy Committe	ее			
	Last, First, Middle Initial) of Debtor	Nature of EXPRESS	Debt (Purpose): PACKAGE SERVICE		
Mailing Address	PO BOX 727, DEPT. A				
City St MEMPHIS	tate	Zip Code TN	38194		
Outstanding I	Balance Beginning This Period 275.97			Transacti	ion ID : INV6010000112318
Amou	nt Incurred This Period	Payr	ment This Period	Outstandi	ng Balance at Close of This Period
	0.00	7	0.	.00	275.97
	ast, First, Middle Initial) of Debtor	or Creditor			Debt (Purpose): PACKAGE SERVICE
	PO BOX 727, DEPT. A				
City St MEMPHIS	tate	Zip Code TN	38194		
Outstanding I	Balance Beginning This Period 14.00			Transac	tion ID : INV6010000112319
Amou	nt Incurred This Period	Payr	ment This Period	Outstandi	ng Balance at Close of This Period
	0.00		0.	.00	14.00
	(Last, First, Middle Initial) of Debtor NTE TRAVEL CENTER	r or Creditor			Debt (Purpose): FARPLEY/SENATE
Mailing Address	135 BROAD AVENUE				
City PALISADES PA	ARK	State NJ	Zip Code 07650		
Outstanding I	Balance Beginning This Period 254.00			Transac	tion ID : INV6010000113745
Amou	nt Incurred This Period	Payr	ment This Period	Outstandi	ng Balance at Close of This Period
	0.00	7	0.	.00	254.00
1) SUBTOTALS	This Period This Page (optional)			}	543.97
2) TOTALS This	Period (last page this line number	only)		<b>&gt;</b>	7
3) TOTAL OUTS	FANDING LOANS from Schedule (	C (last page on	ly)	<b>&gt;</b>	
4) ADD 2) and 3)	and carry forward to appropriate	line of Summar	y Page (last page o	only) ▶	

**Excluding Loans** 

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	E OF COMMITTEE (In Full) tional Democratic Policy Committe	ее			
А	. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Debt (Purpose):
	FERRANTE TRAVEL CENTER	IRAVEL	-TARPLEY/SENATE		
N	failing Address 135 BROAD AVENUE				
С	ity State	Zip Code			
F	PALISADES PARK	NJ	07650		
	Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000113746
	57.00				
	Amount Incurred This Period	Pay	ment This Period	Outstar	nding Balance at Close of This Period
	0.00		0	.00	57.00
В	Full Name (Last, First, Middle Initial) of Debtor FUSION ENERGY FOUNDATIO				Debt (Purpose): RCHASE
N	failing Address 250 W 57TH ST. STE.1711				
- 1	ity State	Zip Code			
1	IEW YORK	NY	10019		
	Outstanding Balance Beginning This Period			Transa	action ID: INV6010000112327
	4439.10				
	Amount Incurred This Period	Pay	ment This Period	Outstar	nding Balance at Close of This Period
	0.00		0.	.00	4439.10
C	Full Name (Last, First, Middle Initial) of Debtor HENRY MCBRIDE	r or Creditor			Debt (Purpose): XPENSE
N	Mailing Address C/O HENRY'S AUTO PARTS 91 SO WHITE HORSE PIKE				
С	ity 31 30 WHITE HOROET INC	State	Zip Code		
E	BERLIN	NJ	08009		
	Outstanding Balance Beginning This Period			Transa	action ID : INV6010000112396
	233.00				
	Amount Incurred This Period	Pay	ment This Period	Outstar	nding Balance at Close of This Period
	0.00	,	0.	.00	233.00
1)	SUBTOTALS This Period This Page (optional)			}	4729.10
2)	TOTALS This Period (last page this line number	only)		>	7
3)	TOTAL OUTSTANDING LOANS from Schedule (	C (last page or	nly)		
4)	ADD 2) and 3) and carry forward to appropriate	only) ▶			

**Excluding Loans** 

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

PAGE 85 OF 143 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 HOLIDAY INN	Nature of Debt (Purpose): ROOM RENTALS		
Ī	Mailing Address 1614 CENTRAL AVENUE			-
	City State	Zip Code		-
-	ALBANY	NY	12205	Transaction ID : INV6010000112341
	Outstanding Balance Beginning This Period			Hansaction ID . INVOUTUOUT 12341
	40.00	5		
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	40.00
Ī	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose): ROOM RENTALS
	HOLIDAY INN & HOLIDOME			ROOM RENTALS
Ī	Mailing Address 1501 FREEWAY BLVD.			
- 1	City State MINNEAPOLIS	Zip Code MN	55430	
ŀ	Outstanding Balance Beginning This Period	IVIIV		Transaction ID : INV6010000112996
	42.00			114113434131115 : 11443513333112333
	Amount Incurred This Period	Pav	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	42.00
		7		
(	C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN AIRPORT 2	or Creditor		Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address 5401 GREEN VALLEY DRIVE			-
- 1	City BLOOMINGTON	State MN	Zip Code 55437	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112340
	157.50	_		
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	157.50
1)	SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	239.50
2)	TOTALS This Period (last page this line number	only)	<b>&gt;</b>	
3)	TOTAL OUTSTANDING LOANS from Schedule (	C (last page or	nly) ▶	
4)	ADD 2) and 3) and carry forward to appropriate			

(Use separate schedule(s)

FOR LINE NUMBER: (check only one)

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cluding Loans		numbered line)	X 10
AME OF COMMITTEE (In Full)  National Democratic Policy Committe	е		
A. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN CHEEKTOWAGA	Nature of Debt (Purpose): ROOM RENTALS	Nature of Debt (Purpose): ROOM RENTALS	
Mailing Address 609 DINGENS ST.			
City State CHEEKTOWAGA	Zip Code NY 14206		
Outstanding Balance Beginning This Period 23.15		Transaction ID : INV60100001123	42
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of	This Period
0.00	0.0	00	23.15
B. Full Name (Last, First, Middle Initial) of Debtor of HOLIDAY INN CHERRY HILL	or Creditor	Nature of Debt (Purpose): ROOM RENTALS	
Mailing Address RTE 70 & SAYRE AVENUE			
City State CHERRY HILL	Zip Code NJ 08034		
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112	343
50.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of	This Period
0.00	0.0	00	50.00
C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN CHICO	or Creditor	Nature of Debt (Purpose): ROOM RENTALS	
Mailing Address 685 MANZANITA COURT			
City CHICO	State Zip Code CA 95926		
Outstanding Balance Beginning This Period 45.00		Transaction ID: INV6010000112	344
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of	This Period
0.00	0.0	00	45.00
) SUBTOTALS This Period This Page (optional)		• 1	18.15
) TOTALS This Period (last page this line number of	only)	>	
) TOTAL OUTSTANDING LOANS from Schedule C	(last page only)	>	
) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page or	ıly) ▶	

**Excluding Loans** 

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

FOR LINE NUMBER: (check only one)

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	OF COMMITTEE (In Full) Onal Democratic Policy Committee	ee		
A.	Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN COLISEUM	Nature of Debt (Purpose): ROOM RENTALS		
Mail	ling Address 440 WEST 57TH STREET			
1 1	City State Zip Code NEW YORK NY 10019			
С	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112345
	224.00			
1.	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
L	0.00		0.00	224.00
	Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN CONCORD	or Creditor		Nature of Debt (Purpose): ROOM RENTALS
Mail	ling Address 1050 BURNETT AVE.			
City	State NCORD	Zip Code CA	94520	
С	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112346
	97.24			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00	,	0.00	97.24
C.	Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN DOWNTOWN	or Oreditor		Nature of Debt (Purpose): ROOM RENTALS
Mail	ling Address 1015 ELM STREET			
City	,	State	Zip Code	
	LLAS	TX	75202	
	Outstanding Balance Beginning This Period 52.00			Transaction ID : INV6010000112347
	Amount Incurred This Period	Pav	ment This Period	Outstanding Balance at Close of This Period
Т	0.00	,	0.00	52.00
		,		
1) SU	JBTOTALS This Period This Page (optional)			373.24
2) TO	OTALS This Period (last page this line number	only)		
3) TO	OTAL OUTSTANDING LOANS from Schedule	C (last page or	nly)	·
4) AD	DD 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 Committee	ee		
	A. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN ERIE	Nature of Debt (Purpose): ROOM RENTALS		
	Mailing Address 8040 PERRY HWY.			
	City State ERIE	Zip Code PA	16509	_
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112348
	47.70			
	Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	47.70
ı	B. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN HAUPPAUGE	or Creditor		Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address .			_
	City State	Zip Code		
	HAUPPAUGE	NY	11788	
	Outstanding Balance Beginning This Period 60.00			Transaction ID : INV6010000112349
	Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	60.00
	C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN KENILWORTH	r or Creditor		Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address BLVD. & SOUTH 31ST ST.			
	City KENILWORTH	State NJ	Zip Code 07033	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112352
	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 This Period This Page (optional)		<b>&gt;</b>	152.70
2)	TOTALS This Period (last page this line number	7 7		
3)	TOTAL OUTSTANDING LOANS from Schedule (	C (last page o	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 Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN NORWALK Mailing Address 789 CONNECTICUT AVENUE State Zip Code **NORWALK** 06854 Transaction ID: INV6010000112356 Outstanding Balance Beginning This Period 90.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 90.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN OF LAMAR Mailing Address RD #2 EXIT 25 INTERSTATE 80 City State Zip Code MILL HALL 17751 PΑ Outstanding Balance Beginning This Period Transaction ID: INV6010000112353 52.78 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 52.78 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN OF NEWTON Mailing Address P.O. BOX 4305 City State Zip Code **BOSTON** 02211 MA Transaction ID: INV6010000112355 Outstanding Balance Beginning This Period 90.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 90.00 0.00 232.78 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	ee				
A. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN OF RICHMOND  Mailing Address 4303 COMMERCE RD.	Nature of Debt (Purpose): ROOM RENTALS				
City State RICHMOND	Zip Code VA	23234			
Outstanding Balance Beginning This Period			Transaction ID : INV6010000112358		
157.30					
Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period		
0.00		0.00	157.30		
B. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN OF WILLMAR	or Creditor		Nature of Debt (Purpose): ROOM RENTALS		
Mailing Address P.O. BOX 1157					
City State WILLMAR	Zip Code MN	56201			
Outstanding Balance Beginning This Period 45.00			Transaction ID : INV6010000112362		
Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period		
0.00		0.00	45.00		
C. Full Name (Last, First, Middle Initial) of Debto			Nature of Debt (Purpose): ROOM RENTALS		
Mailing Address 21 ATWELLS AVENUE					
City PROVIDENCE	State RI	Zip Code 02903			
Outstanding Balance Beginning This Period			Transaction ID : INV6010000112357		
75.00	_				
Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period		
0.00		0.00	75.00		
1) SUBTOTALS This Period This Page (optional)	······		277.30		
2) TOTALS This Period (last page this line number	only)	<b>&gt;</b>	7		
3) TOTAL OUTSTANDING LOANS from Schedule	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate					

