Image# 12970864166 PAGE 1 / 142

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

							Office Use Only	
1.	NAME OF COMMITTEE (in full)	YPE OR PRIN		ample: If typir r the lines.	ng, type	12FE4M5		
N	lational Democratic Po	licy Comm	nittee					1
_								
AD	DRESS (number and street)	113 HALIFAX	(PLACE					
r	Check if different							
ŀ	than previously reported. (ACC)	LEESBURG				VA _	20175	
2.	FEC IDENTIFICATION NUI	MBER ▼	CITY ▲		S	STATE 🛦	ZIP CO	DE 🛦
	C C00136531		3. IS THIS REPORT		IEW N) OR	AM (A)	ENDED	
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due On:	Mar 20 (M3)		lun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	A		Apr 20 (M4)		Jul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
	X April 15 Quarterly Report (Q1) (c) ₁₂₋	Day	Primary (12P)	General (12G)	Runoff (12R)
	July 15 Quarterly Report (Q2	PR	E -Election					,
	October 15		port for the:	Convention (12C)	Special (125)	
	Quarterly Report (Q3 January 31 Year-End Report (YE		Election on	M = M /	D D /	Y	in the State o	f
	July 31 Mid-Year Report (Non-election Year Only) (MY)	РО	Day ST-Election	General (300	à)	Runoff (3	0R)	Special (30S)
	Termination Report (TER)	He	port for the:	M = M /	D D /	Y Y Y Y	in the	
	(TETT)		Election on				State o	f
5.	Covering Period 01	/ D D D 01	2012	through	03	/ 31 /	2012	
Ιc	ertify that I have examined this	Report and t	o the best of my kno	wledge and b	pelief it is true	e, correct and	I complete.	
	oe or Print Name of Treasurer	Katherine Je	•					
Sig	nature of Treasurer Kather	ine Jenkins		[Electronically	Filed] Da	ate 04	/ 09 /	2012
NC	TE: Submission of false, erroned	ous, or incompl	ete information may si	ubiect the pers	son signing thi	s Report to th	e penalties of 2 t	J.S.C. §437a.
	Office Office	2.5, 51 moompi	and they see	and porc	o.g.mig ull	2	-	
	Use Only						FEC FOR Rev. 12/2	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Democratic Policy Committee

Report Covering the Period: From: 01 01 2012 To: 03 31 2012

		COLUMN A This Period	COLUMN B Calendar Year-to-Date	
6.	(a) Cash on Hand January 1, 2012		3465.72	
	(b) Cash on Hand at Beginning of Reporting Period	3465.72		
	(c) Total Receipts (from Line 19)	180.00	180.00	
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3645.72	3645.72	
7.	Total Disbursements (from Line 31)	120.00	120.00	
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3525.72	3525.72	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Contributions (other than loans) From:	Total Tills Terlou	Galeridai Tear-to-Date	
(a) Individuals/Persons Other			
Than Political Committees			
(i) Itemized (use Schedule A)	0.00	0.00	
(ii) Unitemized	180.00	180.00	
(iii) TOTAL (add			
Lines 11(a)(i) and (ii)▶	180.00	180.00	
		0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	0.00	0.00	
(such as PACs)	0.00	0.00	
(d) Total Contributions (add Lines			
11(a)(iii), (b), and (c)) (Carry	180.00	180.00	
Totals to Line 33, page 5) Transfers From Affiliated/Other	100.00		
Party Committees	0.00	0.00	
Faity Committees	0.00	0.00	
All Loans Received	0.00	0.00	
A Full Loans Floodivod			
Laca Bananasta Banainad	0.00	0.00	
Loan Repayments Received	0.00	0.00	
Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
(Carry Totals to Line 37, page 5)	0.00	0.00	
Refunds of Contributions Made	7 7	7 7	
to Federal Candidates and Other			
Political Committees	0.00	0.00	
Other Federal Receipts			
(Dividends, Interest, etc.)	0.00	0.00	
Transfers from Non-Federal and Levin Funds			
(a) Non-Federal Account			
(from Schedule H3)	0.00	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
Total Receipts (add Lines 11(d),	400.00	190.00	
12, 13, 14, 15, 16, 17, and 18(c))▶	180.00	180.00	
Total Federal Receipts	400.00	1000	
(subtract Line 18(c) from Line 19)▶	180.00	180.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal	10.00 10.100	Guichadi Teal to Bate
(i) Federal Share	0.00	0.00
(i) N 5 1 101	0.00	0.00
` '	0.00	0.00
Expenditures	120.00	120.00
(c) Total Operating Expenditures		
	120.00	120.00
•	0.00	0.00
Contributions to Federal Candidates/Committees	0.00	0.00
Independent Expenditures		
(use Schedule E)	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(h) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
	0.00	0.00
(i) I odoral chare		
(ii) "Levin" Share	0.00	0.00
With Federal Funds	0.00	0.00
* '	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))		0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	120.00	120.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	120.00	120.00
	(a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	(a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex-	COLUMN A	COLUMN B	
penditures	Total This Period	Calendar Year-to-Date	
3. Total Contributions (other than loans)	400.00	400.00	
(from Line 11(d), page 3)	180.00	180.00	
4. Total Contribution Refunds			
(from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans)			
(subtract Line 34 from Line 33)	180.00	180.00	
6. Total Federal Operating Expenditures			
(add Line 21(a)(i) and Line 21(b))	120.00	120.00	
7. Offsets to Operating Expenditures			
(from Line 15, page 3)	0.00	0.00	
Net Operating Expenditures			
(subtract Line 37 from Line 36)	120.00	120.00	

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

PAGE 6 OF 142

FOR LINE 13 OF FORM 3X

	Detailed Summary Page
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0010000004
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) HARVEY E. HASCALL	[PERSONAL FUNDS] Election: Primary General
Mailing Address 2137 S 1150 EAST	Other (specify) ▼
City BOUNTIFUL State UT ZIP Coc	de 84010
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00
TERMS	
Date Incurred	Interest Rate Secured: 1987 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:
Carry outstanding balance only to LINE 3, Schedule D, for this line. If r	>

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

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FOR LINE 13 OF FORM 3X

		Detailed Sur	mmary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		•	Transa	ction ID : LOAN000002009
National Democratic Policy Comm				
LOAN SOURCE Full Name (Last, First, M ALBERT E MC NAIR	liddle Initial)	[PERSONA	AL FUNDS] E	Election: Primary General
Mailing Address 1657 EDDY DR				Other (specify) ▼
City NORTH TONAWANDA	State NY ZIP Cod	de 14120		
Original Amount of Loan	Cumulative Payment To	Date	Balance	e Outstanding at Close of This Period
1000.00		0.00		1000.00
TERMS Date Incurred	Date Due		nterest Rate	Secured:
09 / 24 / 1984		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 Emp	loyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	· · · · ·	7
2. Full Name (Last, First, Middle Initial)		Name of Emp	loyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	,	
3. Full Name (Last, First, Middle Initial)		Name of Emp	loyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Emp	loyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional	·)		.	1000.00
OTALS This Period (last page in this line or	ıly)		· [.	
Carry outstanding balance only to LINE 3, Se	chedule D, for this line. If	no Schedule D	, carry forwar	d to appropriate line of Summary.

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

PAGE 8 OF 142

		Detailed Sun	nmary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		-	Transac	tion ID : LOAN000002886
National Democratic Policy Comn				
LOAN SOURCE Full Name (Last, First, MESTHER E. WILSON	fiddle Initial)	[PERSONA	AL FUNDS]	lection: Primary
				General
Mailing Address 6241 WARNER #132				Other (specify) ▼
City HUNTINGTON BEACH	State CA ZIP Cod	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	Ir	nterest Rate	Secured:
04 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	04 30 / Y	1985	1200.00	% (apr) Yes 🔀 No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Empl	loyer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Empl	loyer	
Mailing Address		Occupation		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed		
Only State	211 0000	Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Empl	loyer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Empl	loyer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
1		I		
SUBTOTALS This Period This Page (optional	I)		<u> </u>	5000.00
OTALS This Period (last page in this line or	nly)		.	, , , , , , , ,
Carry outstanding balance only to LINE 3, Se	chedule D, for this line. If	no Schedule D	, carry forward	d to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

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FOR LINE 13 OF FORM 3X

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

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

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FOR LINE 13 OF FORM 3X

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

SCHEDULE C (FEC Form 3X)

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Page	FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)		Transactio	on ID : LOAN000004982
lational Democratic Policy Com	imittee		
LOAN SOURCE Full Name (Last, First, EUGENE L DRUSELL	Middle Initial)	[FERSONAL FUNDS]	ition: Primary General
Mailing Address 1704 SAWYER			Other (specify) \blacktriangledown
City WEST COVINA	State CA ZIP C	ode 91790	
Original Amount of Loan	Cumulative Payment T		Outstanding at Close of This Perio
1000.00	, , , , ,	0.00	1000.00
TERMS Date Incurred 08 / 08 / 1984	Date Due	Interest Rate 1984 0.00	Secured: "Yes No
List All Endorsers or Guarantors (if any 1. Full Name (Last, First, Middle Initial)	y) to Loan Source	Name of Franks	
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	
UBTOTALS This Period This Page (option	nal)	<u> </u>	1000.00
OTALS This Period (last page in this line	only)	>	7 1 7 1 7 1
arry outstanding balance only to LINE 3,	Schedule D. for this line. I	f no Schedule D. carry forward t	o appropriate line of Summary

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

PAGE 12 OF 142 FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)	Transaction ID : LOAN000004983
lational Democratic Policy Committee	Transaction ID: EOAN000004963
·	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
EUGENE L DRUSELL	Primary
Mailing Address	General Other (specify) ▼
Mailing Address 1704 SAWYER	Other (Specify)
City WEST COVINA State CA	ZIP Code 91790
	Payment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS	
Date Incurred	Date Due Interest Rate Secured:
08 1984 11 08	
List All Findersons on Consentant (if any) to Lean Course	()
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial)	
1. Full Name (Last, Flist, Middle Illidai)	Name of Employer
Mailing Address	Occupation
,	·
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
2. Full Name (Last, First, Mildule Initial)	Маше от Ешрюует
Mailing Address	Occupation
-	
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
0. Tun Harro (2005, 1 105, 111000 11111111)	Tallo of Employo
Mailing Address	Occupation
C': State ZID Code	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
Olly State Zii Sode	Outstanding:
JBTOTALS This Period This Page (optional)	
OTALS This Period (last page in this line only)	>
crev outstanding balance only to LINE 3. Schedule D. for th	his line. If no Schedule D, carry forward to appropriate line of Summary.
ally outstanding balance only to line o, concade b, for the	ils lille. If the deficacie b, early forward to appropriate life or carrinary.

SCHEDULE C (FEC Form 3X)

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	ge FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	amitta a	Tra	nsaction ID : LOAN000005986
ational Democratic Policy Con	rimittee		
LOAN SOURCE Full Name (Last, First, BILL SUEDKAMP	, Middle Initial)	[PERSONAL FUNDS]	Election: Primary General
Mailing Address 1211 DOUGLAS HWY			Other (specify)
City GILLETTE	State WY ZIP C	Code 82716	
Original Amount of Loan	Cumulative Payment 1		ance Outstanding at Close of This Perio
1000.00	7	0.00	1000.00
TERMS Date Incurred	Date Du	a Interest De	to Convent
09 26 1984	03 26 Y	e Interest Ra 1985 0.0	
List All Endorsers or Guarantors (if an			
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
JBTOTALS This Period This Page (option	nal)	>	1000.00
OTALS This Period (last page in this line	only)	>	
arry outstanding balance only to LINE 3,	Schedule D. for this line.	If no Schedule D. carry for	ward to appropriate line of Summary

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

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FOR LINE 13 OF FORM 3X

	Detailed Suffilliary Fage 1 911 21112 19 91 191111 97
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000005987
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) BILL SUEDKAMP	[PERSONAL FUNDS] Election: Primary General
Mailing Address 1211 DOUGLAS HWY	Other (specify) ▼
City GILLETTE State WY	ZIP Code 82716
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:
M = M / D = D / Y = Y = Y = Y = M = M / D	18 / 1984 Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Sour	ce
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
COTALS This Period (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 15 OF 142 FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000006929
SCHEROLI COMPONIUM POUMUL COMPONIO	
valional Democratic Folicy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) HENRY C MAYBERRY	[PERSONAL FUNDS] Election: Primary General
Mailing Address 8071 E 19TH ST	Other (specify) ▼
City WESTMINSTER State CA ZIP Co	de 92683
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	Interest Rate Secured:
	1985 0.00 % (apr) Yes X N
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:
GUBTOTALS This Period This Page (optional)	······································

Use separate schedule(s) for each category of the

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

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

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FOR LINE 13 OF FORM 3X

		Detailed Sun	nmary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		•	Transac	tion ID : LOAN000009055
National Democratic Policy Comm	nittee			
LOAN SOURCE Full Name (Last, First, N ROBERT C MCKINNEY	fiddle Initial)	[PERSONA	L FUNDS]	ection: Primary General
Mailing Address PO BOX 3245				Other (specify) ▼
City SEAL BEACH	State CA ZIP Cod	de 90740		
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	Ir	nterest Rate	Secured:
M 10 / 22 / 1984		1985	1200.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Emplo	oyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	,	
2. Full Name (Last, First, Middle Initial)		Name of Empl	oyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	1 1 7	
3. Full Name (Last, First, Middle Initial)		Name of Empl	oyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	, ,	
4. Full Name (Last, First, Middle Initial)		Name of Empl	oyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	,	
SUBTOTALS This Period This Page (optional	 l)		· [1000.00
TOTALS This Period (last page in this line or			· [.	
Carry outstanding balance only to LINE 3, Se	chedule D, for this line. If	no Schedule D,	carry forward	d to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Page	FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full) ational Democratic Policy Cor	mmittoo	Transaction	n ID : LOAN000009557
alional Democratic Policy Col	mmuee		
LOAN SOURCE Full Name (Last, Firs ROBERT LOFTUS	t, Middle Initial)		on: Primary General
Mailing Address 2446 N SUMMIT			Other (specify)
City DECATUR	State IL ZIP (Code 62526	
Original Amount of Loan	Cumulative Payment		utstanding at Close of This Perio
1000.00		0.00	1000.00
TERMS			•
Date Incurred 06 / 05 / Y 1984	Date Du	e Interest Rate 1985 0.00	Secured: % (apr) Yes No
List All Endorsers or Guarantors (if a	ny) to Loan Source		
1. Full Name (Last, First, Middle Initial		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	.,
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	
JBTOTALS This Period This Page (optic	onal)	<u>}</u>	1000.00
OTALS This Period (last page in this line	e only)	>	, , , , , ,
arry outstanding balance only to LINE 3	S. 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 19 OF 142 FOR LINE 13 OF FORM 3X

