

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
National Democratic Policy Committee

ADDRESS (number and street) Check if different than previously reported
113 Halifax Place

CITY, STATE and ZIP CODE
Leesburg Va 20175

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL

MAY 14 11 23 AM

2. FEC IDENTIFICATION NUMBER
C00136531

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

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<i>1-1-98 through 3-31-98</i>		
6. (a) Cash on Hand January 1, 19 <i>98</i>		\$ <i>1593.22</i>
(b) Cash on Hand at Beginning of Reporting Period	\$ <i>1593.22</i>	
(c) Total Receipts (from Line 19)	\$ <i>555.-</i>	\$ <i>555.-</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <i>2148.22</i>	\$ <i>2148.22</i>
7. Total Disbursements (from Line 30)	\$ <i>332.78</i>	\$ <i>332.78</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <i>1815.44</i>	\$ <i>1815.44</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <i>450.-</i>	For further information contact: Federal Election Commission 899 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <i>451.60589</i>	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Katherine Jenkins

Signature of Treasurer
Katherine Jenkins

Date
5-8-98

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

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FEC FORM 3X
(revised 9/93)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 5-11-98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SEM</i> PREPARER	5-15-98 DATE PREPARED