**Excluding Loans** 

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

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	E OF COMMITTEE (In Full) tional Democratic Policy Committe	ee		
A	HOLIDAY INN ROCHESTER-A	Nature of Debt (Purpose): ROOM RENTALS		
N	Mailing Address 911 BROOKS AVENUE			
	City State ROCHESTER	Zip Code NY 14624		
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112359
	50.00			
	Amount Incurred This Period	Payment Th	nis Period	Outstanding Balance at Close of This Period
	0.00	7	0.00	50.00
В	B. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN ROCKVILLE		Nature of Debt (Purpose): ROOM RENTALS	
N	Mailing Address 173 SUNRISE HWY.			
С	City State	Zip Code		-
F	ROCKVILLE. L.I.	NY 11:	570	
	Outstanding Balance Beginning This Period 50.00			Transaction ID : INV6010000112360
	Amount Incurred This Period	Payment Th	nis Period	Outstanding Balance at Close of This Period
	0.00		0.00	50.00
C	E. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN SCHENECTADY			Nature of Debt (Purpose): ROOM RENTALS
N	Mailing Address DOWNTOWN			
С	100 NOTT TERRACE & FRANK	LIN State Zip C	Code	-
5	SCHENECTADY	NY 1230	05	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112361
	45.00			
	Amount Incurred This Period	Payment Th	nis Period	Outstanding Balance at Close of This Period
	0.00	7	0.00	45.00
1) :	SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	145.00
2)	TOTALS This Period (last page this line number	only)	<b>&gt;</b>	
3)	TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	<b>&gt;</b>	
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 Debto HOLIDAY INN-AIRPORT/NOR	Nature of Debt (Purpose): ROOM RENTALS		
	Mailing Address 4545 N. LINDBURGH BLVD.			
	City State BRIDGETON	Zip Code MO 63044		
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112354
	79.22			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	79.22
	B. Full Name (Last, First, Middle Initial) of Debtor HOOVER BROTHERS, INC.	or Creditor		Nature of Debt (Purpose): EQUIPMENT RENTAL
	Mailing Address P.O. BOX 728			
	City State TEMPLE	Zip Code TX	76503	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112369
	33.90			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	33.90
	C. Full Name (Last, First, Middle Initial) of Debto HOWARD JOHNSON'S	or or Creditor		Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address P.O. BOX 3045			
	City BOSTON	State MA	Zip Code 02107	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112365
	102.92			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	102.92
1)	SUBTOTALS This Period This Page (optional)			216.04
2)	TOTALS This Period (last page this line number	only)	<b>)</b>	
3)	TOTAL OUTSTANDING LOANS from Schedule	C (last page o	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 Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MEDIA DIRECTORY PURCHASE HUDSON'S WASHINGTON NEWS MEDIA Mailing Address 7315 WISCONSIN AVENUE SUITE 1200N State Zip Code **BETHESDA** 20814 Transaction ID: INV6010000112370 Outstanding Balance Beginning This Period 88.04 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 88.04 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS HYATT PALO ALTO** Mailing Address 4290 EL CAMINO REAL City State Zip Code PALO ALTO 94306 CA Outstanding Balance Beginning This Period Transaction ID: INV6010000112371 58.43 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 58.43 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CREDIT CARD MERCHANT DISC IVON BUCHANON Mailing Address 423L UNIVERSITY BOULEVARD Zip Code City State **DALLAS** 75205 TX Transaction ID: INV6010000112100 Outstanding Balance Beginning This Period 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1000.00 0.00 1146.47 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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AME OF COMMITTEE (In Full) National Democratic Policy Committe	ee		
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (Purpose):	
JACK TAR HOTEL	ROOM RENTALS		
Mailing Address VAN NESS GEARY			
City State	Zip Code		
SAN FRANCISCO	CA 94101		
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112	2372
16.40			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of	This Period
0.00	0.00		16.40
B. Full Name (Last, First, Middle Initial) of Debtor	or Craditor	Noture of Dobt (Durages)	
JERRY LITTON MEMORIAL FU		Nature of Debt (Purpose): LITERATURE	
Mailing Address PO BOX 220			
City State	Zip Code		
CHILLICOTHE	MO 64601		
Outstanding Balance Beginning This Period		Transaction ID: INV601000011	2390
10.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of	This Period
0.00	0.00		10.00
0.00	0.00		10.00
C. Full Name (Last, First, Middle Initial) of Debto	or 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 : INV601000011	2098
59.03			
Amount Incurred This Period	Payment This Period	Outstanding Palance at Class of	This Pariod
	<del> </del>	Outstanding Balance at Close of	
0.00	0.00		59.03
SUBTOTALS This Period This Page (optional)		<u> </u>	85.43
TOTALS This Period (last page this line number	only)	<b>&gt;</b>	
) 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	) <b>&gt;</b>	

**Excluding Loans** 

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AME OF COMMITTEE (In Full)		•					
National Democratic Policy Committe	ee						
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		ture of Debt (Purpose):				
KING COLE PROJECTION SE	RVICE	E	EQUIPMENT RENTAL				
Molling Address							
Mailing Address 36-16 29TH STREET	Walling Address 36-16 29TH STREET						
City State	Zip Code						
LONG ISLAND CITY	NY 11106						
Outstanding Balance Beginning This Period		٦	ransaction ID : INV60100	000112377			
84.95							
Amount Incurred This Period	Payment This Perio	od (	Outstanding Balance at Cl	ose of This Period			
	T dyment This T che		ratistanding Balance at Of				
0.00		0.00		84.95			
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Na	ture of Debt (Purpose):				
KMW PUBLISHING CO.			JB. NOT ENTERED IN 19	87			
Mailing Address RT. 1, BOX 22							
City State	Zip Code						
STERLING	VA 22170						
Outstanding Balance Beginning This Period			Transaction ID : INV6010	0000115120			
45071.87							
	Doymont This Davis	d. /	Outstanding Polones at Cl	and of This David			
Amount Incurred This Period	Payment This Perio		Outstanding Balance at Cl				
0.00		0.00		45071.87			
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Na	ture of Debt (Purpose):				
KMW PUBLISHING CO.			UBSCRIPTIONS PURCHA	ASE			
Ma Tana Addinasa							
Mailing Address RT. 1, BOX 22							
City	State Zip Code						
STERLING	VA 22170						
Outstanding Balance Beginning This Period			Transaction ID : INV6010	0000115123			
1649.60							
Amount Incurred This Period	Payment This Perio	nd (	Outstanding Balance at Cl	ose of This Period			
	T dyment This T che		ratistanding Balance at Of				
0.00		0.00		1649.60			
) SUBTOTALS This Period This Page (optional)		<b>&gt;</b>		46806.42			
) TOTALS This Period (last page this line number	only)						
, TOTALS THIS TEHOU (last page this line number	O(1)(y)	<del>-</del>					
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	<b>&gt;</b>					
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last no	age 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): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115207 Outstanding Balance Beginning This Period 1349.80 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1349.80 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: INV6010000115362 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1000.00 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: INV6010000115364 Outstanding Balance Beginning This Period 1410.40 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1410.40 0.00 3760.20 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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	E OF COMMITTEE (In Full) tional Democratic Policy Committe	ee		
A	KMW PUBLISHING CO.		Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE	
N	failing Address RT. 1, BOX 22			
	ity State STERLING	Zip Code VA	22170	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000115365
	1350.85			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	1350.85
В	Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.		Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE	
N	failing Address RT. 1, BOX 22			
- 1	ity State STERLING	Zip Code VA	22170	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000115368
	554.90			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00	7	0.00	554.90
С	E. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	or Oreditor		Nature of Debt (Purpose): SUBSCRIPTIONS PURCAHSE
N	failing Address RT. 1, BOX 22			
	ity STERLING	State VA	Zip Code 22170	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000115371
	239.90			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	239.90
1) ;	SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	2145.65
2)	TOTALS This Period (last page this line number	only)	<b>&gt;</b>	
3)	TOTAL OUTSTANDING LOANS from Schedule	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 Police	cy Committee					
A. Full Name (Last, First, Middle KMW PUBLISHING	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE					
Mailing Address RT. 1, BOX 22	Mailing Address RT. 1, BOX 22					
City State	·	Zip Code				
STERLING  Outstanding Balance Basissing		VA	22170	Transaction ID : INV6010000115372		
Outstanding Balance Beginning	119.75					
Amount Incurred This P		Pavr	nent This Period	Outstanding Balance at Close of This Period		
The state of the s	0.00	, ayı	0.00	119.75		
B. Full Name (Last, First, Middle		or		Nature of Debt (Purpose):		
KMW PUBLISHING (	CO.			SUBSCRIPTIONS PURCHASE		
Mailing Address RT. 1, BOX 22						
City State STERLING	Zip C VA		22170			
Outstanding Balance Beginning		\	22170	Transaction ID : INV6010000115375		
Oddarding Ediano Edginning	185.10			Transaction in . INVOOTOOOT 13373		
Amount Incurred This P		Payr	nent This Period	Outstanding Balance at Close of This Period		
	0.00	,	0.00	185.10		
C. Full Name (Last, First, Middle KMW PUBLISHING		tor		Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE		
Mailing Address RT. 1, BOX 22				_		
City	State		Zip Code			
STERLING	VA		22170			
Outstanding Balance Beginning	This Period 81.00			Transaction ID : INV6010000115377		
Amount Incurred This P		Payr	nent This Period	Outstanding Balance at Close of This Period		
Amount incured This I	0.00	i dyi	0.00	81.00		
7		7	0.00	7 7		
1) SUBTOTALS This Period This P	age (optional)		<b>&gt;</b>	385.85		
2) TOTALS This Period (last page	this line number only)		<b>&gt;</b>			
3) TOTAL OUTSTANDING LOANS	from Schedule C (last page	ge onl	ly)			
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 Committe	е			
	<ul> <li>A. Full Name (Last, First, Middle Initial) of Debtor</li> <li>KMW PUBLISHING CO.</li> </ul>	or Creditor		Nature of SUBSCR	Debt (Purpose): IPTIONS PURCHASE
+	Mailing Address RT. 1, BOX 22				
- 1	City State STERLING	Zip Code VA	22170		
	Outstanding Balance Beginning This Period 62.35			Transac	tion ID : INV6010000115378
	Amount Incurred This Period	Pay	ment This Period	Outstand	ding Balance at Close of This Period 62.35
			7		
	B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			Debt (Purpose): IPTIONS PURCHASE
	Mailing Address RT. 1, BOX 22				
- 1	City State STERLING	Zip Code VA	22170		
	Outstanding Balance Beginning This Period 42.10			Transa	ction ID : INV6010000115379
	Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period
	0.00		0.	.00	42.10
Ī	C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			Debt (Purpose): ITOINS PURCHASE
f	Mailing Address RT. 1, BOX 22				
	City STERLING	State VA	Zip Code 22170		
	Outstanding Balance Beginning This Period 51.10			Transa	ction ID : INV6010000115380
	Amount Incurred This Period	Pay	ment This Period	Outstand	ding Balance at Close of This Period
	0.00		0.	.00	51.10
1)	SUBTOTALS This Period This Page (optional)			•	155.55
2)	TOTALS This Period (last page this line number	only)		>	, , , , , ,
3)	TOTAL OUTSTANDING LOANS from Schedule C	C (last page o	nly)	<b>&gt;</b>	, , ,
4)	ADD 2) and 3) and carry forward to appropriate I	ine of Summa	ary Page (last page o	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 KMW PUBLISHING CO.		Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE	
	Mailing Address RT. 1, BOX 22			
	City State STERLING	Zip Code VA	22170	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000115381
	13.45			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	13.45
	B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor		Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASES
•	Mailing Address RT. 1, BOX 22			
	City State STERLING	Zip Code VA	22170	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000115383
	4567.27			
	Amount Incurred This Period	Pay	ment This 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 Debt (Purpose): SUBSCRIPTIONS PURCHASE
	Mailing Address RT. 1, BOX 22			
	City STERLING	State VA	Zip Code 22170	
Ī	Outstanding Balance Beginning This Period			Transaction ID : INV6010000115384
	19.20			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	19.20
1)	SUBTOTALS This Period This Page (optional)			4599.92
2)	TOTALS This Period (last page this line number	only)		
3)	TOTAL OUTSTANDING LOANS from Schedule (	C (last page or	nly)	
4)	ADD 2) and 3) and carry forward to appropriate			