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

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

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FOR LINE 13 OF FORM 3X

		Detailed Suffilliary	y rage
AME OF COMMITTEE (In Full)			Transaction ID : LOAN0000010652
National Democratic Policy Committee			
LOAN SOURCE Full Name (Last, First, Middle In NANCY J STEINER	itial)	[PERSONAL FU	INDS] Election: Primary General
Mailing Address 2809 GREER RD			Other (specify)
City PALO ALTO State	CA ZIP Co	ode 94303	
Original Amount of Loan Cum	ulative Payment To	Date	Balance Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS Date Incurred	Date Due	Interes	st Rate Secured:
12 / 29 / 1986 12 12 12 12 12 12 12 12 12 12 12 12 12	/ 12 / Y	1987	0.00 % (apr) Yes X N
List All Endorsers or Guarantors (if any) to Loa	n Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZIF	Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZIF	Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZIF	Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZIF	Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			1000.00
Carry outstanding balance only to LINE 3, Schedule	D, for this line. If	no Schedule D, carr	ry forward to appropriate line of Summary

Use separate schedule(s) for each category of the

PAGE 21 OF 142
FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full) ational Democratic Policy Cor	nmittee	Trai	nsaction ID : LOAN0000011262
-			
LOAN SOURCE Full Name (Last, First RAY BRANDENBERG	t, Middle Initial)	[PERSONAL FUNDS]	Election: Primary General
Mailing Address 1303 AMORETTI			Other (specify) ▼
City THERMOPOLIS	State WY ZIP (Code 82443	
Original Amount of Loan	Cumulative Payment		ance Outstanding at Close of This Period
200.00		0.00	200.00
TERMS			
Date Incurred Mark	Date Du	le Interest Rat	
List All Endorsers or Guarantors (if a	ny) to Loan Source		
1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City Stat	te ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	te ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	te ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , ,
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	te ZIP Code	Amount Guaranteed Outstanding:	7
JBTOTALS This Period This Page (option	nal)	<u> </u>	200.00
OTALS This Period (last page in this line	only)	>	
arry outstanding balance only to LINE 3	. Schedule D. for this line.	If no Schedule D. carry for	ward to appropriate line of Summary.

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

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		Detailed Summa	ary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)			Transac	tion ID : LOAN0000011993
National Democratic Policy Comm				
LOAN SOURCE Full Name (Last, First, M JACKSON B BREEZE	liddle Initial)	[PERSONAL F	UNDSJE	ection:
JACKSON B BREEZE				Primary General
Mailing Address 419 QUARTZ ST				Other (specify) ▼
	710.0			
City REDWOOD CITY		de 94062		0
Original Amount of Loan	Cumulative Payment To	Date	Balance	Outstanding at Close of This Period
1000.00		0.00	<u> </u>	1000.00
TERMS Date Incurred	Date Due	Inter	est Rate	Secured:
11 / 30 / 1984	03 / 02 / Y	1985	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employe	er	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employe	er	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed		
Gity	ZIF Code	Outstanding:	- 1	
3. Full Name (Last, First, Middle Initial)		Name of Employe	er	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employe	er	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
<u>l</u>				
SUBTOTALS This Period This Page (optional)	>		1000.00
OTALS This Period (last page in this line or	nly)	>		, , , , , , , ,
Carry outstanding balance only to LINE 3, So	chedule D, for this line. If	no Schedule D, ca	arry forward	d 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

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

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

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FOR LINE 13 OF FORM 3X

	Detailed Summary Page 1 On EINE 13 Of 1 Only 3X
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000012946
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) FLOYD T WRIGHT	[PERSONAL FUNDS] Election: Primary General
Mailing Address 4207 PATRICIA ST	Other (specify) ▼
City FREMONT State CA ZIP Co	ode 94536
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Data leasured Data Dua	Interest Date Consumed.
Date Incurred	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:
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	······································

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	ge FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Tra	nsaction ID : LOAN0000013379
National Democratic Policy Comr			
LOAN SOURCE Full Name (Last, First, MARGARET MAMULA	Ӣiddle Initial)	[PERSONAL FUNDS]	7 Election: Primary General
Mailing Address 4321 N EL BURRITO			Other (specify) ▼
City TUCSON	State AZ ZIP Cod	de 85705	
Original Amount of Loan	Cumulative Payment To	Date Bal	lance Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS Date Incurred	Date Due	Interest Ra	te Secured:
06 / 15 / 1984		1984 0.0	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This Page (optiona	ul)	>	1000.00
OTALS This Period (last page in this line o	nly)		
Carry outstanding balance only to LINE 3, S	Chedule D, for this line. If	no Schedule D, carry for	rward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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		Detailed Summary Pag	Je FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Tra	nsaction ID : LOAN0000013410
National Democratic Policy Com			
LOAN SOURCE Full Name (Last, First, BILL DRAKE	Middle Initial)	[PERSONAL FUNDS]	Flection: Primary General
Mailing Address RT 4 BOX 126			Other (specify) ▼
City DEXTER	State MO ZIP Co	de 63841	
Original Amount of Loan	Cumulative Payment To	Date Bal	ance Outstanding at Close of This Period
100.00		0.00	100.00
TERMS Date Incurred	Date Due	Interest Rat	te Secured:
M 06 / 19 / 1984		1984 0.0	
List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This Page (optional	al)	>	100.00
TOTALS This Period (last page in this line of	only)		
Carry outstanding balance only to LINE 3, 5	Schedule D, for this line. If	no Schedule D, carry for	ward to appropriate line of Summary.

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

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		Detailed Summary F	Page FOF	R LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)	•	1	ransaction ID :	LOAN0000017823
National Democratic Policy Comr	nittee			
LOAN SOURCE Full Name (Last, First, M HAROLD N LYNGE MD	Middle Initial)	[PERSONAL FUNI	Election: Primar Genera	•
Mailing Address 2 S 13TH ST				(specify) ▼
City SAN JOSSE	State CA ZIP Co	de 95112		
Original Amount of Loan	Cumulative Payment To	Date	Balance Outstand	ding at Close of This Period
1000.00	,	0.00	,	1000.00
TERMS Date Incurred	Date Due	Interest	Rate	Secured:
08 / 08 / 1984		V V V	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:	7	,
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		7
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		<u>, , , , , , , , , , , , , , , , , , , </u>
UBTOTALS This Period This Page (optiona	l)	>		1000.00
OTALS This Period (last page in this line of	nly)	>		, , , , , ,
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no Schedule D, carry	forward to appr	ropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

parate schedule(s) PAGE 28 OF 142
h category of the d Summary Page FOR LINE 13 OF FORM 3X

National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) GREGORY R WOLF	Primary General
Mailing Address 5258 CARTWRIGHT	Other (specify) ▼
City NORTH HOLLYWOOD State CA	Δ ZIP Code 91601
Original Amount of Loan Cumulat	tive Payment To Date Balance Outstanding at Close of This Perio
300.00	0.00
TERMS Date Incurred 08	Date Due Interest Rate Secured: 14 0.00 % (apr) Yes No.
List All Endorsers or Guarantors (if any) to Loan S	ource
1. 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 Ode Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Co	Amount Ode Guaranteed Outstanding:
UBTOTALS This Period This Page (optional)	300.00
OTALS This Period (last page in this line only)	
carry outstanding halance only to LINE 2. Schodulo 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 Sur	mmary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		-	Transac	ction ID : LOAN0000018352
National Democratic Policy Comn				
LOAN SOURCE Full Name (Last, First, M GREGORY R WOLF	diddle Initial)	[PERSONA	AL FUNDS] E	Election: Primary General
Mailing Address 5258 CARTWRIGHT	_			Other (specify) ▼
City NORTH HOLLYWOOD	State CA ZIP Cod	de 91601	-	
Original Amount of Loan	Cumulative Payment To	Date	Balance	e Outstanding at Close of This Period
100.00		0.00		100.00
TERMS Date Incurred	Date Due	lı	nterest Rate	Secured:
M 08 / 14 / 1984		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 Empl	loyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	· ,	
2. Full Name (Last, First, Middle Initial)		Name of Empl	loyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Empl	loyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Empl	loyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional	I)		.	100.00
OTALS This Period (last page in this line or	nly)		· [.	
Carry outstanding balance only to LINE 3, Se	chedule D, for this line. If	no Schedule D	, carry forwar	d to appropriate line of Summary.

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

		Detailed Sun	nmary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		•	Transac	ction ID : LOAN0000018353
National Democratic Policy Comn				
LOAN SOURCE Full Name (Last, First, M GREGORY R WOLF	liddle Initial)	[PERSONA	L FUNDS]	Election: Primary General
Mailing Address 5258 CARTWRIGHT	_			Other (specify) ▼
City NORTH HOLLYWOOD	State CA ZIP Cod	de 91601	-	
Original Amount of Loan	Cumulative Payment To	Date	Balance	e Outstanding at Close of This Period
100.00		0.00		100.00
TERMS Date Incurred	Date Due	lr	nterest Rate	Secured:
08 / 14 / 1984		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 Empl	oyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	,	
2. Full Name (Last, First, Middle Initial)		Name of Empl	oyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	,	
3. Full Name (Last, First, Middle Initial)		Name of Empl	oyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Empl	oyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	,	
SUBTOTALS This Period This Page (optional	l)		· [.	100.00
OTALS This Period (last page in this line or	ıly)		· [.	
Carry outstanding balance only to LINE 3, Se	chedule D, for this line. If	no Schedule D,	, carry forwar	d to appropriate line of Summary.

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

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

AME OF COMMITTEE (In Full)		Trans	 nsaction ID : LOAN0000018611
lational Democratic Policy Com	nmittee	Irai	isaction id : LOAN0000018611
ational Democratic Folicy Con	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		
LOAN SOURCE Full Name (Last, First,	, Middle Initial)	[PERSONAL FUNDS]	
WILLIAM O MC KAY			Primary
Mailing Address			General Other (specify) ▼
Mailing Address 4627 W 137TH PL			Other (Specify)
City HAWTHORNE	State CA ZIP Co	ode 90250	
Original Amount of Loan	Cumulative Payment To		ance Outstanding at Close of This Period
1000.00		0.00	
1000.00		0.00	1000.00
TERMS	D-1- D	letered Det	0
Date Incurred	Date Due		
08 17 1984	11 17	1985 0.00	9/2 (apr) Yes X NO
List All Endorsers or Guarantors (if an	and to Loop Course		
Full Name (Last, First, Middle Initial)		Name of Employer	
1. I dii Mariic (Last, 1 not, Middle initial)		Name of Employer	
Mailing Address		Occupation	
	=:= -	Amount	
City State	te ZIP Code	Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
2.1 4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		110	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed	
City State	e ZIF Gude	Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
•			
Mailing Address		Occupation	
City State	te ZIP Code	Amount Guaranteed	
Oily District	J 2 0000	Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	te ZIP Code	Guaranteed	
•		Outstanding:	7
JBTOTALS This Period This Page (option	nal)	<u> </u>	1000.00
TALC This Devied (last page in this line	anl: ()		
OTALS This Period (last page in this line	only)		
arry outstanding balance only to LINE 3,	Schedule D, for this line. If	no Schedule D, carry for	ward to appropriate line of Summary.
Carry outstanding balance only to LINE 3,	, Schedule D, for this line. If	no Schedule D, carry for	ward to appropriate line of Summar

SCHEDULE C (FEC Form 3X)

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	ge TON LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Tra	Insaction ID : LOAN0000018612
National Democratic Policy Com	ımıttee		
LOAN SOURCE Full Name (Last, First, ALFRED MONTEROS	Middle Initial)	[PERSONAL FUNDS	g Election: 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 Ba	lance Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS Date Incurred	Date Due	Interest Ra	ate Secured:
M 08 / D 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		1984 0.0	
List All Endorsers or Guarantors (if any	y) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	9
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	
UBTOTALS This Period This Page (option	nal)	>	1000.00
OTALS This Period (last page in this line	only)	>	
Carry outstanding balance only to LINE 3.	Schedule D. for this line, If	no Schedule D. carry fo	rward 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 Suffillary	raye			0, 1
AME OF COMMITTEE (In Full)			Transactio	n ID : LOAN00	00018817	
National Democratic Policy Committee						
LOAN SOURCE Full Name (Last, First, Middle Initi	al)	[PERSONAL FUN		tion: Primary General		
Mailing Address 5343 CALLISTER AVE				Other (specify)	▼	
City SACRAMENTO State		le 95819				
Original Amount of Loan Cumu	ative Payment To I	Date	Balance O	utstanding at C	lose of Thi	s Period
1000.00		0.00	<u> </u>		1000.	.00
TERMS Date Incurred	Date Due	Interest	Rate		Secured:	
08 / 20 / Y 1984 11	/ D D / Y	1984	0.00	% (apr)	Yes	No
List All Endorsers or Guarantors (if any) to Loan						
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 (Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State ZIP (Code	Amount Guaranteed Outstanding:	- 1]
SUBTOTALS This Period This Page (optional)				7	1000.	00
Carry outstanding balance only to LINE 3, Schedule D	, for this line. If n	no Schedule D, carry	forward to	o appropriate	line of Sur	nmary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary P	age FOR LINE	13 OF FORM 3X
AME OF COMMITTEE (In Full)		Tı	ansaction ID : LOAN(000019945
National Democratic Policy Con				
LOAN SOURCE Full Name (Last, First IAN MC CLASHAN	, Middle Initial)	[PERSONAL FUND	SJ Election: Primary General	
Mailing Address 245 W LORRAINE ST A	PT 121		Other (specify	√) ▼
City GLENDALE	State CA ZIP Co	de ₉₁₂₀₂		
Original Amount of Loan	Cumulative Payment To	Date E	alance Outstanding at	Close of This Period
1500.00		0.00		1500.00
TERMS Date Incurred	Date Due	Interest F	eato.	Secured:
09 / 10 / 1984		VVV	.00 % (apr)	Yes No
List All Endorsers or Guarantors (if ar	ny) to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	.,,	
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City Stat	e ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City Stat	e ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City Stat	e ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (option	nal)	>		1500.00
TOTALS This Period (last page in this line	only)	<u> </u>		,
Carry outstanding balance only to LINE 3,	Schedule D, for this line. If	no Schedule D, carry f	orward to appropriate	e line of Summary.

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

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

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

		Detailed Summary	Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)			Transactio	on ID : LOAN0000021171
National Democratic Policy Comr				
LOAN SOURCE Full Name (Last, First, MARILYN PEARSON	Middle Initial)	[PERSONAL FUN		tion: Primary General
Mailing Address RR 1				Other (specify) ▼
City SPENCER	State IA ZIP Cod	de 51301		
Original Amount of Loan	Cumulative Payment To	Date	Balance C	Outstanding at Close of This Period
1000.00		100.00		900.00
TERMS Date Incurred	Date Due	Interest	Rate	Secured:
09 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	03 / 28 / Y	1985	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of 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:	7	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		7
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	1 7	
SUBTOTALS This Period This Page (optiona	I)			900.00
OTALS This Period (last page in this line of	nly)	>		7
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no Schedule D, carry	forward t	o appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Suffillary F	age 1 or 1 or 1 or 11
AME OF COMMITTEE (In Full) National Democratic Policy Committe	<u> </u>	Т	ransaction ID : LOAN0000021412
valional Democratic Folicy Committee	, C		
LOAN SOURCE Full Name (Last, First, Middle MARJORIE CZECZOK	e Initial)	[PERSONAL FUND	DSJ Election: Primary
William College			General
Mailing Address 820 LAKE ST S			Other (specify)
		de 98033	
Original Amount of Loan	Cumulative Payment To	Date E	Balance Outstanding at Close of This Period
250.00	7	50.00	200.00
TERMS Date Incurred	Date Due	Interest F	Rate Secured:
	M / D D / Y	VVV	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to L	oan 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 Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	7
UBTOTALS This Period This Page (optional)		<u></u>	200.00
OTALS This Period (last page in this line only)		>	
Carry outstanding balance only to LINE 3, Sched	ule D, for this line. If	no Schedule D, carry	forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

	Detailed Summary Page
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000022667
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) ROBERT A FUDO	[PERSONAL FUNDS] Election: Primary General
Mailing Address 24922 MUIRLANDS SP 36	Other (specify) ▼
City EL TORO State CA	ZIP Code 92630
Original Amount of Loan Cumulative I	Payment To Date Balance Outstanding at Close of This Period
750.00	0.00 750.00
TERMS Date Incurred	Date Due Interest Rate Secured:
M = M / D = D / Y = Y = Y = Y = M = M / D =	2 / 1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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 t	his line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Page FOR LINE 13 OF FORM 32
ME OF COMMITTEE (In Full)		Transaction ID: LOAN0000023300
ational Democratic Policy Com	imittee	
LOAN SOURCE Full Name (Last, First, H WYVONNE LANDRY	Middle Initial)	[PERSONAL FUNDS] Election: Primary General
Mailing Address 18346 COLLINS ST #17		Other (specify) ▼
City TARZANA	State CA ZIP (Code 91356
Original Amount of Loan	Cumulative Payment	
800.00		0.00
TERMS	Data Da	- Interest Date
Date Incurred 10 25 1984	Date Du 01 25	Interest Rate Y 1985 O.00 W (apr) Yes
List All Endorsers or Guarantors (if an	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
JBTOTALS This Period This Page (option	nal)	800.00
OTALS This Period (last page in this line	only)	>
erry outstanding balance only to LINE 3	Schedule D. for this line	If no Schedule D, carry forward to appropriate line of Summa

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Fa	age · · · · · · · · · · · · · · · · · ·
AME OF COMMITTEE (In Full)	_	Tr	ansaction ID : LOAN0000023612
National Democratic Policy Committe	е		
LOAN SOURCE Full Name (Last, First, Middle	Initial)	[PERSONAL FUND	SI Election:
JACOB S PAINTER	,	[I LNSONAL I OND	Primary
			General
Mailing Address 4371 SUNRISE DR			Other (specify)
43/1 SUNRISE DR			Caron (openity) V
City CASPER St.	ate WY ZIP Co	de 82604	
Original Amount of Loan	Cumulative Payment To	Date B	alance Outstanding at Close of This Period
250.00		0.00	250.00
7 7 7			7 7
TERMS Date Incurred	Date Due	Interest R	ate Secured:
M M / D D / Y Y Y Y M	M / D D / Y	Y	.00
10 22 1984 01	22	1985	% (apr) Yes X No
List All Endorsers or Guarantors (if any) to L	oan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	ZIP Code	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	Amount Guaranteed	
Oily State .	iii code	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	
IVIAIIIII Audi ess		Occupation	
		Amount	
City State 2	ZIP Code	Guaranteed	
		Outstanding:	
		ı	
		Г	252.22
SUBTOTALS This Period This Page (optional)		>	250.00
OTALS This Period (last page in this line only)			
CIALO TINO I CHOU (last page in this line offly)			
Carry outstanding balance only to LINE 3, Sched	ule 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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Page FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	***	Transaction ID : LOAN0000023623
lational Democratic Policy Con	nmittee	
LOAN SOURCE Full Name (Last, First RONALD A BOWDEN	, Middle Initial)	[PERSONAL FUNDS] Election: Primary General
Mailing Address 46 SOMERSET AVE		Other (specify) ▼
City RIVERSIDE	State RI ZIP C	Code 02915
Original Amount of Loan	Cumulative Payment 1	
1000.00		0.00 1000.00
TERMS		
Date Incurred 10	Date Du	e Interest Rate Secured: 1985 0.00 % (apr) Yes X
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 Stat	e ZIP Code	Amount Guaranteed Outstanding:
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 (optio	nal)	1000.00
OTALS This Period (last page in this line	only)	>
arry outstanding balance only to LINE 3	Schedule D. for this line	If no Schedule D, carry forward to appropriate line of 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 raye			٥, ١
AME OF COMMITTEE (In Full) National Democratic Policy Committee			Transa	action ID : LOAN00	00023624	
•						
LOAN SOURCE Full Name (Last, First, Middle Initia BRYCE JONES		[PERSONAL FU	JNDSJ	Election: Primary General		
Mailing Address 213 W OAKRIDGE DR				Other (specify)	▼	
City FARMINGTON State U	T ZIP Co	de 84025				
Original Amount of Loan Cumula	tive Payment To	Date	Baland	ce Outstanding at 0	Close of Th	is Period
1000.00		0.00			1000	.00
TERMS Date Incurred	Date Due	Intere	st Rate		Secured:	
10 / 22 / 1984 01 / O1		1985	0.00	% (apr)	Yes	X No
List All Endorsers or Guarantors (if any) to Loan S	Source					
Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State ZIP C	ode	Amount Guaranteed Outstanding:		, , , ,		
2. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State ZIP C	ode	Amount Guaranteed Outstanding:		, , , , ,		
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State ZIP C	ode	Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State ZIP C	ode	Amount Guaranteed Outstanding:]
COTALS This Period This Page (optional)		>		7	1000	
Carry outstanding balance only to LINE 3, Schedule D,	for this line. If	no Schedule D, car	ry forwa	rd to appropriate	line of Su	mmary.

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

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FOR LINE 13 OF FORM 3X

		Detailed S	Summary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		-	Trans	action ID : LOAN0000023627
National Democratic Policy Comr				
LOAN SOURCE Full Name (Last, First, MRS BRYCE JONES	Middle Initial)	[PERSO	NAL FUNDS]	Election: Primary General
Mailing Address 213 W OAKRIDGE DR				Other (specify) ▼
City FARMINGTON	State UT ZIP Cod	de 84025		
Original Amount of Loan	Cumulative Payment To	Date	Balan	nce Outstanding at Close of This Period
1000.00		0.0	00	1000.00
TERMS Date Incurred	Date Due		Interest Rate	Secured:
10 / 22 / 1984		1985	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of En	nployer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		7 7
2. Full Name (Last, First, Middle Initial)		Name of Em	nployer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		77
3. Full Name (Last, First, Middle Initial)		Name of Em	nployer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		7
4. Full Name (Last, First, Middle Initial)		Name of Em	nployer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optiona	l)			1000.00
OTALS This Period (last page in this line of	nly)		>	
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no Schedule	D, carry forwa	ard to appropriate line of Summary.

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

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

Use separate schedule(s) for each category of the

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		Detailed Summary	Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)			Transacti	ion ID : LOAN0000023683
National Democratic Policy Comn	nittee			
LOAN SOURCE Full Name (Last, First, MAMY G BRAINARD	fiddle Initial)	[PERSONAL FUI	NDSJ Ele	ection: Primary General
Mailing Address 1202 S GLADYS AVE				Other (specify)
City SAN GABRIEL	State CA ZIP Cod	de 91776		
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	Interes	t Rata	Secured:
10 25 / 1984		1985	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of 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:	- T	7
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	1)	>		1000.00
OTALS This Period (last page in this line or	nly)	>		7 1 7 1 7
Carry outstanding balance only to LINE 3, Se	chedule D, for this line. If	no Schedule D, carr	y 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 Pa	ge TON EINE 13 OF FORIW 3X
AME OF COMMITTEE (In Full)	· mitto o	Tra	ensaction ID : LOAN0000024453
National Democratic Policy Com	millee		
LOAN SOURCE Full Name (Last, First,	Middle Initial)	[PERSONAL FUNDS	Election:
JAMES HOWARD PETERS	•	[LIGOTAL FORDO	Primary
			General
Mailing Address 2380 GRANADA AVE			Other (specify) ▼
City LONG BEACH		ode 90815	
Original Amount of Loan	Cumulative Payment To	Date Ba	lance Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS Date Incurred	Date Due	Interest Ra	ate Secured:
M M / D D / Y Y Y Y		VVV	
11 26 1984	05 26	1985 0.0	% (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	e ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	e ZIP Code	Guaranteed	
		Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	e ZIP Code	Guaranteed	
		Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	e ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (option	nal)	΄ , Γ	1000.00
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TOTALS This Period (last page in this line	only)	······	
Carry outstanding balance only to LINE 3,	Schedule D, for this line. If	no Schedule D, carry fo	rward 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 Summ	ary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)			Transac	etion ID : LOAN0000024908
National Democratic Policy Comn				
LOAN SOURCE Full Name (Last, First, M LARS THELANDER	fiddle Initial)	[PERSONAL I	FUNDS]	lection:
LARS THELANDER				Primary General
Mailing Address 14 MOUNT CASTLE PL				Other (specify)
	717.0			
City JOHNSON CITY		de 37601		
Original Amount of Loan	Cumulative Payment To	Date	Balance	e Outstanding at Close of This Period
500.00		0.00		500.00
TERMS Date Incurred	Date Due	Inte	rest Rate	Secured:
11 02 1984	02 / D D / Y	1985	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employe	er	
Mailing Address	_	Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employe	er	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed		
City State	ZIP Gode	Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employe	er	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		7
4. Full Name (Last, First, Middle Initial)		Name of Employe	er	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
1				
SUBTOTALS This Period This Page (optional	i)	>		500.00
OTALS This Period (last page in this line or	ıly)	>		
Carry outstanding balance only to LINE 3, Se	chedule D, for this line. If	no Schedule D, ca	arry forwar	d to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	POR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	mmitto o	Tra	nsaction ID : LOAN0000025202
ational Democratic Policy Co	mmulee		
LOAN SOURCE Full Name (Last, Fir ALMA G UBER	st, Middle Initial)	[PERSONAL FUNDS]	Election: Primary General
Mailing Address 3447 STERNE ST			Other (specify)
City SAN DIEGO	State CA ZIP C	Code 92106	
Original Amount of Loan	Cumulative Payment		ance Outstanding at Close of This Perio
500.00		0.00	500.00
TERMS			
Date Incurred 11 07 1984	Date Du 05 / 07	ne Interest Rat 1985 0.0	
List All Endorsers or Guarantors (if	any) to Loan Source		
1. Full Name (Last, First, Middle Initia	(اھ	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , ,
2. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	7.1.7.1.8.1
3. Full Name (Last, First, Middle Initia	1)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initia	()	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	g
JBTOTALS This Period This Page (opt			500.00
arry outstanding balance only to LINE	3, Schedule D, for this line.	If no Schedule D, carry for	ward to appropriate line of Summary

SCHEDULE C (FEC Form 3X)

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

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FOR LINE 13 OF FORM 3X

		Detailed Suffillary F	age
AME OF COMMITTEE (In Full) National Democratic Policy Comi	mittee	т	ransaction ID: LOAN0000026096
national Democratic Folicy Com	IIIIIIGG		
LOAN SOURCE Full Name (Last, First, GABRIEL DICK	Middle Initial)	[PERSONAL FUND	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 E	Balance Outstanding at Close of This Period
500.00		0.00	500.00
TERMS Date Incurred	Date Due	Interest F	Rate Secured:
11 30 1984	12 / 30 / Y	V V V	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			500.00
Carry outstanding balance only to LINE 3, \$	Schedule D, for this line. If	no Schedule D, carry f	orward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pa	ige TOTT EINE 13 OF TOTTIVI 3X
AME OF COMMITTEE (In Full)	nitto o	Tra	ansaction ID : LOAN0000032658
National Democratic Policy Comm	iiilee		
LOAN SOURCE Full Name (Last, First, N JOHN PRICE	fiddle Initial)	[PERSONAL FUNDS	Election: Primary General
Mailing Address 101 S COTTAGE RD			Other (specify) ▼
City STERLING	State VA ZIP Co	de 22170	
Original Amount of Loan	Cumulative Payment To	Date Ba	alance Outstanding at Close of This Period
750.00	7	0.00	750.00
TERMS	Data Dua	Interest D	oto Societado
Date Incurred Mark Mark Date Date	Date Due	Interest Ra 1986 0.	secured: % (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:	9
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
GUBTOTALS This Period This Page (optional TOTALS This Period (last page in this line or Carry outstanding balance only to LINE 3. So	nly)	>	750.00 41400.00 prward to appropriate line of Summary.
Carry outstanding balance only to LINE 3, So	chedule D, for this line. If	no Schedule D, carry fo	orward to appropriate line of Summary.