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(Use separate schedule(s) for each

PAGE 101 OF 143 FOR LINE NUMBER: (check only one)

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AME OF COMMITTEE (In Full)		1	[V V]
National Democratic Policy Committe	ee		
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt	(Purpose):
KMW PUBLISHING CO.	SUBSCRIPTION	SUBSCRIPTIONS PURCHASE	
Mailing Address RT. 1, BOX 22			
City State	Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Transaction	ID : INV6010000115385
25.34			
Amount Incurred This Period	Payment This Period	Outstanding	Balance at Close of This Period
0.00		0.00	25.34
		,	( <del>-</del>
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt	: (Purpose): DNS PURCHASE
KMW PUBLISHING CO.		CODCOTAIL THE	one i enermon
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
	VA 22110		
Outstanding Balance Beginning This Period		Transaction	ID : INV6010000115386
397.04			
Amount Incurred This Period	Payment This Period	Outstanding	Balance at Close of This Period
0.00		0.00	397.04
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt	
KMW PUBLISHING CO.		SUBSCRIPTION	ONS PURCHASE
Mailing Address RT. 1, BOX 22			
K1. 1, BOX 22			
City	State Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Transaction	ID : INV6010000115387
33.88			
Amount Incurred This Period	Payment This Period	Outstanding	Balance at Close of This Period
0.00		0.00	33.88
<u>I</u>			
) SUBTOTALS This Period This Page (optional)		<b>.</b>	456.26
) TOTALS This Period (last page this line number	only)	<u> </u>	
) TOTAL OUTSTANDING LOANS from Schedule	C. (last nage only)	, , , , ,	
, .C.AL COTOTANDING LOANS HOM Schedule	C (last page offig)		
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page	only) ▶	

**Excluding Loans** 

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	COMMITTEE (In Full)  Al Democratic Policy Committe	ee		
	Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE		
Mailing	Address RT. 1, BOX 22			
City STERL	State ING	Zip Code VA	22170	
Outst	Outstanding Balance Beginning This Period			Transaction ID : INV6010000115388
	101.14			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
L.	0.00		0.00	101.14
I	Name (Last, First, Middle Initial) of Debtor IW PUBLISHING CO.	or Creditor		Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing	Address RT. 1, BOX 22			
City STERL	State ING	Zip Code VA	22170	_
Outst	anding Balance Beginning This Period			Transaction ID : INV6010000115410
	121.51			
	Amount Incurred This Period	Pav	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	121.51
			7	
	Name (Last, First, Middle Initial) of Debto MW PUBLISHING CO.	or Oreditor		Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing	Address RT. 1, BOX 22			
City STERL	ING	State VA	Zip Code 22170	
Outst	anding Balance Beginning This Period			Transaction ID : INV6010000115422
	25.00			
1,	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
L.	0.00		0.00	25.00
1) SUBTO	OTALS This Period This Page (optional)		<b>&gt;</b>	247.65
2) TOTAL	S This Period (last page this line number			
3) TOTAL	OUTSTANDING LOANS from Schedule			
4) ADD 2	2) and 3) and carry forward to appropriate			

(Use separate schedule(s) for each

PAGE 103 OF 143 FOR LINE NUMBER: (check only one)

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AME OF COMMITTEE (In Full)  National Democratic Policy Committ	ee	, '	12.21
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (Purpo	ose):
KMW PUBLISHING CO.	SUBSCRIPTIONS PI	JRCHASE	
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period		Transaction ID : IN	V6010000115444
Outstanding Dalance Deginning This Fellou			
1125.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance	e at Close of This Period
0.00		.00	1125.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Croditor	Noture of Dobt (Dure	200):
KMW PUBLISHING CO.	or Creditor	Nature of Debt (Purpo SUBSCRIPTIONS PU	
Mailing Address RT. 1, BOX 22			
City State	Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Transaction ID : IN	IV6010000115457
800.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance	e at Close of This Period
0.00		.00	800.00
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpo SUBSCRIPTIONS P	
Mailing Address RT. 1, BOX 22			
City	State Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Transaction ID : IN	IV6010000115458
12.75			
Amount Incurred This Period	Payment This Period	Outstanding Balance	e at Close of This Period
0.00	0	.00	12.75
) SUBTOTALS This Period This Page (optional)			1937.75
, COLICIALS THIS FORM THIS Fage (optional)			
) 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 of	only) ►	

**Excluding Loans** 

(Use separate schedule(s) for each

PAGE 104 OF 143 FOR LINE NUMBER: (check only one)

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AME OF COMMITTEE (In Full)  National Democratic Policy Committ	ee	•	, ,
valional Democratic Folicy Committee	66		
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose	e):
KMW PUBLISHING CO.	SUBSCRIPTION		
Mailing Address RT. 1, BOX 22			
City State	Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Transaction ID: INV6	010000115469
50.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance	at Close of This Period
0.00	0.0		50.00
D 5    N	0 111		
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor	Nature of Debt (Purpose SUBSCRIPTION PURC	•
Mailing Address RT. 1, BOX 22			
City	Zin Codo		
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period		Transaction ID : INV	6010000115470
750.00		Transaction is a live	0010000110470
Amount Incurred This Period	Payment This Period	Outstanding Balance a	at Close of This Period
0.00	0.0	0	750.00
C. Full Name (Last, First, Middle Initial) of Debto	or or Craditar	Nature of Debt (Purpose	٠١.
KMW PUBLISHING CO.	or or editor	SUBSCRIPTION PURC	
Mailing Address RT. 1, BOX 22			
City	State Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Transaction ID : INV	6010000115471
50.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance	at Close of This Period
0.00	0.0		50.00
0.00	0.0		00.00
) SUBTOTALS This Period This Page (optional)			850.00
			1 1 1 1 1
) TOTALS This Period (last page this line number	only)		7
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>	7
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page on	y) <b>▶</b>	