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 City 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 198.49 0.00 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 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 139.00 0.00 349.99 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 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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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EQUIPMENT RENTAL AUDIO VISUAL CENTER** Mailing Address 235 NORTH BROAD STREET State Zip Code PA **PHILADELPHIA** 19107 Transaction ID: INV6010000112091 Outstanding Balance Beginning This Period 25.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 25.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EQUIPMENT RENTAL** AUDIO VISUAL HEADQUARTERS CORP Mailing Address 361 NORTH OAK STREET City State Zip Code **INGLEWOOD** 90301 CA Outstanding Balance Beginning This Period Transaction ID: INV6010000112092 11.08 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 11.08 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EQUIPMENT RENTAL** AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City State Zip Code **DALLAS** 75207 TX Transaction ID: INV6010000112093 Outstanding Balance Beginning This Period 65.64 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 65 64 0.00 101.72 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 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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LACIDATING LOGIIS			numbered	line)	 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee		•		
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			e of Debt (Purpose):	
BANK OF THE COMMONWEA	MIS	C. EXPENSE			
Mailing Address PO BOX 32900					
City State	Zip Code				
DETROIT	MI	48232			
			Tre	nsaction ID : INV6010000112	2005
Outstanding Balance Beginning This Period			•••	1134011011110 : 11440010000112	2033
1430.00					
	_		_		
Amount Incurred This Period	Pay	ment This Period	Oi	standing Balance at Close of	This Period
0.00			0.00	1	430.00
,	,	,		,	
B. Full Name (Last, First, Middle Initial) of Debtor BELMONT RESTAURANT	or Creditor			re of Debt (Purpose): DM RENTALS	
Mailing Address 541 LEXINGTON AVE.					
City State	Zip Code				
NEW YORK	NY	10022			
Outstanding Balance Beginning This Period			T	ansaction ID : INV601000011	2096
110.00					
Amount Incurred This Period	Pay	ment This Period	Οι	tstanding Balance at Close of	f This Period
0.00			0.00		110.00
, ,	,	,		, , ,	
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			re of Debt (Purpose): DM RENTALS	
Mailing Address P.O. BOX 1440					
0::		7: 0 !			
City	State	Zip Code			
DENVER	СО	80201			
Outstanding Balance Beginning This Period			T	ansaction ID : INV601000011	2097
272.00					
273.00					
Amount Incurred This Period	Pay	ment This Period	Οι	standing Balance at Close of	This Period
0.00			0.00		273.00
0.00			0.00	7	273.00
			Г		1042.00
1) SUBTOTALS This Period This Page (optional)			······ <u> </u>		1813.00
2) TOTALS This Period (last page this line number	only)				
2) TOTAL OUTSTANDING LOANS from Cabadala	C (loot name a	alv)			41400.00
3) TOTAL OUTSTANDING LOANS from Schedule	(last page of	(IIIy)	P		
4) ADD 2) and 3) and carry forward to appropriate	only) ▶	4	1400.00		

Excluding Loans

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

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	OF COMMITTEE (In Full) Onal Democratic Policy Committe	e			
A.	Full Name (Last, First, Middle Initial) of Debtor BRUKOFF, BERAS & STEWAR		Debt (Purpose): EES-ZIEGLER/CONG		
Mai	ling Address 3000 TOWN CENTER SUITE 2550				
City SO	r State UTHFIELD	Zip Code MI	48075		
	Outstanding Balance Beginning This Period 285.00			Transa	ction ID : INV6010000112099
l'	Amount Incurred This Period	Pay	ment This Period	Outstar	ding Balance at Close of This Period 285.00
R	Full Name (Last, First, Middle Initial) of Debtor of	or Creditor			Debt (Purpose):
	CAMPAIGNER PUBLICATIONS	or Greditor			RELATIONS SERVICE
	lling Address P.O. BOX 17726				
City WA	State SHINGTON	Zip Code DC	20041		
	Outstanding Balance Beginning This Period 2700.00			Transa	action ID : INV6010000111880
П	Amount Incurred This Period	Pay	ment This Period	Outstar	ding Balance at Close of This Period
[0.00		, (0.00	2700.00
C.	Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS			Nature of RENT	Debt (Purpose):
Mai	ling Address P.O. BOX 17726				
City WA	ASHINGTON	State DC	Zip Code 20041		
	Outstanding Balance Beginning This Period 64.51			Transa	action ID : INV6010000111909
1,	Amount Incurred This Period	Pay	ment This Period	Outstar	ding Balance at Close of This Period
L	0.00	7	,	0.00	64.51
1) SL	JBTOTALS This Period This Page (optional)			>	3049.51
2) TC	OTALS This Period (last page this line number of	only)		>	
3) TC	OTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)	}	41400.00
4) AE	DD 2) and 3) and carry forward to appropriate li	ne of Summa	ry Page (last page o	only) ►	41400.00

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code DC WASHINGTON 20041 Transaction ID: INV6010000111912 Outstanding Balance Beginning This Period 1567.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1567.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000111913 60.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 60.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 Zip Code City State WASHINGTON DC 20041 Transaction ID: INV6010000111914 Outstanding Balance Beginning This Period 7316.85 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 7316.85 0.00 8943.85 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 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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	F COMMITTEE (In Full) nal Democratic Policy Committe	е			
	ull Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS			Nature of RENT	f Debt (Purpose):
Mailir	ng Address P.O. BOX 17726				
City WAS	State HINGTON	Zip Code DC	20041		
Ou	ststanding Balance Beginning This Period 800.00			Transa	ction ID : INV6010000111915
ŀ	Amount Incurred This Period 0.00	Pay	ment This Period	Outstar	ading Balance at Close of This Period 800.00
	III Name (Last, First, Middle Initial) of Debtor (CAMPAIGNER PUBLICATIONS	or Creditor			f Debt (Purpose): COPIER USAGE
Mailir City	ng Address P.O. BOX 17726	Zip Code			
1 1	HINGTON	DC DC	20041		
Ou	ststanding Balance Beginning This Period 250.00			Transa	action ID : INV6010000111916
1 -	Amount Incurred This Period	Pay	ment This Period	Outstar	nding Balance at Close of This Period
	0.00		C	0.00	250.00
	full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS				f Debt (Purpose): DMMUNICATIONS
Mailir	ng Address P.O. BOX 17726				
City WAS	SHINGTON	State DC	Zip Code 20041		
Ou	ststanding Balance Beginning This Period			Transa	action ID : INV6010000111917
	Amount Incurred This Period 0.00	Pay	ment This Period	Outstar 0.00	nding Balance at Close of This Period 1000.00
1) SUE	STOTALS This Period This Page (optional)			>	2050.00
2) TOT	ALS This Period (last page this line number of	only)		>	7
3) TOT	TAL OUTSTANDING LOANS from Schedule C	(last page or	nly)	>	41400.00
4) ADE	2) and 3) and carry forward to appropriate li	ne of Summa	ry Page (last page o	only) ▶	41400.00

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): PRESS RELATIONS SERVICE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code DC WASHINGTON 20041 Transaction ID: INV6010000111918 Outstanding Balance Beginning This Period 8170.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 8170.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000111919 1310.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1310.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 Zip Code City State WASHINGTON DC 20041 Transaction ID: INV6010000111920 Outstanding Balance Beginning This Period 11948.30 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 11948.30 0.00 21428.30 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 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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AME OF COMMITTEE (In Full) National Democratic Policy Committe	ee	
A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS		Nature of Debt (Purpose): RENT
Mailing Address P.O. BOX 17726		
City State	Zip Code	
WASHINGTON	DC 20041	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000111921
800.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Perio
0.00	C	0.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
CAMPAIGNER PUBLICATIONS		PHOTOCOPIER USAGE
Mailing Address P.O. BOX 17726		
City State	Zip Code	
WASHINGTON	DC 20041	
Outstanding Balance Beginning This Period		Transaction ID: INV6010000111922
250.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Perio
0.00	0	250.00
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS		Nature of Debt (Purpose): TELECOMMUNICATIONS
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	Payment This Period	Outstanding Balance at Close of This Perio
0.00	(0.00 1000.00
) SUBTOTALS This Period This Page (optional)		2050.00
, COSTOTALO THIS I CHOU THIS Fage (optional)		
t) TOTALS This Period (last page this line number of	only)	····
) TOTAL OUTSTANDING LOANS from Schedule C	(last page only)	> 41400.00
) ADD 2) and 3) and carry forward to appropriate li	ine of Summary Page (last page o	only) ▶ 41400.00

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 150.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 Zip Code City State WASHINGTON DC 20041 Transaction ID: INV6010000111926 Outstanding Balance Beginning This Period 30.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 30.00 0.00 8350.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code DC WASHINGTON 20041 Transaction ID: INV6010000111927 Outstanding Balance Beginning This Period 5852.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5852.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000112054 13773.65 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 13773.65 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 Zip Code City State WASHINGTON DC 20041 Transaction ID: INV6010000112055 Outstanding Balance Beginning This Period 302.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 302 50 0.00 19928.15 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 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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	OF COMMITTEE (In Full) ional Democratic Policy Committe	e			
A.	Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS			Nature of SUBSC	of Debt (Purpose): RIPTIONS PURCHASE
Ma	ailing Address P.O. BOX 17726				
Ci W	ty State /ASHINGTON	Zip Code DC	20041		
	Outstanding Balance Beginning This Period 7910.00			Transa	action ID : INV6010000112056
	Amount Incurred This Period	Pay	ment This Period	Outsta	nding Balance at Close of This Period 7910.00
		7			, , , , , , , , , , , , , , , , , , , ,
B.	Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	or Creditor		Nature of ADVER	of Debt (Purpose): TISING
	ailing Address P.O. BOX 17726				
Ci W	ty State ASHINGTON	Zip Code DC	20041		
	Outstanding Balance Beginning This Period 40.00			Trans	action ID : INV6010000112057
	Amount Incurred This Period	Pay	ment This Period	Outsta	nding Balance at Close of This Period
	0.00		C	0.00	40.00
C.	Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS				of Debt (Purpose): RIPTIONS PURCHASE
Ma	ailing Address P.O. BOX 17726				
Ci W	ty /ASHINGTON	State DC	Zip Code 20041		
	Outstanding Balance Beginning This Period 7989.60			Trans	action ID : INV6010000112058
	Amount Incurred This Period	Pay	ment This Period	Outsta	nding Balance at Close of This Period
	0.00		(0.00	7989.60
1) S	SUBTOTALS This Period This Page (optional)				15939.60
2) T	OTALS This Period (last page this line number of	only)		>	
3) T	OTAL OUTSTANDING LOANS from Schedule C	(last page o	nly)	>	41400.00
4) A	ADD 2) and 3) and carry forward to appropriate li	ne of Summa	ary Page (last page o	only) ▶	41400.00

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 CAMPAIGNER PUBLICATIONS			Nature of I RENT	Debt (Purpose):			
Mailing Address P.O. BOX 17726	Mailing Address P.O. BOX 17726						
City State WASHINGTON	Zip Code DC	20041					
Outstanding Balance Beginning This Period 800.00			Transact	tion ID : INV6010000112059			
Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period			
0.00	,	,	0.00	800.00			
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS				Debt (Purpose): IMUNICATIONS			
Mailing Address P.O. BOX 17726							
City State WASHINGTON	Zip Code DC	20041					
Outstanding Balance Beginning This Period 1000.00			Transac	etion ID : INV6010000112060			
Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period			
0.00			0.00	1000.00			
C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS			Nature of I RENT	Debt (Purpose):			
Mailing Address P.O. BOX 17726							
City WASHINGTON	State DC	Zip Code 20041					
Outstanding Balance Beginning This Period 800.00			Transac	ction ID : INV6010000112061			
Amount Incurred This Period	Pay	ment This Period		ing Balance at Close of This Period			
0.00			0.00	800.00			
1) SUBTOTALS This Period This Page (optional)			>	2600.00			
2) TOTALS This Period (last page this line number	only)		>	7			
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	nly)	>	41400.00			
4) ADD 2) and 3) and carry forward to appropriate	only) 🕨	41400.00					