**Excluding Loans** 

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

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	luding Louno			Tiumbered line)	X   10
	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	e			
	A. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	Nature of SUBSCR	Debt (Purpose): IPTION PRUCHASES		
	Mailing Address RT. 1, BOX 22				
- 1	City State STERLING	Zip Code VA	22170		
	Outstanding Balance Beginning This Period 50.00			Transac	tion ID : INV6010000115472
	Amount Incurred This Period 0.00	Pay	ment This Period	Outstand	ding Balance at Close of This Period 50.00
-	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of	Debt (Purpose):
	KMW PUBLISHING CO.	or oround.			IPTION PURCHASE
	Mailing Address RT. 1, BOX 22				
	City State STERLING	Zip Code VA	22170		
	Outstanding Balance Beginning This Period 3734.90			Transa	ction ID : INV6010000115481
	Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period
	0.00		0	.00	3734.90
	C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			Debt (Purpose): IPTIONS PURCHASE
	Mailing Address RT. 1, BOX 22				
	City STERLING	State VA	Zip Code 22170		
	Outstanding Balance Beginning This Period 199.25			Transa	ction ID : INV6010000115482
	Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period
	0.00		0	.00	199.25
1)	SUBTOTALS This Period This Page (optional)			}	3984.15
2)	TOTALS This Period (last page this line number	only)		<b>&gt;</b>	
3)	TOTAL OUTSTANDING LOANS from Schedule C	C (last page o	nly)		
4)	ADD 2) and 3) and carry forward to appropriate I	ine of Summa	ary Page (last page o	only) 🕨	

**Excluding Loans** 

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Name of committee National Demo	EE (In Full) Cratic Policy Committe	ее		
	st, First, Middle Initial) of Debto BLISHING CO.	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE		
Mailing Address	RT. 1, BOX 22			
City State	)	Zip Code		
STERLING		VA	22170	Transaction ID : INV6010000115483
Outstanding Bai	ance Beginning This Period 2030.98			Transaction is . invoctood 113-03
Amount	Incurred This Period	Pav	ment This Period	Outstanding Balance at Close of This Period
	0.00	,	0.00	2030.98
· ·	t, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
KMW PUE	LISHING CO.			SUBSCRIPTIONS PURCHASE
Mailing Address	RT. 1, BOX 22			
City State	)	Zip Code		
STERLING		VA	22170	
Outstanding Bal	ance Beginning This Period			Transaction ID : INV6010000115484
Amount	25.00	Pay	ment This Period	Outstanding Balance at Close of This Period
Amount	Amount Incurred This Period  0.00		0.00	25.00
			0.00	7
	st, First, Middle Initial) of Debto BLISHING CO.	r or Creditor		Nature of Debt (Purpose): SUBSCRIPTION PURCHASE
Mailing Address	RT. 1, BOX 22			
City		State	Zip Code	_
STERLING		VA	22170	
Outstanding Bal	ance Beginning This Period			Transaction ID: INV6010000115486
A	10.00	D	we and This Deviced	Outstanding Bulgary at Olympia (This Buried
Amount	Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period 10.00
7	0.00		0.00	10.00
1) SUBTOTALS Thi	s Period This Page (optional)			2065.98
2) TOTALS This Pe	riod (last page this line number	only)		
3) TOTAL OUTSTAI	NDING LOANS from Schedule	<u> </u>		
4) ADD 2) and 3) a	nd carry forward to appropriate	<b>&gt;</b>		

**Excluding Loans** 

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FOR LINE NUMBER: (check only one)

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143

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 0.00 25.00 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 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

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	е			
A. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor		Nature of D PURCHAS	lebt (Purpose): SES OF SUBSCRITIONS
Mailing Address RT. 1, BOX 22				
City State STERLING	Zip Code VA	22170		
Outstanding Balance Beginning This Period 25.00			Transacti	on ID : INV6010000115490
Amount Incurred This Period  0.00	Paym	nent This Period	Outstandi	ng Balance at Close of This Period 25.00
B. Full Name (Last, First, Middle Initial) of Debtor of KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTION PURCHASES
Mailing Address RT. 1, BOX 22  City State STERLING	Zip Code VA	22170		
Outstanding Balance Beginning This Period 25.00			Transac	tion ID : INV6010000115491
Amount Incurred This Period 0.00	Paym	nent This Period	Outstandi	ng Balance at Close of This Period 25.00
C. Full Name (Last, First, Middle Initial) of Debtor KREINGOLD DATA SERVICES  Mailing Address STE 5D 119 PAYSON AVE				Debt (Purpose): ER SERVICES
City NEW YORK	State NY	Zip Code 10034		
Outstanding Balance Beginning This Period 2156.53			Transac	tion ID : INV6010000112384
Amount Incurred This Period 0.00	Paym	nent This Period	Outstandi	ng Balance at Close of This Period 2156.53
1) SUBTOTALS This Period This Page (optional)				2206.53
TOTALS This Period (last page this line number of the state of th				7 7 7 7
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary	/ Page (last page o	only) ▶	7

**Excluding Loans** 

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FOR LINE NUMBER: (check only one)

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	ME OF COMMITTEE (In Full)  ational Democratic Policy Committee	ее		
	A. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor		Nature of Debt (Purpose):
	KVAR-FM		MEDIA-RADIO	
	Mailing Address TEXAS LOTAS CORP.			_
	8400 DAPAPOINT ST. 535			
	City State	Zip Code		
	SAN ANTONIO	TX	78229	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112385
	544.00			
	Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
	0.00	-	0.00	544.00
	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
	LOS ANGELES LABOR COMMI	TTEE		FLD OFC RENT AND PHONE
	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	Pa	yment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	21277.77
	C. Full Name (Last, First, Middle Initial) of Debtor LOUIS JOLIET RENAISSANCE			Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address 214 NORTH OTTAWA STREET			
	City	State	Zip Code	
	JOLIET	IL	60431	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112393
	38.21			
	Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	38.21
		,		7
1)	SUBTOTALS This Period This Page (optional)			21859.98
2)	TOTALS This Period (last page this line number	only)	<b>&gt;</b>	
3)	TOTAL OUTSTANDING LOANS from Schedule O	C (last page o	only) ▶	
4)	ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page only) ▶	

(Use separate schedule(s) for each

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AME OF COMMITTEE (In Full)  Iational Democratic Policy Co	mmittee			
alional Democratic Folicy Co				
A. Full Name (Last, First, Middle Initial)	of Debtor or Creditor		Nature of Debt (Pu PRINTING	rpose):
MARK CALNEY			FRINTING	
Mailing Address 269 E. NEWTON ST.				
City State	Zip Code			
SEATTLE	WA 98102			
Outstanding Balance Beginning This P	'eriod		Transaction ID:	INV6010000112101
205.80				
Amount Incurred This Period	Payment This Pe	riod	Outstanding Bala	nce at Close of This Period
0.00		0.00	· · · · ·	205.80
		1111		7
B. Full Name (Last, First, Middle Initial) o			Nature of Debt (Pu	rpose):
MARRIOT HOTEL PITTSI	BURGH		ROOM RENTALS	
Mailing Address 101 MALL BLVD.				
City State	Zip Code			
MONROEVILLE	PA 15146			
Outstanding Balance Beginning This P	Period		Transaction ID :	INV6010000112395
227.73				
Amount Incurred This Period	Payment This Pe	riod	Outstanding Bala	nce at Close of This Period
0.00		0.00	outotaining Daila	227.73
0.00		0.00		221.10
C. Full Name (Last, First, Middle Initial)			Nature of Debt (Pu	rpose):
MARRIOTT - SANTA CLA	ARA		ROOM RENTALS	
Mailing Address GREAT AMERICAN PA				
City	State Zip Code			
SANTA CLARA	CA 95054			
Outstanding Balance Beginning This P	'eriod		Transaction ID :	INV6010000112997
24.50				
Amount Incurred This Period	Payment This Pe	riod	Outstanding Bala	nce at Close of This Period
0.00		0.00	Cutstanding Build	24.50
0.00		0.00		24.00
ı				
SUBTOTALS This Period This Page (op	otional)	······		458.03
TOTALS This Period (last page this line	number only)			
TOTAL OUTCTANDING LOANS (	Cohodula O (last navy sylv)			
TOTAL OUTSTANDING LOANS from S	chedule C (last page only)	<b>P</b>	7	
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**Excluding Loans** 

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	e			
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  MARTY SIMON			Nature of Debt (Purpose): FREIGHT AND POSTAGE	
Ì	Mailing Address 2971 W 8TH ST. #111				
	City State LOS ANGELES	Zip Code CA 964	102		
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112907	
	154.47				
	Amount Incurred This Period	Payment Th	is Period	Outstanding Balance at Close of This Period	
	0.00		0.00	154.47	
Ī	B. Full Name (Last, First, Middle Initial) of Debtor of MC GUINESS & WILLIAMS	or Creditor		Nature of Debt (Purpose): ATTORNEY EXPENSES	
L	Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200				
	City State WASHINGTON	Zip Code DC 200	005		
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000114180	
	446.69				
	Amount Incurred This Period	Payment Th	is Period	Outstanding Balance at Close of This Period	
	0.00		0.00	446.69	
	C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	or Creditor		Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES	
	Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200				
	City WASHINGTON	State Zip C DC 2000			
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000114182	
	626.32				
	Amount Incurred This Period	Payment Th	is Period	Outstanding Balance at Close of This Period	
	0.00	7	0.00	626.32	
1)	SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	1227.48	
2)	TOTALS This Period (last page this line number of	only)	<b>&gt;</b>		
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page only)	<b>&gt;</b>		
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page	(last page only) ▶		

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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cluding Loans		numbered line)	X 10
AME OF COMMITTEE (In Full)  National Democratic Policy Committe	ee		
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	Oebt (Purpose):
MC GUINESS & WILLIAMS		ATTORNE	Y FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200			
City State WASHINGTON	Zip Code DC 20005		
Outstanding Balance Beginning This Period 800.00		Transacti	ion ID : INV6010000114183
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.0	00	800.00
B. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	or Creditor		Debt (Purpose): Y FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200			
City State WASHINGTON	Zip Code DC 20005		
Outstanding Balance Beginning This Period		Transac	tion ID : INV6010000114184
3179.29			
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period
0.00	0.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3179.29
C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	or Creditor		Debt (Purpose): EY EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200			
City WASHINGTON	State Zip Code DC 20005		
Outstanding Balance Beginning This Period 3.32		Transac	tion ID : INV6010000114185
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.0	00	3.32
) SUBTOTALS This Period This Page (optional)			3982.61
TOTALS This Period (last page this line number	only)	>	7
) TOTAL OUTSTANDING LOANS from Schedule C	C (last page only)	>	7
ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page or	nlv) <b>&gt;</b>	