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELECOMMUNICATIONS** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code WASHINGTON 20041 Transaction ID: INV6010000112062 Outstanding Balance Beginning This Period 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1000.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **RENT** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000112063 800.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 800.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELECOMMUNICATIONS** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 Zip Code City State WASHINGTON DC 20041 Transaction ID: INV6010000112064 Outstanding Balance Beginning This Period 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1000.00 0.00 2800.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** CAPITOL PLAZA Mailing Address 240 WEST STATE STREET State Zip Code **TRENTON** 08608 Transaction ID: INV6010000112103 Outstanding Balance Beginning This Period 93.10 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 93.10 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** CAPITOL PLAZA HOTEL Mailing Address HOLIDAY INN 300 J STREET State City Zip Code **SACRRAMENTO** CA 95814 Outstanding Balance Beginning This Period Transaction ID: INV6010000112102 15.78 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 15.78 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** 10101 NY Transaction ID: INV6010000112274 Outstanding Balance Beginning This Period 8023.57 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 8023.57 0.00 8132.45 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

(Use separate schedule(s) for each

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excluding Loans			numb	pered line)	 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee		•		
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor				ebt (Purpose):
CAUCUS DISTRIBUTORS INC				MTG PLANNING FEES & EXPNS	
Mailing Address PO BOX 748 RADIO CITY STATION					
City State	Zip Code				
NEW YORK	NY	10101			
Outstanding Balance Beginning This Period				Transactio	on ID : INV6010000112275
1529.35					
1023.00					
Amount Incurred This Period	Pay	ment This Period		Outstandin	g Balance at Close of This Period
0.00	,	,	0.00		1529.35
B. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor			Nature of De	ebt (Purpose): CE RENT
Mailing Address PO BOX 748					
RADIO CITY STATION City State	Zip Code				
NEW YORK	NY	10101			
Outstanding Balance Beginning This Period				Transacti	on ID : INV6010000112281
2614.35					
Amount Incurred This Period	Pay	ment This Period		Outstandin	g Balance at Close of This Period
0.00	,		0.00		2614.35
C. Full Name (Last, First, Middle Initial) of Debto					ebt (Purpose): TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION					
City	State	Zip Code			
NEW YORK	NY	10101			
Outstanding Balance Beginning This Period				Transacti	on ID : INV6010000112282
9834.85					
Amount Incurred This Period	Pav	ment This Period		Outstandin	g Balance at Close of This Period
			0.00	-	
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)		>		7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page or	ly)			41400.00
4) ADD 2) and 3) and carry forward to appropriate		41400.00			

Excluding Loans

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

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	F COMMITTEE (In Full) nal Democratic Policy Committe	ее				
	ull Name (Last, First, Middle Initial) of Debtor	Nat M7	Nature of Debt (Purpose): MTG PLANNING FEES & EXPNS			
Mailin	g Address PO BOX 748 RADIO CITY STATION					
City NEW	State YORK	Zip Code NY	10101			
Ou	tstanding Balance Beginning This Period 235.00			Tı	ransaction ID : IN	V6010000112283
	Amount Incurred This Period	Pay	ment This Period	0	utstanding Balance	e at Close of This Period
	0.00			0.00		235.00
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.				ure of Debt (Purpo	
Mailin	g Address PO BOX 748 RADIO CITY STATION					
City NEW	State YORK	Zip Code NY	10101			
Ou	tstanding Balance Beginning This Period 2614.35			1	Fransaction ID : IN	IV6010000112284
	Amount Incurred This Period	Pay	ment This Period	0	utstanding Balance	e at Close of This Period
	0.00			0.00		2614.35
	ull Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.				ure of Debt (Purpo .D OFFC TELEPHO	
Mailin	g Address PO BOX 748 RADIO CITY STATION					
City NEW	YORK	State NY	Zip Code 10101			
Ou	tstanding Balance Beginning This Period			7	Γransaction ID : IN	IV6010000112285
	7844.75 Amount Incurred This Period	Pay	ment This Period	0	utstanding Balance	e at Close of This Period
	0.00	7		0.00		7844.75
1) SUB	TOTALS This Period This Page (optional)			<u>+</u>		10694.10
2) TOT.	ALS This Period (last page this line number	only)		<u></u>		
3) TOT.	AL OUTSTANDING LOANS from Schedule C	C (last page or	nly)	>		41400.00
4) ADD	2) and 3) and carry forward to appropriate I	only) ▶		41400.00		

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 CAUCUS DISTRIBUTORS INC.	Na F	Nature of Debt (Purpose): FIELD OFFICE RENT			
	Mailing Address PO BOX 748 RADIO CITY STATION					
	City State NEW YORK	Zip Code NY	10101			
	Outstanding Balance Beginning This Period 2614.35				Transaction	ID : INV6010000112286
	Amount Incurred This Period	Pay	ment This Period		Outstanding I	Balance at Close of This Period
	0.00			0.00		2614.35
	B. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor			ature of Debt LD OFFC TE	(Purpose): LEPHONE USAGE
	Mailing Address PO BOX 748 RADIO CITY STATION					
	City State NEW YORK	Zip Code NY	10101			
	Outstanding Balance Beginning This Period 5250.00				Transaction	ID: INV6010000112287
	Amount Incurred This Period	Pay	ment This Period		Outstanding I	Balance at Close of This Period
	0.00			0.00		5250.00
	C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor			ature of Debt MTG PLANNII	(Purpose): NG FEES & EXPNS
	Mailing Address PO BOX 748 RADIO CITY STATION	0	7: 0.1			
	City NEW YORK	State NY	Zip Code 10101			
	Outstanding Balance Beginning This Period 1151.71				Transaction	ID : INV6010000112288
	Amount Incurred This Period	Pay	ment This Period		Outstanding I	Balance at Close of This Period
	0.00			0.00	,	1151.71
1)	SUBTOTALS This Period This Page (optional)			>	L,	9016.06
2)	TOTALS This Period (last page this line number of	only)		>		
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)		<u></u>	41400.00
4)	ADD 2) and 3) and carry forward to appropriate lin	only) ▶	Li.,	41400.00		

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): FIELD OFFICE RENT CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION State Zip Code **NEW YORK** 10101 Transaction ID: INV6010000112289 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: INV6010000112290 2296.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2296.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** 10101 NY Transaction ID: INV6010000112291 Outstanding Balance Beginning This Period 10085.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 10085.00 0.00 14995.35 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each

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	E OF COMMITTEE (In Full) tional Democratic Policy Committe	е			
A.	. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of	Debt (Purpose):
	CAUCUS DISTRIBUTORS INC.	FIELD O	FFICE RENT		
M	ailing Address PO BOX 748				
C	RADIO CITY STATION ity State	Zip Code			
	EW YORK	NY	10101		
	Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000112292
	2200.00				
	Amount Incurred This Period	Pay	ment This Period	Outstan	ding Balance at Close of This Period
	0.00			0.00	2200.00
В.	Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor			Debt (Purpose): FFICE RENT
М	ailing Address PO BOX 748 RADIO CITY STATION				
	ity State	Zip Code			
N	EW YORK	NY	10101		
	Outstanding Balance Beginning This Period 2000.00			Transa	ction ID : INV6010000112293
	Amount Incurred This Period	Pov	ment This Period	Outoton	ding Balance at Close of This Period
		Гау			
	0.00		(0.00	2000.00
C	. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.				Debt (Purpose): FC TELEPHONE USAGE
М	ailing Address PO BOX 748 RADIO CITY STATION				
С	ity	State	Zip Code		
N	IEW YORK	NY	10101		
	Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000112294
	9170.00				
	Amount Incurred This Period	Pay	ment This Period	Outstan	ding Balance at Close of This Period
	0.00		(0.00	9170.00
1) 5	SUBTOTALS This Period This Page (optional)			>	13370.00
2) 1	TOTALS This Period (last page this line number of	only)		>	7
3) 1	TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	>	41400.00
4) /	ADD 2) and 3) and carry forward to appropriate I	ine of Summa	y Page (last page o	only) ▶	41400.00

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION State Zip Code **NEW YORK** 10101 Transaction ID: INV6010000112295 Outstanding Balance Beginning This Period 2000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2000.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** NY 10101 Outstanding Balance Beginning This Period Transaction ID: INV6010000112296 9170.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 9170.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MTG PLANNING FEES & EXPNS CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** 10101 NY Transaction ID: INV6010000112297 Outstanding Balance Beginning This Period 2144.91 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2144.91 0.00 13314.91 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 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): ADJUST 1986 TEL USAGE CHG CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION State Zip Code **NEW YORK** 10101 Transaction ID: INV6010000112298 Outstanding Balance Beginning This Period 18135.97 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 18135.97 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **RENT** CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** NY 10101 Outstanding Balance Beginning This Period Transaction ID: INV6010000112299 2000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELEPHONE USAGE** CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** 10101 NY Transaction ID: INV6010000112300 Outstanding Balance Beginning This Period 9170.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 9170.00 0.00 29305.97 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 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 Debtor or Creditor CITICORP				e of Debt (Purpose): C. EXPENSES
	Mailing Address CCSI COLLECTION DEPARTME P.O. BOX C5216	ENT			
	City State MELVILLE	Zip Code NY	11750		
	Outstanding Balance Beginning This Period 760.00			Tran	nsaction ID : INV6010000112302
	Amount Incurred This Period	Pay	ment This Period	Outs	standing Balance at Close of This Period
	0.00			0.00	760.00
	B. Full Name (Last, First, Middle Initial) of Debtor CLIFFORD B KOENIG	or Creditor			e of Debt (Purpose): /EL AND LODGING
	Mailing Address 7195 COOPER SPUR ROAD				
	City State MT HOOD/PARKDALE	Zip Code OR	97041		
	Outstanding Balance Beginning This Period 556.76			Tra	nsaction ID : INV6010000112378
	Amount Incurred This Period	Pay	ment This Period		standing Balance at Close of This Period
	0.00	-1-1-7-		0.00	556.76
	C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL	r or Creditor			e of Debt (Purpose): DM RENTALS
	Mailing Address 123 E. POST RD. (RT 22)				
	City WHITE PLAINS	State NY	Zip Code 10610		
	Outstanding Balance Beginning This Period			Tra	nsaction ID : INV6010000112303
	Amount Incurred This Period	Pay	ment This Period	Outs	standing Balance at Close of This Period
	0.00	,		0.00	120.00
1)	SUBTOTALS This Period This Page (optional)			<u>}</u>	1436.76
2)	TOTALS This Period (last page this line number	only)		<u>}</u>	, , , , ,
3)	TOTAL OUTSTANDING LOANS from Schedule (C (last page o	nly)	>	41400.00
4)	ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page	only) ▶	41400.00

Excluding Loans

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

PAGE FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** 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 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 238.50 0.00 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** 14202 NY Transaction ID: INV6010000112373 Outstanding Balance Beginning This Period 306.35 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 306.35 0.00 694.85 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 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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PAGE 76 OF 142

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	26			
National Democratic Folicy Committee				
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of I	Debt (Purpose):
DAVID KILBUR	POSTAGI			
DAVID KILDUK				
Mailing Address 1901 NORIEGA #5				
City State	Zip Code			
SAN FRANCISCO	CA	0.1400		
SANTRANCISCO	- OA	94122		
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000112376
194.93				
104.00				
Amount Incurred This Period	Paym	ent This Period	Outstand	ing Balance at Close of This Period
0.00			2.00	404.03
0.00			0.00	194.93
			1	
B. Full Name (Last, First, Middle Initial) of Debtor				Debt (Purpose):
DOUBLEWOOD INN BEST WES	STERN		ROOM RE	NTAL
Mailing Address 3333 13TH AVE. SOUTH				
City State	Zip Code			
FARGO	ND	58103		
Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000113252
Culturally Bulance Beginning The Ferred			Transac	311011 1D : 114 4 00 1 0 0 0 0 1 1 3 2 3 2
36.40				
Amount Incurred This Period	Paym	ent This Period	Outstand	ling Balance at Close of This Period
Attribute insured Trib Lenda	r dyn	one mile i chod	Outstand	ing Balance at Close of This Felloa
0.00		(0.00	36.40
		,		,
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of I	Debt (Purpose):
EASTERN STATES DISTRIBU	TORS		FIELD OF	FICE RENT
Mailing Address P.O. BOX 268				
City	State	Zip Code		
DREXEL HILL	PA	19026		
Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000114470
Outstanding Balance Beginning This Period			Halisat	CHOIL ID : 11440010000114470
200.00				
Amount Insured This Davis	Day	ant This Deviced	0	ing Balanca et Class et This Baried
Amount Incurred This Period	Paym	ent This Period	Outstand	ling Balance at Close of This Period
0.00			0.00	200.00
7				
1) SUBTOTALS This Period This Page (optional)				431.33
i, costotato filio i citod filio i age (optioliai)			<u>-</u>	
2) TOTALS This Period (last page this line number	only)			
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2) TOTAL OUTSTANDING LOANS from Cabadida	C (loot page cal-	٨		41400.00
3) TOTAL OUTSTANDING LOANS from Schedule (o (last page only	/)		7
4) ADD 2) and 2) and according to the control of th	line of Commercia	Dogo /last	and a l	41400.00
4) ADD 2) and 3) and carry forward to appropriate	line of Summary	rage (last page d	oniy) 🟲 👚 👢	

Excluding Loans

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PAGE 77 OF 142 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 Debto	Nature of Debt (Purpose):	
EASTERN STATES DISTRIBU	FLD OFFC TELEPHONE USAGE	
Mailing Address P.O. BOX 268		
City State	Zip Code	_
DREXEL HILL	PA 19026	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000114471
Outstanding Datance Deginning This Feriod		
915.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	915.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
EASTERN STATES DISTRIBUT	TORS	FIELD OFFICE RENT
Mailing Address P.O. BOX 268		
City State	Zip Code	-
DREXEL HILL	PA 19026	
Outstanding Release Regioning This Region		T ID
Outstanding Balance Beginning This Period		Transaction ID : INV6010000114472
200.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Allieum meureu mie r eneu		
0.00	0.00	200.00
C. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose):	
EASTERN STATES DISTRIBU	FLD OFFC TELEPHONE USAGE	
Mailing Address P.O. BOX 268		
City	State Zip Code	_
DREXEL HILL	PA 19026	
	174 10020	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000114473
915.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	915.00
OUDTOTAL O This Deviced This Deve (continue)		2030.00
SUBTOTALS This Period This Page (optional)		2000.00
TOTALS This Period (last page this line number		
TOTAL OUTSTANDING LOANS from Schedule	41400.00	
ADD 2) and 3) and carry forward to appropriate	41400.00	

Excluding Loans

(Use separate schedule(s) for each

PAGE 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): 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 915.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **RENT** EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 Zip Code City State DREXEL HILL 19026 PA Transaction ID: INV6010000114476 Outstanding Balance Beginning This Period 200.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 200.00 0.00 1315.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 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) ▶

41400.00

(Use separate schedule(s)

PAGE 79 OF 142 FOR LINE NUMBER:

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	COMMITTEE (In Full) al Democratic Policy Committe	e •e					
	Name (Last, First, Middle Initial) of Debtor ASTERN STATES DISTRIBUT		Nature of De TELEPHON	ebt (Purpose): NE USAGE			
Mailing Address P.O. BOX 268							
City DREXE	State EL HILL	Zip Code PA	19026				
Outs	standing Balance Beginning This Period 915.00			•	Transactio	on ID : INV6010000114	1477
	Amount Incurred This Period	Payr	ment This Period		Outstandin	ng Balance at Close of	This Period
	0.00	,	0	0.00		, , , , ,	915.00
I	Name (Last, First, Middle Initial) of Debtor (or Creditor			Nature of De ROOM REN	ebt (Purpose): NTAL	
Mailing	Address PIER 67						
City SEATT	State LE	Zip Code WA	98121				
Outs	Outstanding Balance Beginning This Period 205.00				Transacti	ion ID : INV601000011	3744
	Amount Incurred This Period	Payr	ment This Period		Outstandin	ng Balance at Close of	This Period
L.	0.00	,	0	.00			205.00
	I Name (Last, First, Middle Initial) of Debtor DWARD CORPUS	or Creditor			Nature of De PRINTING	ebt (Purpose):	
Mailing	Address 1339 MARYLAND ST. APT. 1						
City LOS A	NGELES	State CA	Zip Code 90017				
Outs	standing Balance Beginning This Period 22.95				Transacti	ion ID : INV601000011	2307
	Amount Incurred This Period	Payr	ment This Period		Outstandin	ng Balance at Close of	This Period
	0.00		0	0.00		, , ,	22.95
1) SUBT	OTALS This Period This Page (optional)			>		, , ,	1142.95
2) TOTAI	LS This Period (last page this line number of	only)		>		7	
3) TOTAI	L OUTSTANDING LOANS from Schedule C	(last page on	ly)	▶		2	11400.00
4) ADD :	2) and 3) and carry forward to appropriate li	ine of Summar	v Page (last page of	nlv) 🕨	1	41	400.00

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): EXPRESS PACKAGE SERVICE **EMERY WORLDWIDE** Mailing Address P.O. BOX 100 City State Zip Code **BALTIMORE** 21277 Transaction ID: INV6010000112315 Outstanding Balance Beginning This Period 11.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 11.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** ERIE HILTON HOTEL--ERIE/PA Mailing Address C/O METROPOLITAN HOTELS, INC. 2 EAST FAYETTE STREET City State Zip Code **BALTIMORE** 21202 MD Outstanding Balance Beginning This Period Transaction ID: INV6010000112364 37.10 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 37.10 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL AND LODGING **ERNEST BAALS** Mailing Address 826 GARWOOD ROAD Zip Code City State **ERIAL** 08081 NJ Transaction ID: INV6010000112094 Outstanding Balance Beginning This Period 206.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 206.00 0.00 254.60 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each

PAGE 81 OF 142 FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) National Democratic Policy Committ	ee			
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of PRINTIN	Debt (Purpose):
EVELYN LANTZ	PRINTIN	G		
Mailing Address 1826 NORIEGA STREET				
City State	Zip Code			
SAN FRANCISCO	CA	94122		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112386
60.98				
Amount Incurred This Period	Pay	ment This Period	Outstand	ding Balance at Close of This Period
0.00	,		0.00	60.98
B. Full Name (Last, First, Middle Initial) of Debtor EXECUTIVE HOTEL & SPA	or Creditor			Debt (Purpose): G ROOM RENTAL
Mailing Address 1055 FIRST AVE.				
City State	Zip Code			
SAN DIEGO	CA	92101		
Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000114372
100.00				
Amount Incurred This Period	Pay	ment This Period	Outstand	ding Balance at Close of This Period
0.00	7		0.00	100.00
C. Full Name (Last, First, Middle Initial) of Debto EXECUTIVE RED CARPET IN			Nature of ROOM R	Debt (Purpose): ENTALS
Mailing Address 4020 SOUTHWEST FREEWAY				
City	State	Zip Code		
HOUSTON	TX	77027		
Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000112317
22.00				
Amount Incurred This Period	Pay	ment This Period	Outstand	ding Balance at Close of This Period
0.00	,		0.00	22.00
SUBTOTALS This Period This Page (optional)			>	182.98
2) TOTALS This Period (last page this line number	only)		•	, , ,
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page or	nly)		41400.00
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ry Page (last page o	only) ▶	41400.00

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): EXPRESS PACKAGE SERVICE FEDERAL EXPRESS Mailing Address PO BOX 727, DEPT. A State Zip Code TN **MEMPHIS** 38194 Transaction ID: INV6010000112318 Outstanding Balance Beginning This Period 275.97 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 275.97 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EXPRESS PACKAGE SERVICE** FEDERAL EXPRESS Mailing Address PO BOX 727, DEPT. A City State Zip Code **MEMPHIS** TN 38194 Outstanding Balance Beginning This Period Transaction ID: INV6010000112319 14.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 14.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL-TARPLEY/SENATE FERRANTE TRAVEL CENTER Mailing Address 135 BROAD AVENUE City State Zip Code PALISADES PARK 07650 NJ Transaction ID: INV6010000113745 Outstanding Balance Beginning This Period 254.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 254.00 0.00 543.97 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 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) ▶

41400.00

Excluding Loans

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

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Lacidding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debto			Nature of E TRAVEL-1	Debt (Purpose): FARPLEY/SENATE
Mailing Address 135 BROAD AVENUE				
City State PALISADES PARK	Zip Code NJ	07650		
Outstanding Balance Beginning This Period 57.00			Transact	ion ID : INV6010000113746
Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period
0.00			0.00	57.00
B. Full Name (Last, First, Middle Initial) of Debtor FUSION ENERGY FOUNDATIC			Nature of E LIST PUR	Debt (Purpose): CHASE
Mailing Address 250 W 57TH ST. STE.1711				
City State NEW YORK	Zip Code NY	10019		
Outstanding Balance Beginning This Period 4439.10			Transac	tion ID : INV6010000112327
Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period
0.00			0.00	4439.10
C. Full Name (Last, First, Middle Initial) of Debto HENRY MCBRIDE	r or Creditor		Nature of E MISC. EX	Debt (Purpose): PENSE
Mailing Address C/O HENRY'S AUTO PARTS 91 SO WHITE HORSE PIKE	Chaha	7:n Oodo		
City BERLIN	State NJ	Zip Code 08009		
Outstanding Balance Beginning This Period 233.00			Transac	tion ID : INV6010000112396
Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period
0.00		7	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 only)				41400.00
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ry Page (last page o	only) ►	41400.00

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NAME OF COMMITTEE (In Full) National Democratic Policy Com	mittee		•		
A. Full Name (Last, First, Middle Initial) of	Debtor or Creditor		Nat	ure of Debt (Purpo	se):
HOLIDAY INN	RO	OOM RENTALS			
Mailing Address 1614 CENTRAL AVENUE					
City State	Zip Code				
ALBANY	NY	12205			
Outstanding Balance Beginning This Period	nd		T	ransaction ID : IN\	/6010000112341
40.00					
Amount Incurred This Period	 Pa	yment This Period	0	utstanding Balance	at Close of This Period
	7 				
0.00			0.00		40.00
		·			·
B. Full Name (Last, First, Middle Initial) of [ure of Debt (Purpo	se):
HOLIDAY INN & HOLIDOM			RC	OOM RENTALS	
Mailing Address 1501 FREEWAY BLVD.					
City State	Zip Code	55.400			
MINNEAPOLIS	MN	55430			
Outstanding Balance Beginning This Perio	od		7	ransaction ID : IN	V6010000112996
40.00	7				
42.00					
Amount Incurred This Period	Pa	yment This Period	0	utstanding Balance	at Close of This Period
0.00			0.00		42.00
0.00			0.00		42.00
C. Full Name (Last, First, Middle Initial) of	Dobtor or Croditor		Net	of Dobt (Down	\-
, , ,	Deplor or Creditor			ure of Debt (Purpo DOM RENTALS	se):
HOLIDAY INN AIRPORT 2				DOWN KENTALS	
Mailing Address 5401 GREEN VALLEY DR					
Mailing Address 5401 GREEN VALLEY DR	IVE				
City	State	Zip Code			
BLOOMINGTON	MN	55437			
Outstanding Balance Beginning This Period	od		7	ransaction ID : IN	V6010000112340
157.50					
	_				
Amount Incurred This Period	Pa	yment This Period	0	utstanding Balance	at Close of This Period
0.00] [0.00		157.50
		7		7	,
1) SUBTOTALS This Period This Page (optio	nal)				239.50
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2) TOTALS This Period (last page this line no	imher only)				
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3) TOTAL OUTSTANDING LOANS from Sche	adule C (last page o	inly)			41400.00
o, TOTAL OUTSTANDING LOANS HOLL SCH	dule o (last page t	'' '' y <i>)</i>		7	, , , , ,
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4) ADD 2) and 3) and carry forward to appro	Juale mile of Suffilms	ary raye (last page	Offig)	7	7

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Excluding Loans num		numbered line)	mbered line) X 10		
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee				
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):	
HOLIDAY INN CHEEKTOWAG	HOLIDAY INN CHEEKTOWAGA				
Mailing Address 609 DINGENS ST.					
City State	Zip Code				
CHEEKTOWAGA	NY	14206			
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112342	
23.15					
Amount Incurred This Period	Payme	ent This Period	Outstandi	ng Balance at Close of This Period	
0.00	,	. ,	0.00	23.15	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	lebt (Purpose):	
HOLIDAY INN CHERRY HILL	or creditor		ROOM RE		
Mailing Address RTE 70 & SAYRE AVENUE					
City State	Zip Code				
CHERRY HILL	NJ	08034			
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000112343	
50.00					
Amount Incurred This Period	Payme	ent This Period	Outstandi	ng Balance at Close of This Period	
0.00		. ,	0.00	50.00	
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of D ROOM RE	ebt (Purpose): NTALS	
Mailing Address 685 MANZANITA COURT					
City	State	Zip Code			
CHICO	CA	95926			
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000112344	
45.00					
Amount Incurred This Period	Payme	ent This Period	Outstandi	ng Balance at Close of This Period	
	ı ayılı				
0.00			0.00	45.00	
1) SUBTOTALS This Period This Page (optional)				118.15	
2) TOTALS This Period (last page this line number	only)		>	7	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)			41400.00	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary	Page (last page o	only) ▶	41400.00	

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 86
FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN COLISEUM Mailing Address 440 WEST 57TH STREET State Zip Code NY **NEW YORK** 10019 Transaction ID: INV6010000112345 Outstanding Balance Beginning This Period 224.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 224.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN CONCORD Mailing Address 1050 BURNETT AVE. City State Zip Code CONCORD CA 94520 Outstanding Balance Beginning This Period Transaction ID: INV6010000112346 97.24 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 97.24 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City State Zip Code **DALLAS** 75202 TX Transaction ID: INV6010000112347 Outstanding Balance Beginning This Period 52.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 52 00 0.00 373.24 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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cluding Loans				num	bered line)		X 10
AME OF COMMITTEE (In Full)	Committee			•			
National Democratic Policy	Committee						
A. Full Name (Last, First, Middle II	nitial) of Debtor or Cr	editor			Nature of D	ebt (Purpose):	
HOLIDAY INN ERIE					KOOW KEI	VIALS	
Mailing Address 8040 PERRY HW	Υ.						
City State	Zip	Code					
ERIE		PA	16509				
Outstanding Balance Beginning T	his Period				Transaction	on ID : INV6010	000112348
	47.70						
Amount Incurred This Per	iod	Pavm	ent This Period		Outstandir	ng Balance at C	lose of This Period
THINGS THE TOTAL				0.00	0 0101011	.9 24.4.100 41 0	47.70
	0.00	7		0.00		7 7	47.70
B. Full Name (Last, First, Middle In	itial) of Debtor or Cre	ditor				ebt (Purpose):	
HOLIDAY INN HAUPF	PAUGE				ROOM REI	NTALS	
Mailing Address							
City	7:	Codo					
City State HAUPPAUGE		Code NY	11788				
Outstanding Balance Beginning T	his Period				Transact	ion ID : INV6010	0000112349
	60.00						
Amount Inquired This Day		Dayma	ant This Davied		Outotondin	a Bolomoo et C	loop of This Davied
Amount Incurred This Per		Paym	ent This Period		Outstandir	ig Balance at C	lose of This Period
	0.00	7		0.00		7 7	60.00
C. Full Name (Last, First, Middle I		editor				ebt (Purpose):	
HOLIDAY INN KENIL	WORTH				ROOM REI	NTALS	
Mailing Address BLVD, & SOUTH	 31ST ST.						
			7: 0 1				
City KENILWORTH	Stat N		Zip Code 07033				
Outstanding Balance Beginning T	his Period				Transact	ion ID : INV6010	0000112352
	45.00						
Assessment In assume of This Day		D = 1 1111	ant This Deviced		Outstandin	Dalamaa at O	laca of This Deviced
Amount Incurred This Per		Paym	ent This Period		Outstandir	ig Balance at C	lose of This Period
	0.00	7		0.00		7	45.00
SUBTOTALS This Period This Page	ge (optional)			>			152.70
TOTALS This Period (last page th	is line number only)					, , , ,	
TOTAL OUTSTANDING LOANS fr	om Schedule C (last	page only	·)			A	41400.00
							41400.00
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Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN 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 52.78 0.00 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 0.00 90.00 0.00 232.78 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