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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excluding Loans			numbered line)	<b> X</b>   10
NAME OF COMMITTEE (In Full)  National Democratic Policy Committee	iee			
A. Full Name (Last, First, Middle Initial) of Debte	or or Creditor		Nature of De	ebt (Purpose):
MC GUINESS & WILLIAMS			ATTORNE	Y EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NV SUITE 1200	V			
City State	Zip Code			
WASHINGTON	DC	20005		
Outstanding Balance Beginning This Period			Transaction	on ID : INV6010000114186
5.50				
Amount Incurred This Period	Paym	nent This Period	Outstandir	ng Balance at Close of This Period
0.00		0.	.00	5.50
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Do	ebt (Purpose):
MC GUINESS & WILLIAMS	1 01 0100		ATTORNE	
Mailing Address 1015 FIFTEENTH STREET, NV SUITE 1200	V			
City State	Zip Code			
WASHINGTON	DC	20005		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114189
255.00				
Amount Incurred This Period	Paym	nent This Period	Outstandir	ng Balance at Close of This Period
0.00			.00	255.00
C. Full Name (Last, First, Middle Initial) of Debte MEDIAWIRE	or or Creditor			ebt (Purpose): LEASE DISTRIBUTN
Mailing Address 117 SOUTH 17TH ST. SUITE 210				
City	State	Zip Code		
PHILADELPHIA	PA	19103		
Outstanding Balance Beginning This Period 60.00			Transact	ion ID : INV6010000112397
Amount Incurred This Period	Pavm	nent This Period	Outstandin	ng Balance at Close of This Period
0.00	1		.00	60.00
				, , , , , , , ,
1) SUBTOTALS This Period This Page (optional)				320.50
2) TOTALS This Period (last page this line number	r only)		}	7 7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only	у)	>	7
4) ADD 2) and 3) and carry forward to appropriate	line of Summary	/ Page (last page o	only) ▶	

**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  MEDIAWIRE	Nature of Debt (Purpose): PRS REL DIST-ELDER/USS		
	Mailing Address 117 SOUTH 17TH ST. SUITE 210			_
	City State	Zip Code		
	PHILADELPHIA	PA	19103	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112398
	65.00			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	65.00
	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
	MEDIAWIRE			PRS REL DIST-DOUGLAS/GOV
	Mailing Address 117 SOUTH 17TH ST. SUITE 210			
	City State	Zip Code		
	PHILADELPHIA	PA	19103	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112399
	35.00			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00	,	0.00	35.00
	C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
	MELVIN S. NASH			ATTORNEY FEES & EXPENSES
	Mailing Address 204 WASHINGTON AVENUE, N.	E.		_
	City	State	Zip Code	
	MARIETTA	GA	30060	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000114254
	2354.40			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	2354.40
1)	SUBTOTALS This Period This Page (optional)			2454.40
	TOTALS This Period (last page this line number of			
3)				
4)	ADD 2) and 3) and carry forward to appropriate li	ine of Summa	ry Page (last page only) ▶	

**Excluding Loans** 

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

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		7   10	
NAME OF COMMITTEE (In Full)  National Democratic Policy Comm	nittee		
A. Full Name (Last, First, Middle Initial) of D MELVIN S. NASH	ebtor or Creditor	Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES	
Mailing Address 204 WASHINGTON AVENU	Mailing Address 204 WASHINGTON AVENUE, N.E.		
City State MARIETTA	Zip Code GA 30060		
Outstanding Balance Beginning This Period	I	Transaction ID : INV6010000114255	
1496.91			
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 De MICHAEL FRANK, ESQ.	ebtor or Creditor	Nature of Debt (Purpose): ATTY FEES-WINTER/CONG	
Mailing Address 434 SPITZER BLDG			
City State TOLEDO	Zip Code OH 43604		
Outstanding Balance Beginning This Period	I	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 D MICHAEL HODGEKISS	ebtor or Creditor	Nature of Debt (Purpose): PRINTING	
Mailing Address 1265 48TH AVE.			
City SAN FRANCISCO	State Zip Code CA 94122		
Outstanding Balance Beginning This Period	I	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	
1) SUBTOTALS This Period This Page (optional	al)	2024.11	
2) TOTALS This Period (last page this line num	nber only)		
3) TOTAL OUTSTANDING LOANS from Sched	ule C (last page only)		
4) ADD 2) and 3) and carry forward to appropr	iate line of Summary Page (last page only)		

(Use separate schedule(s)

FOR LINE NUMBER: (check only one)

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ccluding Loans		numbered line) (check only one)
National Democratic Policy Committee	ee	
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): LITERATURE PURCHASE	
Mailing Address 304 W 58TH ST.		
City State NEW YORK	Zip Code NY 10019	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112400
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.0	00 176.50
B. Full Name (Last, First, Middle Initial) of Debtor NEW HAMPSHIRE HIGHWAY I		Nature of Debt (Purpose): ROOM RENTALS
Mailing Address FT. EDDY ROAD  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	0.0	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 NEW YORK	State Zip Code 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	0.0	540.00
) SUBTOTALS This Period This Page (optional)		▶ 791.70
r) TOTALS This Period (last page this line number	only)	•
t) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>
ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page or	nly) ▶

(Use separate schedule(s)

FOR LINE NUMBER: (check only one)

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cluding Loans		numbered line) (Check Only One) X 10
AME OF COMMITTEE (In Full) National Democratic Policy Committe	ee	
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
NEW YORK TELEPHONE		TELEPHONE
Mailing Address 10 COLUMBUS CIRCLE		
City State	Zip Code	
NEW YORK	NY 10019	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112403
236.83		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Perio
0.00	0.	00 236.83
	-	, , , , , , , , , , , , , , , , , , , ,
B. Full Name (Last, First, Middle Initial) of Debtor PATRICK F ADAMS P.C.	or Creditor	Nature of Debt (Purpose): ATTY FEES - NY BEAM DEMS
Mailing Address ATTORNEY AT LAW ONE EAST MAIN STREET		
City State BAY SHORE	Zip Code NY 11706	
	NY 11706	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112085
5762.50		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.	00 5762.50
C. Full Name (Last, First, Middle Initial) of Debtor PATRICK F ADAMS P.C.	r or Creditor	Nature of Debt (Purpose): CIK-ATTY FEES-NY BEAM DEM
Mailing Address ATTORNEY AT LAW		
ONE EAST MAIN STREET City	State Zip Code	
BAY SHORE	NY 11706	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112086
400.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Perio
0.00	0.	00 400.00
) SUBTOTALS This Period This Page (optional)		• 6399.33
) TOTALS This Period (last page this line number	only)	<b>&gt;</b>
) TOTAL OUTSTANDING LOANS from Schedule (	C (last page only)	>
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page of	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): TRAVEL AND LODGING PETER ENNIS Mailing Address 65 SEAMAN AVE. State Zip Code **NEW YORK** 10034 Transaction ID: INV6010000112316 Outstanding Balance Beginning This Period 16.76 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 16.76 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **PRINTING** PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000112882 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2500.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **PRINTING** PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000112885 Outstanding Balance Beginning This Period 6123.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 6123.00 0.00 8639.76 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

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): **ROOM RENTAL** PROVIDENCE MARRIOTT INN Mailing Address CHARLES & ORMS STREETS State Zip Code **PROVIDENCE** 02904 Transaction ID: INV6010000113747 Outstanding Balance Beginning This Period 125.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 125.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ACCOUNTING & DP SERVICE PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** 22075 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000112654 1700.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1700.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ACCOUNTING & DP SERVICE PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** 22075 VA Transaction ID: INV6010000112656 Outstanding Balance Beginning This Period 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 3000.00 0.00 4825.00 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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AME OF COMMITTEE (In Full) National Democratic Policy Committe	·e	•	
A. Full Name (Last, First, Middle Initial) of Debtor		Nature of Debt (Purpose) MANAGEMENT & DP SE	: :RVICE
PUBLICATION & GENERAL MO	iMI.		
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transaction ID : INV60	10000112657
3000,00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at	Close of This Period
0.00	0.0	0	3000.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose)	:
PUBLICATION & GENERAL MG	MT.	MANAGEMENT & DP SE	RVICES
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transaction ID : INV60	11000112658
		Transaction is . http://	710000112000
3000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at	Close of This Period
0.00	0.0	0	3000.00
C. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MO		Nature of Debt (Purpose) MANAGEMENT & DP SE	
	JIVI I .		
Mailing Address P.O. BOX 836			
City	State Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transaction ID : INV60	10000112661
3000.00			
	Deversed This Devised	Outstanding Dalamas at	Class of This David
Amount Incurred This Period	Payment This Period	Outstanding Balance at	
0.00	0.0	0	3000.00
			9000.00
) SUBTOTALS This Period This Page (optional)			3000.00
) TOTALS This Period (last page this line number	only)	<u> </u>	,
) TOTAL OUTSTANDING LOANS from Schedule C	C (last page only)	. <b>&gt;</b>	,
) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page onl	y) <b>&gt;</b>	

**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 SREVICES PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** 22075 Transaction ID: INV6010000112662 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: INV6010000112666 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3000.00 0.00 C. 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 Transaction ID: INV6010000112667 Outstanding Balance Beginning This Period 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 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** 