(Use separate schedule(s) for each

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

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

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

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Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	е		•	
A. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN ROCHESTER-AI	Nature of ROOM R	Debt (Purpose): ENTALS		
Mailing Address 911 BROOKS AVENUE				
City State ROCHESTER	Zip Code NY	14624		
Outstanding Balance Beginning This Period 50.00			Transac	tion ID : INV6010000112359
Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period
0.00			0.00	50.00
B. Full Name (Last, First, Middle Initial) of Debtor of HOLIDAY INN ROCKVILLE	or Creditor		Nature of ROOM R	Debt (Purpose): ENTALS
Mailing Address 173 SUNRISE HWY.				
City State ROCKVILLE. L.I.	Zip Code NY	11570		
Outstanding Balance Beginning This Period 50.00			Transa	ction ID : INV6010000112360
Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period
0.00		,	0.00	50.00
C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN SCHENECTADY			Nature of ROOM R	Debt (Purpose): ENTALS
Mailing Address DOWNTOWN 100 NOTT TERRACE & FRANKL				
City SCHENECTADY	State NY	Zip Code 12305		
Outstanding Balance Beginning This Period 45.00			Transa	ction ID : INV6010000112361
Amount Incurred This Period	Pay	ment This Period	Outstand	ding Balance at Close of This Period
0.00	-		0.00	45.00
1) SUBTOTALS This Period This Page (optional)			>	145.00
2) TOTALS This Period (last page this line number of	only)			
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				41400.00
4) ADD 2) and 3) and carry forward to appropriate li	ine of Summa	ry Page (last page o	only) ►	41400.00

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN-AIRPORT/NORTH Mailing Address 4545 N. LINDBURGH BLVD. State Zip Code MO BRIDGETON 63044 Transaction ID: INV6010000112354 Outstanding Balance Beginning This Period 79.22 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 79.22 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EQUIPMENT RENTAL** HOOVER BROTHERS, INC. Mailing Address P.O. BOX 728 City State Zip Code TEMPLE 76503 TX Outstanding Balance Beginning This Period Transaction ID: INV6010000112369 33.90 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 33.90 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOWARD JOHNSON'S Mailing Address P.O. BOX 3045 City State Zip Code **BOSTON** 02107 MA Transaction ID: INV6010000112365 Outstanding Balance Beginning This Period 102.92 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 102 92 0.00 216.04 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MEDIA DIRECTORY PURCHASE HUDSON'S WASHINGTON NEWS MEDIA Mailing Address 7315 WISCONSIN AVENUE SUITE 1200N State Zip Code MD **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 58.43 0.00 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 0.00 1000.00 0.00 1146.47 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** JACK TAR HOTEL Mailing Address VAN NESS GEARY State Zip Code SAN FRANCISCO 94101 Transaction ID: INV6010000112372 Outstanding Balance Beginning This Period 16.40 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 16.40 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **LITERATURE** JERRY LITTON MEMORIAL FUND Mailing Address PO BOX 220 City State Zip Code CHILLICOTHE MO 64601 Outstanding Balance Beginning This Period Transaction ID: INV6010000112390 10.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 10.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** KAREN BRUBAKER Mailing Address 1516 VINEWOOD #207 City State Zip Code **DETROIT** 48216 MI Transaction ID: INV6010000112098 Outstanding Balance Beginning This Period 59.03 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 59.03 0.00 85.43 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EQUIPMENT RENTAL** KING COLE PROJECTION SERVICE Mailing Address 36-16 29TH STREET State Zip Code NY LONG ISLAND CITY 11106 Transaction ID: INV6010000112377 Outstanding Balance Beginning This Period 84.95 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 84.95 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUB. NOT ENTERED IN 1987 KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115120 45071.87 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 45071.87 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115123 Outstanding Balance Beginning This Period 1649.60 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1649.60 0.00 46806.42 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): 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 1000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115364 Outstanding Balance Beginning This Period 1410.40 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1410.40 0.00 3760.20 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 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

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	ee				
,	A. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	Natur SUE	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE			
Ī	Mailing Address RT. 1, BOX 22					
	City State STERLING	Zip Code VA	22170			
	Outstanding Balance Beginning This Period			Tra	ansaction ID : INV6	010000115365
	Amount Incurred This Period	Pay	ment This Period	Out	tstanding Balance	at Close of This Period
	0.00	0.00		1350.85		
	B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			re of Debt (Purpos SSCRIPTIONS PUR	
Ī	Mailing Address RT. 1, BOX 22					
- 1	City State STERLING	Zip Code VA	22170			
	Outstanding Balance Beginning This Period 554.90			Tr	ansaction ID : INV	6010000115368
	Amount Incurred This Period	Pay	ment This Period	Ou	tstanding Balance	at Close of This Period
	0.00			0.00	7	554.90
	C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	r or Creditor			re of Debt (Purpos BSCRIPTIONS PUR	
Ī	Mailing Address RT. 1, BOX 22					
	City STERLING	State VA	Zip Code 22170			
	Outstanding Balance Beginning This Period 239.90			Tr	ransaction ID : INV	6010000115371
	Amount Incurred This Period	Pay	ment This Period	Out	tstanding Balance	at Close of This Period
	0.00			0.00	,	239.90
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3)	TOTAL OUTSTANDING LOANS from Schedule 0	C (last page o	nly)			41400.00
4)	4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶					41400.00

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Excluding Loans 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: INV6010000115372 Outstanding Balance Beginning This Period 119.75 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 119.75 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: INV6010000115375 185.10 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 185.10 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115377 Outstanding Balance Beginning This Period 81.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 81.00 0.00 385.85 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 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	ee		•		
Tradional Bornogradio Folioy Committee					
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of I	Debt (Purpose):	
KMW PUBLISHING CO.	SUBSCRI	PTIONS PURCHASE			
RIVIVI PUBLISHING CO.					
Mailing Address RT. 1, BOX 22					
1 1, DOX 22					
City State	Zip Code				
STERLING	VA	22170			
Outstanding Balance Benjaning This Basis d			Transact	tion ID : INV6010000115378	
Outstanding Balance Beginning This Period			Transasi		
62.35					
A LITTLE D. L.	_		0		
Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period	
0.00	' ' '		0.00	62.35	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of I	Debt (Purpose):	
KMW PUBLISHING CO.				PTIONS PURCHASE	
TAWAY I OBEIGIAING GG.					
Mailing Address RT. 1, BOX 22					
K1. 1, BOX 22					
City State	Zip Code				
STERLING	VA	22170			
Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000115379	
42.10					
	_				
Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period	
0.00			0.00	42.10	
				7	
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of I	Debt (Purpose):	
KMW PUBLISHING CO.				ITOINS PURCHASE	
Tanto de la companya					
Mailing Address RT. 1, BOX 22					
K1. 1, BOX 22					
City	State	Zip Code			
STERLING	VA	22170			
Outstanding Balance Bestmain This Best d			Transa	stion ID - INIVENADORA45290	
Outstanding Balance Beginning This Period			iransac	etion ID : INV6010000115380	
51.10					
Assessed Income of This Paris d	D	manual Thirty Desired	0.4.4	Con Balance of Olean of This Basis I	
Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period	
0.00			0.00	51.10	
1) SUBTOTALS This Period This Page (optional)				155.55	
, 1121011120 11110 1 ago (optional)			-		
2) TOTALS This Period (last page this line number	only)				
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3) TOTAL OUTSTANDING LOANS from Schedule	C (last nage o	nlv)	.	0.00	
	TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
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Excluding Loans

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NAME OF COMMITTEE (In Full)					
National Democratic Policy Committ	ee				
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of I	Debt (Purpose): PTIONS PURCHASE	
KMW PUBLISHING CO.			00200.11		
Mailing Address RT. 1, BOX 22					
City State	Zip Code				
STERLING	VA	22170			
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000115381	
13.45					
Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period	
0.00					
D. F. II News (Local First Middle Lettich) of Dates	0	, , , , , , , , , , , , , , , , , , , ,	N. C.)	
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			Debt (Purpose): PTIONS PURCHASES	
Mailing Address RT_1 BOX 22					
Mailing Address RT. 1, BOX 22					
City State	Zip Code	00470			
STERLING	VA	22170			
Outstanding Balance Beginning This Period			Transac	etion ID : INV6010000115383	
4567.27					
Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period	
0.00	,	, (0.00	4567.27	
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of I	Debt (Purpose):	
KMW PUBLISHING CO.			SUBSCRI	PTIONS PURCHASE	
Mailing Address RT. 1, BOX 22					
City	State	Zip Code			
STERLING	VA	22170			
Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000115384	
19.20					
Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period	
0.00			0.00	19.20	
7 1 7 1 7	,	,		, , , , , , , , , , , , , , , , , , , ,	
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2) TOTALS This Period (last page this line number	only)		····· P	7 7 7	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	าly)	>	0.00	
4) ADD 2) and 3) and carry forward to appropriate	only) ▶	0.00			

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee	<u>. </u>		X 10	
A. 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 State STERLING	Zip Code VA 22170				
Outstanding Balance Beginning This Period 25.34			Transacti	on ID : INV6010000115385	
Amount Incurred This Period	Payment This Period	d	Outstandi	ng Balance at Close of This Period	
0.00	, ,	0.00		25.34	
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTIONS PURCHASE	
Mailing Address RT. 1, BOX 22					
City State STERLING	Zip Code VA 22170		-		
Outstanding Balance Beginning This Period 397.04			Transact	tion ID : INV6010000115386	
Amount Incurred This Period 0.00	Payment This Period	0.00	Outstandi	ng Balance at Close of This Period	
	7	0.00		7 7	
C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	or or Creditor		Nature of D SUBSCRIF	ebt (Purpose): PTIONS PURCHASE	
Mailing Address RT. 1, BOX 22			-		
City STERLING	State Zip Code VA 22170				
Outstanding Balance Beginning This Period 33.88			Transact	tion ID : INV6010000115387	
Amount Incurred This Period	Payment This Period	d	Outstandi	ng Balance at Close of This Period	
0.00		0.00	l L	33.88	
1) SUBTOTALS This Period This Page (optional)		>		456.26	
2) TOTALS This Period (last page this line number	only)	>		7	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>		41400.00	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page	ge only) ▶		41400.00	

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NAME OF COMMITTEE (In Full)				
National Democratic Policy Committ	ee			
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of I	Debt (Purpose): PTIONS PURCHASE
KMW PUBLISHING CO.			SUBSCRI	F HONS FORCHASE
Mailing Address RT. 1, BOX 22				
City State	Zip Code			
STERLING	VA	22170		
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000115388
101.14				
Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period
0.00		(0.00	101.14
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of I	Debt (Purpose):
KMW PUBLISHING CO.	or orealter			PTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State	Zip Code			
STERLING	VA	22170		
Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000115410
121.51				
Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period
0.00	, ,	(0.00	121.51
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			Debt (Purpose):
KMW PUBLISHING CO.			SUBSCR	IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City	State	Zip Code		
STERLING	VA	22170		
Outstanding Balance Beginning This Period			Transac	ction ID: INV6010000115422
25.00				
Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period
0.00	· · · · ·		0.00	25.00
	7	,		7
1) SUBTOTALS This Period This Page (optional)			}	247.65
2) TOTALS This Period (last page this line number	only)		>	7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page or	nly)	>	41400.00
4) ADD 2) and 3) and carry forward to appropriate	only) ►	41400.00		

Excluding Loans

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

FOR LINE NUMBER: (check only one)

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Lacidding Loans			numbered line)	X 10		
NAME OF COMMITTEE (In Full)						
National Democratic Policy Committe	ee					
A. Full Name (Last, First, Middle Initial) of Debto	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor					
KMW PUBLISHING CO.			300300	PTIONS PURCHASE		
Mailing Address RT. 1, BOX 22						
City State	Zip Code					
STERLING	· VA	22170				
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000115444		
1125.00						
Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period		
0.00			0.00	1125.00		
B. Full Name (Last, First, Middle Initial) of Debtor	or Craditor	,	Noture of	Debt (Purpose):		
KMW PUBLISHING CO.	or Creditor			PTIONS PURCHASE		
Mailing Address RT. 1, BOX 22						
City State	Zip Code					
STERLING	VA	22170				
Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000115457		
800.00						
Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period		
0.00			0.00	800.00		
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of	Debt (Purpose):		
KMW PUBLISHING CO.	0. 0.00			IPTIONS PURCHASE		
Mailing Address RT. 1, BOX 22						
City	State	Zip Code				
STERLING	VA	22170				
Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000115458		
12.75						
Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period		
0.00			0.00	12.75		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , , , , , , , , , , , , , ,		
1) SUBTOTALS This Period This Page (optional)			}	1937.75		
2) TOTALS This Period (last page this line number	only)			7		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	nly)		41400.00		
4) ADD 2) and 3) and carry forward to appropriate	only) ▶	41400.00				

Excluding Loans

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142

(check only one) numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115469 Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 50.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASES KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115470 750.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 750.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASES KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115471 Outstanding Balance Beginning This Period 50.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 50.00 0.00 850.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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142