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	ee			
,	A. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL Mo		Debt (Purpose): EMENT & DP SERVICES		
	Mailing Address P.O. BOX 836				
- 1	City State LEESBURG	Zip Code VA	22075		
	Outstanding Balance Beginning This Period 3000.00			Transac	ction ID : INV6010000112668
	Amount Incurred This Period	Pa	yment This Period	Outstan	ding Balance at Close of This Period
	0.00	1 1 19	0.	00	3000.00
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.				Debt (Purpose): EMENT & DP SERVICES
	Mailing Address P.O. BOX 836				
	City State LEESBURG	Zip Code VA	22075		
	Outstanding Balance Beginning This Period 3000.00			Transa	ction ID : INV6010000112669
	Amount Incurred This Period	Pa	yment This Period	Outstan	ding Balance at Close of This Period
	0.00		0.	00	3000.00
	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.				Debt (Purpose): EMENT & DP SERVICES
	Mailing Address P.O. BOX 836				
- 1	City LEESBURG	State VA	Zip Code 22075		
	Outstanding Balance Beginning This Period 3000.00			Transa	action ID : INV6010000112670
	Amount Incurred This Period	Pa	yment 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)		<b>&gt;</b>	
3)	TOTAL OUTSTANDING LOANS from Schedule (	C (last page o	nly)	<b>&gt;</b>	
4)	ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page o	nly) ▶	

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(Use separate schedule(s) for each

PAGE 123 OF 143 FOR LINE NUMBER: (check only one)

Excluding Loans		numbered line)	<b>X</b> 10					
NAME OF COMMITTEE (In Full)  National Democratic Policy Committee	ee							
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								
LEESBURG								
Outstanding Balance Beginning This Period	Transaction	on ID : INV6010000112671						
3000.00								
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	Nature of D	ebt (Purpose):					
PUBLICATION & GENERAL MG			ENT &D P SERVICES					
Mailing Address P.O. BOX 836								
City State	Zip Code							
LEESBURG	VA 22075							
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112672					
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	Nature of D	ebt (Purpose):						
PUBLICATION & GENERAL MO		ENT &DP SERVICES						
Mailing Address P.O. BOX 836								
City	State Zip Code							
LEESBURG	VA 22075							
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112673					
3000.00								
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period					
	<del></del>							
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	C (last page only)		7 7					
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page o	nly) ▶						

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PAGE 124 OF 143 FOR LINE NUMBER: (check only one)

excluding Loans				numbered line)	<b> X</b>   10
NAME OF COMMITTEE (In National Democration		e			
A. Full Name (Last, Firs	t, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
	N & GENERAL MG	MANGEME	ENT &DP SERVICES		
Mailing Address P.O. Bo	OX 836				
City State LEESBURG	· ·				
Outstanding Balance B	Outstanding Balance Beginning This Period				on ID : INV6010000112674
	3000.00				
Amount Incurre	d This Period	Payn	nent This Period	Outstandir	ng Balance at Close of This Period
	0.00		0.	00	3000.00
R Full Name (Last First	, Middle Initial) of Debtor o	r Craditor		Nature of D	ebt (Purpose):
, , , , , , , , , , , , , , , , , , , ,	& GENERAL MGN				eot (Purpose): IENT & DP SERVICES
Mailing Address P.O. Bo	 DX 836				
City State		Zip Code			
LEESBURG		VA	22075		
Outstanding Balance B				Transact	ion ID : INV6010000112675
	3000.00				
Amount Incurre	d This Period	Payn	nent This Period	Outstandir	ng Balance at Close of This Period
	0.00			00	3000.00
· ·	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.				ebt (Purpose): MENT & DP SERVICES
Mailing Address P.O. Bo	OX 836				
City		State	Zip Code		
LEESBURG		VA	22075		
Outstanding Balance B	Beginning This Period	_	_	Transact	ion ID : INV6010000112676
Amount Incurre	d This Period	Payn	nent This Period	Outstandir	ng Balance at Close of This Period
	0.00		0.	00	3000.00
1) SUBTOTALS This Perio	d This Page (optional)				9000.00
2) TOTALS This Period (la	st page this line number o	nly)			, , , , , ,
3) TOTAL OUTSTANDING	LOANS from Schedule C	(last page onl	y)	>	
4) ADD 2) and 3) and carr	v forward to appropriate lir	ne of Summar	v Page (last page o	nly) ▶	

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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cluding Loans		numbered line)	<b>X</b> 10
AME OF COMMITTEE (In Full)			
National Democratic Policy Committe	ee		
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt	(Purpose):
PUBLICATION & GENERAL M	GMT.	MANAGEMEN	NT & DP SERVICE
Mailing Address			
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transaction	ID: INV6010000112677
3000.00			
Amount Incurred This Period	Payment This Period	Outstanding	Balance at Close of This Period
0.00		0.00	3000.00
0.00		0.00	3000.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt	(Purpose):
PUROLATOR COURIER CORP		EXPRESS PA	CKAGE SERVICE
Mailing Address 3333 NEW HYDE PARK ROAD			
Mailing Address 3333 NEW HYDE PARK ROAD			
City State	Zip Code		
NEW HYDE PARK	NY 11042		
Outstanding Balance Beginning This Period		Transaction	ID: INV6010000112891
55.10			
Amount Incurred This Period	Payment This Period	Outstanding	Balance at Close of This Period
0.00		0.00	55.10
	7 7 7		9
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt	
QUALITY INN ALBANY		ROOM RENT	ALS
Mailing Address 1-3 WATERVLIET AVE.			
City	State Zip Code		
ALBANY	NY 12206		
Outstanding Balance Beginning This Period		Transaction	1D : INV6010000112892
43.45			
Amount Incurred This Period	Payment This Period	Outstanding	Balance at Close of This Period
0.00		0.00	43.45
7			
			2000 55
) SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	3098.55
) 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) ▶	
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**Excluding Loans** 

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

FOR LINE NUMBER: (check only one)

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NAME OF COMM National De	IITTEE (In Full) mocratic Policy Committe	e			
	(Last, First, Middle Initial) of Debtor	or Creditor		Nature of E ROOM RE	Debt (Purpose):
RAMA	DA INN CASPER			ROOWIKE	INTALS
Mailing Addres	SS PO BOX 2917				
1 '	State	Zip Code			
CASPER		WY	82602		
Outstanding	Balance Beginning This Period			Transact	ion ID : INV6010000112893
	108.85				
Amo	ount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
	0.00		0.	00	108.85
	(Last, First, Middle Initial) of Debtor of DA INN ST. LOUIS	or Creditor		Nature of D ROOM RE	Debt (Purpose): NTALS
Mailing Addres	9636 NATURAL BRIDGE RD.				
1 '	State	Zip Code	00404		
ST. LOUIS		МО	63134		
Outstanding	g Balance Beginning This Period 52.31			Transac	tion ID : INV6010000112894
Amo	ount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
	0.00		0.	00	52.31
	e (Last, First, Middle Initial) of Debtor DA INN-SAN ANTONIO	or Creditor		Nature of E ROOM RE	Debt (Purpose): :NTALS
Mailing Addres	SS 3645 N. PAN AM EXPRESSWAY				
City		State	Zip Code		
SAN ANTONI	0	TX	78219		
Outstanding	Balance Beginning This Period 60.00			Transac	tion ID : INV6010000112897
Amo	ount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
Amo		Гау			60.00
	0.00	7	0.	.00	00.00
1) SUBTOTALS	This Period This Page (optional)			<b>&gt;</b>	221.16
2) TOTALS This	s Period (last page this line number of	only)		}	7
3) TOTAL OUTS	STANDING LOANS from Schedule C	(last page or	nly)	<b>&gt;</b>	
4) ADD 2) and	3) and carry forward to appropriate li	ne of Summa	ry Page (last page o	nly) ▶	77

**Excluding Loans** 

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

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		/     <b> </b>					
AME OF COMMITTEE (In Full)  National Democratic Policy Committe	ee						
1							
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): OFFICE RENT						
RENAISSANCE MARKETING	RENAISSANCE MARKETING						
Mailing Address 1249 WASHINGTON BLVD. STE	E. 626						
City State	Zip Code						
DETROIT	MI 48226						
Outstanding Balance Beginning This Period		Transaction ID: INV6010000112898					
600.00							
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period					
0.00	0.00	600.00					
D. Full Name (Last First Middle Initial) of Debter	or Croditor	Notice of Dobt (Dumose)					
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	Zip Code	_					
GADSDEN	AL 35901						
Outstanding Balance Beginning This Period		Transaction ID : INV6010000114208					
24.60							
	Downsont This Davied	Outstanding Relayer at Class of This Revised					
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period					
0.00	0.00	24.60					
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (Purpose): AUTO RENTAL					
RICHARD MAGRAW		AOTO NENTAL					
Mailing Address 22-60 23RD ST.							
City	State Zip Code						
ASTORIA	NY 11105						
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112394					
114.90							
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period					
0.00	0.00	114.90					
) SUBTOTALS This Period This Page (optional)		739.50					
TOTALS This Period (last page this line number		7 7 7 7					
) 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) ▶						

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(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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AME OF COMMITTEE (In Full)			· ·	
National Democratic Policy Commit	ttee			
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		Nature of Debt (Pur	rpose):
ROBERT COLE			ROOM RENTALS	,
Mailing Address 4119 W. BELLEPLAINE #2W				
City State	Zip Code			
CHICAGO	IL 60641			
Outstanding Balance Beginning This Period			Transaction ID : I	NV6010000112305
1243.95				
Amount Incurred This Period	Payment This Per	riod	Outstanding Balar	nce at Close of This Period
0.00		0.00		1243.95
B. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		Nature of Debt (Pur	noce).
ROBERT KAY	or or orcator		TRAVEL AND LOD	
Mailing Address 22-49 38TH ST.				
City State	Zip Code			
ASTORIA	NY 11105			
Outstanding Balance Beginning This Period			Transaction ID :	INV6010000112375
19.74				
Amount Incurred This Period	Payment This Per	riod	Outstanding Balar	nce at Close of This Period
0.00		0.00		19.74
C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		Nature of Debt (Pur	moco).
ROGER HAM	tor or creation		ROOM RENTALS	pose).
Mailing Address 2 PINEHURST				
City	State Zip Code			
NEW YORK CITY	NY 10033			
Outstanding Balance Beginning This Period			Transaction ID :	INV6010000112330
207.82				
Amount Incurred This Period	Payment This Per	riod	Outstanding Balar	nce at Close of This Period
0.00		0.00		207.82
) SUBTOTALS This Period This Page (optional).				1471.51
, COLICIALO TINO I CITO TINO I AGE (OPTIONAL).				
) TOTALS This Period (last page this line number	er only)			
TOTAL OUTSTANDING LOANS from October	C (last page cirls)			
) 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 only)		

**Excluding Loans** 

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

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ее		
	A. Full Name (Last, First, Middle Initial) of Debtor RONALD KOKINDA	Nature of Debt (Purpose): CONSULTING		
İ	Mailing Address 36-5 FORT EVANS ROAD, NE			
	City State LEESBURG	Zip Code VA	22075	
	Outstanding Balance Beginning This Period	V/(	22075	Transaction ID : INV6010000114750
	524.50			
	Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	524.50
ŀ	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
	RONALD KOKINDA			CONSULTING
	Mailing Address 36-5 FORT EVANS ROAD, NE			
Ī	City State LEESBURG	Zip Code VA	22075	
ŀ	Outstanding Balance Beginning This Period	VA	22010	Transaction ID : INV6010000114756
	1600.00			
	Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	1600.00
	C. Full Name (Last, First, Middle Initial) of Debtor SAFEWAY PRINTING	r or Creditor		Nature of Debt (Purpose): PRINTING
	Mailing Address 3276 WEST 6TH ST.			
	City	State	Zip Code	
	LOS ANGELES  Outstanding Balance Beginning This Period	CA	90020	Transaction ID : INV6010000112901
	300.38			
	Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
	0.00	7	0.00	300.38
1)	SUBTOTALS This Period This Page (optional)			2424.88
2)	TOTALS This Period (last page this line number	only)	<b>&gt;</b>	
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 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 Debto SAN FRANCISCO LABOR CTT	Nature of Debt (Purpose): POSTAGE		
	Mailing Address 1826 NOREIGA ST.			
	City State SAN FRANCISCO	Zip Code CA	94122	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112902
	413.47			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	413.47
	B. Full Name (Last, First, Middle Initial) of Debtor SANS SOUCI TRAVEL	or Creditor		Nature of Debt (Purpose): AIR TRAVEL
	Mailing Address 253 - 12 UNION TURNPIKE			
	City State	Zip Code		
	FLORAL PARK	NY	11004	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000113737
	290.00			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00	,	0.00	290.00
1	C. Full Name (Last, First, Middle Initial) of Debto SANS SOUCI TRAVEL	or or Creditor		Nature of Debt (Purpose): ADDER TO 4/10 INV-TRAVEL
	Mailing Address 253 - 12 UNION TURNPIKE			
	City FLORAL PARK	State NY	Zip Code 11004	
	Outstanding Balance Beginning This Period			Transaction ID: INV6010000113743
	40.00			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00	,	0.00	40.00
1)	SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	743.47
2)	TOTALS This Period (last page this line number	only)	<b>&gt;</b>	7
3)	TOTAL OUTSTANDING LOANS from Schedule	C (last page or	nly)	
4)	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 Committe	ee		
	A. Full Name (Last, First, Middle Initial) of Debto SEGAL, MORAN & FEINBERG	Nature of Debt (Purpose): ATTORNEY FEES		
	Mailing Address 210 COMMERCIAL STREET			
	City State BOSTON	Zip Code MA	02109	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000113750
	712.50			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	712.50
	B. Full Name (Last, First, Middle Initial) of Debtor SEVEN SEAS MOTOR INN	Nature of Debt (Purpose): ROOM RENTALS		
	Mailing Address 1823 OLD RED TRAIL			
- 1	City State MANDAN	Zip Code ND	58554	
	Outstanding Balance Beginning This Period 46.12			Transaction ID : INV6010000112903
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	46.12
	C. Full Name (Last, First, Middle Initial) of Debto SHERATON COLUMBUS PLAZ			Nature of Debt (Purpose): RM-RNTL-SCOTT/CONG
	Mailing Address 50 NORTH THIRD STREET			
	City COLUMBUS	State OH	Zip Code 43215	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112906
	50.00			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	50.00
1)	SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	808.62
2)	TOTALS This Period (last page this line number	only)	<b>&gt;</b>	7 7
3)	TOTAL OUTSTANDING LOANS from Schedule	C (last page or	nly)	
4)	ADD 2) and 3) and carry forward to appropriate			

**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 SOLOMON, FOLEY & MORAN	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN			
	Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING				
	City State Zip Code DETROIT MI 48226				
	Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112908
	Amount Incurred This Period  O.00  Payment This Period  O.00  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  SOLOMON, FOLEY & MORAN				ling Balance at Close of This Period
					538.45
ı					Debt (Purpose): E: S. CROCKER/CONG
	Mailing Address ATTORNEYS AT LAW  2280 PENOBSCOT BUILDING City State	Zip Code			
	DETROIT	MI	48226		
	Outstanding Balance Beginning This Period 538.45			Transac	ction ID : INV6010000112909
	Amount Incurred This Period	Payr	nent This Period	Outstand	ling Balance at Close of This Period
	0.00		0.0	00	538.45
	C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor			Debt (Purpose): E: M. DEAN/USS
	Mailing Address ATTORNEYS AT LAW				
	2280 PENOBSCOT BUILDING City DETROIT	State MI	Zip Code 48226		
	Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000112910
	538.46  Amount Incurred This Period	Payr	ment This Period	Outstand	ling Balance at Close of This Period
	0.00		0.0	00	538.46
1)	SUBTOTALS This Period This Page (optional)			>	1615.36
2)	TOTALS This Period (last page this line number of	only)		>	7
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	>	
4)	ADD 2) and 3) and carry forward to appropriate lin	nly) ►	, , , , , , , , , , , , , , , , , , , ,		

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Excluding Loans		numbered line)	<b>X</b> 10
NAME OF COMMITTEE (In Full)  National Democratic Policy Committee	e		
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Deb	ot (Purpose):
SOLOMON, FOLEY & MORAN		ATTY FEE: S	S. JOHNSON/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING			
City State	Zip Code		
DETROIT	MI 48226		
Outstanding Balance Beginning This Period		Transaction	1D : INV6010000112911
538.46			
Amount Incurred This Period	Payment 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 Deb ATTY FEE: E	ot (Purpose): .SEFCOVIC/CONG
Mailing Address ATTORNEYS AT LAW  2280 PENOBSCOT BUILDING  City State	Zip Code		
DETROIT	MI 48226		
Outstanding Balance Beginning This Period		Transactio	n ID : INV6010000112912
538.46			
Amount Incurred This Period	Payment 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 Deb ATTY FEE: 0	ot (Purpose): G SHEPPARD/CONG
Mailing Address ATTORNEYS AT LAW			
2280 PENOBSCOT BUILDING City	State Zip Code		
DETROIT	MI 48226		
Outstanding Balance Beginning This Period		Transactio	n ID : INV6010000112913
538.46			
Amount Incurred This Period	Payment This Period	Outstanding	Balance at Close of This Period
0.00	<del> </del>	.00	538.46
SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	1615.38
2) TOTALS This Period (last page this line number of	only)	}	,
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only)		, , , , , , , , , , , , , , , , , , , ,
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page o	only) ▶	

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full)  National Democratic Policy Commit	tee				
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN				
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	Payment This Period	Outstanding Balance at Close of This Period			
0.00	0.00	538.46			
B. Full Name (Last, First, Middle Initial) of Debto		Nature of Debt (Purpose): ATTY FEE: J. STAMPS/CONG			
Mailing Address ATTORNEYS AT LAW					
2280 PENOBSCOT BUILDING City State	Zip Code	_			
DETROIT	MI 48226				
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112915			
538.46					
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
0.00	0.00	538.46			
C. Full Name (Last, First, Middle Initial) of Debi SOLOMON, FOLEY & MORAN		Nature of Debt (Purpose): ATTY FEE: J. VAUGHN/CONG			
Mailing Address ATTORNEYS AT LAW					
2280 PENOBSCOT BUILDING City	State Zip Code				
DETROIT	MI 48226				
Outstanding Balance Beginning This Period		Transaction ID: INV6010000112916			
538.46					
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
0.00	0.00	538.46			
1) SUBTOTALS This Period This Page (optional)	<b>&gt;</b>	1615.38			
2) TOTALS This Period (last page this line number	or only)				
3) TOTAL OUTSTANDING LOANS from Schedule	TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate					

**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): ATTY FEE: O. WALKER/CONG SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** 48226 Transaction ID: INV6010000112917 Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 538.46 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City State Zip Code **BALTIMORE** 21227 MD Outstanding Balance Beginning This Period Transaction ID: INV6010000114478 915.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 915.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City State Zip Code **BALTIMORE** 21227 MD Transaction ID: INV6010000114479 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 1653.46 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)

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NAME OF COMMITTEE (In Full)  National Democratic Policy Committe	е				
A. Full Name (Last, First, Middle Initial) of Debtor	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor				
SOUTHEAST POLITICAL LITER	SOUTHEAST POLITICAL LITERATURE			FLD OFFC TELEPHONE USAGE	
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD					
City State	Zip Code				
BALTIMORE	MD	21227			
Outstanding Balance Beginning This Period 915.00				on ID : INV6010000114480	
Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period	
0.00	,	0.	00	915.00	
B. Full Name (Last, First, Middle Initial) of Debtor of SOUTHEAST POLITICAL LITER			Nature of D FIELD OFF	ebt (Purpose): ICE RENT	
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD					
City State	Zip Code				
BALTIMORE	MD	21227			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114481	
200.00					
Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period	
0.00		0.	00	200.00	
C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITER				ebt (Purpose): NE USAGE	
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD					
City	State	Zip Code			
BALTIMORE	MD	21227			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114482	
915.00					
Amount Incurred This Period	Pay	ment This Period	Outstandir	ng 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 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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**Excluding Loans** 

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

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			73 12
NAME OF COMMITTEE (In Full)  National Democratic Policy Co	ommittee		
A. Full Name (Last, First, Middle Initial) SOUTHEAST POLITICA	Nature of Debt (Purpose): RENT		
Mailing Address SALES & DISTRIBUTI 3916-A VERO ROAD			
City State BALTIMORE	Zip Code MD	21227	
Outstanding Balance Beginning This	Period		Transaction ID : INV6010000114483
200.00	0		
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
0.00	0	0.00	200.00
B. Full Name (Last, First, Middle Initial) STATE OF CALIFORNIA			Nature of Debt (Purpose): PRINTING
Mailing Address OFFICE OF STATE PI			
City State	OOM Zip Code		
SACRAMENTO	CA	95814	
Outstanding Balance Beginning This	Period		Transaction ID : INV6010000112389
53.00	0		
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
0.0	0	0.00	53.00
C. Full Name (Last, First, Middle Initial STATLER BUFFALO	) of Debtor or Creditor		Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 107 DELAWARE AVE	NUE		
City	State	Zip Code	
BUFFALO	NY	14202	Turner diam ID INNOCACCOMATORIO
Outstanding Balance Beginning This	-		Transaction ID : INV6010000112918
Amount Incurred This Period		yment This Period	Outstanding Balance at Close of This Period
0.00		0.00	85.00
1) SUBTOTALS This Period This Page (c	optional)	<b>&gt;</b>	338.00
2) TOTALS This Period (last page this lin	ne number only)		
3) TOTAL OUTSTANDING LOANS from S	Schedule C (last page o	nly)	
4) ADD 2) and 3) and carry forward to ap	ppropriate line of Summa	ary 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): **ROOM RENTALS** SYRACUSE AIRPORT INN Mailing Address HANCOCK AIRPORT State Zip Code NORTH SYRACUSE 13212 Transaction ID: INV6010000112921 Outstanding Balance Beginning This Period 19.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 19.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEES & EXP-GA DEM SL TED HERBERT Mailing Address 142 FOREST AVENUE N.E. City State Zip Code MARIETTA 30060 GΑ Outstanding Balance Beginning This Period Transaction ID: INV6010000114387 1088.20 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1088.20 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEES & EXP-GA DEM SL TED HERBERT Mailing Address 142 FOREST AVENUE N.E. Zip Code City State **MARIETTA** 30060 GΑ Transaction ID: INV6010000114393 Outstanding Balance Beginning This Period 800.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 800.00 0.00 1907.20 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 THE CHANCELLOR HOTEL	Nature of Debt (Purpose): ROOM RENTALS		
İ	Mailing Address 1501 SOUTH NEIL STREET			
	City State CHAMPAIGN	Zip Code IL 61820		-
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112301
	25.00			
	Amount Incurred This Period	Payme	ent This Period	Outstanding Balance at Close of This Period
	0.00		0.00	25.00
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE COLONNADE			Nature of Debt (Purpose): ROOM RENTALS
ľ	Mailing Address 120 HUNTINGTON AVENUE			_
	City State BOSTON	Zip Code MA	02116	_
Ī	Outstanding Balance Beginning This Period			Transaction ID: INV6010000112306
	75.00			
	Amount Incurred This Period	Payme	ent This Period	Outstanding Balance at Close of This Period
	0.00		0.00	75.00
ĺ	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE PRESS CLUB OF HOUSTON			Nature of Debt (Purpose): ROOM RENTALS
ŀ	Mailing Address THE WORLD TRADE CENTER			_
ŀ	1520 TEXAS AVENUE City	State	Zip Code	
	HOUSTON	TX	77002	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112890
	25.00			
	Amount Incurred This Period	Payme	ent This Period	Outstanding Balance at Close of This Period
	0.00		0.00	25.00
1)	SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	125.00
2)	TOTALS This Period (last page this line number of	only)	<b>&gt;</b>	
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page only)	) <b>&gt;</b>	, , , , , , , , , , , , , , , , , , , ,
4)	ADD 2) and 3) and carry forward to appropriate li			

**Excluding Loans** 

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

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AME OF COMMITTEE (In Full)	ittaa	'	F - 21
National Democratic Policy Comm	ittee		
A. Full Name (Last, First, Middle Initial) of De	btor or Creditor	Nature of Debt (Purp	pose):
TONI JENNINGS		POSTAGE	
Mailing Address 2414 13TH AVE. SO. #104			
City State	Zip Code		
SEATTLE	WA 98144		
Outstanding Balance Beginning This Period		Transaction ID : IN	NV6010000112374
30.15			
Amount Incurred This Period	Payment This Period	Outstanding Balan	ce at Close of This Period
0.00	0.	00	30.15
B. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of Debt (Purp	nose).
TREAT CATERERS		ROOM RENTALS	
Mailing Address 50 PARK PLACE			
City State	Zip Code		
NEWARK	NJ 07101		
Outstanding Balance Beginning This Period		Transaction ID: I	NV6010000112922
100.00			
Amount Incurred This Period	Payment This Period	Outstanding Balan	ce at Close of This Period
0.00	0.0	00	100.00
C. Full Name (Last, First, Middle Initial) of De	btor or Creditor	Nature of Debt (Purp	oose):
TUTTLES RESTAURANT		ROOM RENTALS	,
Mailing Address (C/O GILBERT ROBINSON C	COLLEX)		
P.O. BOX 16000 City	State Zip Code		
KANSAS CITY	MO 64112		
Outstanding Balance Beginning This Period		Transaction ID : I	NV6010000112923
50.00			
Amount Incurred This Period	Payment This Period	Outstanding Balan	ce at Close of This Period
0.00	0.1	00	50.00
) SUBTOTALS This Period This Page (optional	)		180.15
) TOTALS This Period (last page this line numb			
) TOTAL OUTSTANDING LOANS from Schedu	·		
) ADD 2) and 3) and carry forward to appropria			
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**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	е			
	A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of	f Debt (Purpose):
	VITA OBERSCHNEIDER			ROOM	RENTALS
Ì	Mailing Address 544 OAK HILL RD.				
ı	City State	Zip Code			
	ELGIN	IL	60120		
	Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000112404
	149.16				
	Amount Incurred This Period	Pa	yment This Period	Outstar	nding Balance at Close of This Period
	0.00		0	.00	149.16
	B. Full Name (Last, First, Middle Initial) of Debtor WESTBOROUGH PLAZA HOTE				f Debt (Purpose): IG ROOM RENTAL
	Mailing Address 5 TURNPIKE ROAD				
ı	City State	Zip Code			
	WESTBOROUGH	MA	01581		
	Outstanding Balance Beginning This Period 54.25			Trans	action ID : INV6010000114249
	Amount Incurred This Period	Pa	yment This Period	Outstar	nding Balance at Close of This Period
	0.00	,	0	.00	54.25
ŀ	C. Full Name (Last, First, Middle Initial) of Debtor WESTERN UNION INTERNATION			Nature o	f Debt (Purpose): HONE
ŀ	Mailing Address BOX 6022 CHRUCH ST. STA.				
H	City	State	Zip Code		
	NEW YORK	NY	10008		
	Outstanding Balance Beginning This Period			Trans	action ID : INV6010000112926
	Amount Incurred This Period	Pa	yment This Period	Outstar	nding Balance at Close of This Period
	0.00	,		.00	18.42
1)	SUBTOTALS This Period This Page (optional)				221.83
2)	TOTALS This Period (last page this line number of	only)			
3)	TOTAL OUTSTANDING LOANS from Schedule C	C (last page o	only)	>	, , , , , , ,
4)	ADD 2) and 3) and carry forward to appropriate I	ine of Summa	ary Page (last page o	only) ▶	

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full)  National Democratic Policy Co	ommittee		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  WORLDCOMP		Nature of Debt (Purpose): TYPE SETTING	
Mailing Address 722 EAST MARKET S	TREET		
City State LEESBURG	Zip Code VA 22075		
Outstanding Balance Beginning This F	Period	Transaction ID : INV6010000112983	
741.67	7		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00		741.67	
B. Full Name (Last, First, Middle Initial) WORLDCOMP	of Debtor or Creditor	Nature of Debt (Purpose): TYPE & ART	
Mailing Address 722 EAST MARKET ST	TREET		
City State LEESBURG	Zip Code VA 22075		
Outstanding Balance Beginning This F	•	Transaction ID: INV6010000112988	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00		926.37	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WORLDCOMP		Nature of Debt (Purpose): TYPE & ART	
Mailing Address 722 EAST MARKET S	TREET		
City LEESBURG	State Zip Code VA 22075		
Outstanding Balance Beginning This F	Period	Transaction ID : INV6010000112992	
71.58	3		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	71.58	
1) SUBTOTALS This Period This Page (o	ptional)	1739.62	
2) TOTALS This Period (last page this line			
3) TOTAL OUTSTANDING LOANS from S	<b>&gt;</b>		
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

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): TYPE SETTING WORLDCOMP Mailing Address 722 EAST MARKET STREET State Zip Code **LEESBURG** 22075 Transaction ID: INV6010000112993 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): **ROOM RENTALS** YMCA SYRACUSE Mailing Address 340 MONTGOMERY STREET City State Zip Code SYRACUSE NY 13202 Outstanding Balance Beginning This Period Transaction ID: INV6010000112994 25.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 25.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MAILING LABELS-SUB LISTS ZELLER & LETICA INC. Mailing Address 15 E. 26TH ST. Zip Code City State **NEW YORK** 10010 NY Transaction ID: INV6010000112995 Outstanding Balance Beginning This Period 57.84 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 57.84 0.00 132.84 1) SUBTOTALS This Period This Page (optional)..... 408326.38 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 449726.38 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