(check only one) numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PRUCHASES KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115472 Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 50.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115481 3734.90 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 3734.90 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115482 Outstanding Balance Beginning This Period 199.25 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 199 25 0.00 3984.15 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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Excluding Loans		nun	nbered line)	X 10		
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee		•	1. 11		
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of De	bt (Purpose):		
KMW PUBLISHING CO.			SUBSCRIPT	TIONS PURCHASE		
Mailing Address RT. 1, BOX 22						
City State	_					
STERLING	STERLING VA 22170					
Outstanding Balance Beginning This Period	Transaction	n ID : INV6010000115483				
2030.98						
Amount Incurred This Period	Payment T	his Pariod	Outstanding	Balance at Close of This Period		
Amount incurred This Period	rayineni i	nis Penod	Outstanding	Balance at Close of This Feriod		
0.00		0.00	l L	2030.98		
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of De	bt (Purpose):		
KMW PUBLISHING CO.				TIONS PURCHASE		
Mailing Address RT. 1, BOX 22						
City State	Zip Code		_			
STERLING	•	2170				
Outstanding Balance Beginning This Period			Transactio	on ID : INV6010000115484		
25.00						
Amount Incurred This Period	Payment T	his Period	Outstanding	Balance at Close of This Period		
0.00		0.00	1 [25.00		
0.00		0.00		, , , , , , ,		
C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	or Creditor		Nature of Del SUBSCRIPT	bt (Purpose): FION PURCHASE		
Mailing Address RT. 1, BOX 22			_			
City	State Zip	Code	-			
STERLING	VA 221	170				
Outstanding Balance Beginning This Period			Transactio	on ID : INV6010000115486		
10.00						
Amount Incurred This Period	Payment T	his Pariod	Outstanding	Balance at Close of This Period		
	i ayınıent i		Outstanding			
0.00		0.00		10.00		
1) SUBTOTALS This Period This Page (optional)		>		2065.98		
2) TOTALS This Period (last page this line number	only)	>		, , , , , , , ,		
3) TOTAL OUTSTANDING LOANS from Schedule (C (last page only)	>		41400.00		
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page	e (last page only)		41400.00		

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	00			
National Democratic Policy Committee	EE			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			Debt (Purpose):
KMW PUBLISHING CO.			SUBSCRI	PTION PURCHASE
Mailing Address RT. 1, BOX 22				
City State	Zip Code			
STERLING	VA	22170		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000115487
25.00				
Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
0.00	<u> </u>	(0.00	25.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	Debt (Purpose):
KMW PUBLISHING CO.	or oreanor			PTION PURCHASE
Mailing Address RT. 1, BOX 22				
City State	Zip Code			
STERLING	VA	22170		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000115488
25.00				
Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
0.00	,	(0.00	25.00
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of F	Debt (Purpose):
KMW PUBLISHING CO.	or Greater			PTION PURCHASE
Mailing Address RT. 1, BOX 22				
City	State	Zip Code		
STERLING	VA	22170		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000115489
50.00				
Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
0.00			0.00	50.00
0.00			0.00	00.00
1) SUBTOTALS This Period This Page (optional)			>	100.00
2) TOTALS This Period (last page this line number	only)			, , , , , , , ,
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	nly)	>	41400.00
4) ADD 2) and 3) and carry forward to appropriate	only) ►	41400.00		

Excluding Loans

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	luding Louno			Humbered line)	X 10
	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	е			
	A. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	Nature of PURCHA	Nature of Debt (Purpose): PURCHASES OF SUBSCRITIONS		
ł	Mailing Address RT. 1, BOX 22				
	City State STERLING	Zip Code VA	22170		
	Outstanding Balance Beginning This Period 25.00			Transac	tion ID : INV6010000115490
	Amount Incurred This Period 0.00	Pay	ment This Period	Outstand	ding Balance at Close of This Period 25.00
_	B. Full Name (Last, First, Middle Initial) of Debtor of KMW PUBLISHING CO.		Nature of Debt (Purpose): SUBSCRIPTION PURCHASES		
	Mailing Address RT. 1, BOX 22 City State	Zip Code			
	STERLING	VA	22170		
	Outstanding Balance Beginning This Period 25.00				ction ID : INV6010000115491
	Amount Incurred This Period 0.00	Pay	ment This Period	Outstand	ding 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			Transa	ction ID : INV6010000112384
	Amount Incurred This Period 0.00	Pay	ment This Period	Outstand	ding Balance at Close of This Period 2156.53
1)	SUBTOTALS This Period This Page (optional)				2206.53
2)	TOTALS This Period (last page this line number of	only)		>	
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page o	nly)	>	41400.00
4)	ADD 2) and 3) and carry forward to appropriate li	ine of Summa	ury Page (last page o	only) ►	41400.00

Excluding Loans

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Lacidding Loans			numbered line)	 X 10			
NAME OF COMMITTEE (In Full)		•	•				
National Democratic Policy Committee	ee						
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Deb	t (Purnose):			
KVAR-FM							
	KVAK-FIVI						
Mailing Address TEXAS LOTAS CORP.							
	8400 DAPAPOINT ST. 535						
City State SAN ANTONIO	Zip Code TX	78229					
		10223	Transaction	Transaction ID : INV6010000112385			
Outstanding Balance Beginning This Period			Transaction 15 : IIIV0010000112505				
544.00							
Amount Incurred This Period	Amount Incurred This Period Payment T			Balance at Close of This Period			
0.00		0.00		544.00			
0.00	7	0.00		044.00			
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Deb	t (Purpose):			
LOS ANGELES LABOR COMM	ITTEE			NT AND PHONE			
Mailing Address 711 S. VERMONT AVE. #207							
City State	Zip Code						
LOS ANGELES	CA	90005					
Outstanding Balance Beginning This Period			Transaction	n ID : INV6010000112391			
			Transaction	II ID . INVOUTUUUUT 12391			
21277.77							
Amount Incurred This Period	Paymer	t This Period	Outstanding	Balance at Close of This Period			
0.00		0.00		21277.77			
	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LOUIS JOLIET RENAISSANCE CENTR						
LOUIS JOLIET RENAISSANCE							
Mailing Address							
Mailing Address 214 NORTH OTTAWA STREET	Mailing Address 214 NORTH OTTAWA STREET						
City	State	Zip Code					
JOLIET	IL	60431					
Outstanding Balance Beginning This Period			Transaction	n ID : INV6010000112393			
38.21							
30.21							
Amount Incurred This Period	Paymer	t This Period	Outstanding	Balance at Close of This Period			
0.00		0.00		38.21			
		, , , , , , , , , , , , , , , , , , , ,		, ,			
				0/070.00			
1) SUBTOTALS This Period This Page (optional)			<u> </u>	21859.98			
2) TOTALS This Period (last page this line number	only)						
2) TOTALS THIS FEHOU (last page this line number		, , , , , , , , , , , , , , , , , , , ,					
3) TOTAL OUTSTANDING LOANS from Schedule		41400.00					
		41400.00					
4) ADD 2) and 3) and carry forward to appropriate	>	41400.00					

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cluding Loans		nı	ımbered line)	X 10
AME OF COMMITTEE (In Full)	•••	•	•	1 1
lational Democratic Policy Co	ommittee			
A. Full Name (Last, First, Middle Initial)	of Debtor or Creditor		Nature of Debt (Pu	ırpose):
MARK CALNEY			PRINTING	
Mailing Address 269 E. NEWTON ST.				
City State SEATTLE	Zip Code WA	98102		
		90102	Transaction ID :	INV6010000112101
Outstanding Balance Beginning This F	-			
205.8				
Amount Incurred This Period	Paymen	t This Period	Outstanding Bala	ince at Close of This Period
0.0	0	0.00		205.80
B. Full Name (Last, First, Middle Initial)	of Debtor or Creditor		Nature of Debt (Pu	irnose).
MARRIOT HOTEL PITTS			ROOM RENTALS	ii p∪3 0 j.
Mailing Address 101 MALL BLVD.				
City State	Zip Code			
MONROEVILLE	PA	15146		
Outstanding Balance Beginning This F	Period		Transaction ID	: INV6010000112395
227.7:	3			
Amount Incurred This Period	Paymen	t This Period	Outstanding Bala	ance at Close of This Period
0.0	0	0.00		227.73
0.0		3.00		
C. Full Name (Last, First, Middle Initial)			Nature of Debt (Pu	
MARRIOTT - SANTA CL	ARA		ROOM RENTALS	
Mailing Address GREAT AMERICAN PA	ARKWAY			
Oit.	Ctata 3	in Onda		
City SANTA CLARA		ip Code 95054		
Outstanding Balance Beginning This F			Transaction ID	: INV6010000112997
	-			
24.5				
Amount Incurred This Period	Paymen	t This Period	Outstanding Bala	ince at Close of This Period
0.0	00	0.00		24.50
SUBTOTALS This Period This Page (or	otional)			458.03
	· · · · · · · · · · · · · · · · · · ·		-	
TOTALS This Period (last page this line	e number only))		
) TOTAL OUTSTANDING LOANS from S	Schedule C (last page only).			41400.00
				41400.00
) ADD 2) and 3) and carry forward to ap	propriate line of Summary P	age (last page only)		41400.00

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(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	e			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):
MARTY SIMON			FREIGHT A	AND POSTAGE
Mailing Address 2971 W 8TH ST. #111				
City State	Zip Code			
LOS ANGELES	CA	96402		
Outstanding Balance Beginning This Period			Transaction	on ID : INV6010000112907
154.47				
Amount Incurred This Period	Payı	ment This Period	Outstandir	ng Balance at Close of This Period
0.00		, 0	.00	154.47
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		Nature of D	ebt (Purpose):
MC GUINESS & WILLIAMS	or Greater			Y EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW				
SUITE 1200 City State	Zip Code			
WASHINGTON	DC	20005		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114180
446.69				
Amount Incurred This Period	Payı	ment This Period	Outstandir	ng 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			ebt (Purpose): Y FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200				
City	State	Zip Code		
WASHINGTON	DC	20005		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114182
626.32				
Amount Incurred This Period	Payı	ment This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	626.32
0.00	7	,	.00	020.02
1) SUBTOTALS This Period This Page (optional)				1227.48
2) TOTALS This Period (last page this line number of	only)		>	
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	>	41400.00
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summar	y Page (last page or	nly) ▶	41400.00

Excluding Loans

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NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
MC GUINESS & WILLIAMS			ATTORNE	Y FEES & EXPENSES
Mailing Address				
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200				
City State	Zip Code			
WASHINGTON	DC	20005		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000114183
800.00				
Amount Incurred This Period	Pov	mont This Pariod	Outotondi	as Palanca at Class of This Pariod
Amount incurred This Feriod	гау	ment This Period	Outstandii	ng Balance at Close of This Period
0.00		(0.00	800.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
MC GUINESS & WILLIAMS	or Orcanor			Y FEES & EXPENSES
We contide a william				
Mailing Address 1015 FIFTEENTH STREET, NW				
SUITE 1200 City State	Zip Code			
WASHINGTON	DC	20005		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114184
			Transast	
3179.29				
Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
0.00	1 1 (2)	(0.00	3179.29
C. Full Name (Last First Middle Initial) of Dalets	. au Ouaditau	,	Note: of D	ald (Down and)
C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	or Creditor			ebt (Purpose): Y EXPENSES
IVIO GOTIVEGO A VVIEED/AVIO				
Mailing Address 1015 FIFTEENTH STREET, NW				
SUITE 1200	State	Zip Code		
WASHINGTON	DC	20005		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114185
			Transast	
3.32				
Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
0.00			0.00	3.32
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				2002.64
1) SUBTOTALS This Period This Page (optional))	3982.61
2) TOTALS This Period (last page this line number	only)			
, , , , , , , , , , , , , , , , , , , ,	,,			7
3) TOTAL OUTSTANDING LOANS from Schedule C	C (last page or	nly)	▶	41400.00
A) ADD 2) and 2) and some forward to accomplish	ing of Commer-	nı Dogo (loot mansı	anlu) N	41400.00
4) ADD 2) and 3) and carry forward to appropriate I	irie of Summa	ry rage (last page d	oriiy) 🟲	, , , , , , , , , , , , , , , , , , , ,

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NAME OF COMMITTEE (In Full) National Democratic Policy Commit				
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		Nature of D	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	Pavm	ent 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 D	ebt (Purpose):
MC GUINESS & WILLIAMS			ATTORNE	Y FEES
Mailing Address 1015 FIFTEENTH STREET, NV	V			
SUITE 1200				
City State	Zip Code	2225		
WASHINGTON	DC	20005		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114189
255.00				
Amount Incurred This Period	Paym	ent This Period	Outstandir	ng Balance at Close of This Period
0.00	,		0.00	255.00
	0 "			
C. Full Name (Last, First, Middle Initial) of Debt MEDIAWIRE	or or Creditor			ebt (Purpose): :LEASE DISTRIBUTN
Mailing Address 117 SOUTH 17TH ST.				
SUITE 210	Ctata	7:- O		
City PHILADELPHIA	State PA	Zip Code 19103		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112397
Cutotanding Ediance Edginning This Ferrod				
60.00				
Amount Incurred This Period	Pavm	ent This Period	Outstandir	ng Balance at Close of This Period
0.00	,	(0.00	60.00
1) CURTOTAL C This Devied This Dame (culture)			<u> </u>	320.50
1) SUBTOTALS This Period This Page (optional)			P	320.00
2) TOTALS This Period (last page this line number	r only)		>	7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only	y)		41400.00
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary	Page (last page o	nly) ▶	41400.00

Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ee			
	A. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor		Nature o	of Debt (Purpose):
	MEDIAWIRE			PRSR	EL DIST-ELDER/USS
	Mailing Address 117 SOUTH 17TH ST. SUITE 210				
ŀ	City State	Zip Code			
	PHILADELPHIA	PA	19103		
	Outstanding Balance Beginning This Period			Trans	action ID : INV6010000112398
	65.00				
	Amount Incurred This Period	Pay	ment This Period	Outsta	anding Balance at Close of This Period
	0.00	,	,	0.00	65.00
	B. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE	or Creditor			of Debt (Purpose): EL DIST-DOUGLAS/GOV
	Mailing Address 117 SOUTH 17TH ST. SUITE 210				
	City State	Zip Code			
	PHILADELPHIA	PA	19103		
	Outstanding Balance Beginning This Period 35.00			Trans	saction ID: INV6010000112399
	Amount Incurred This Period	Po	ment This Period	Outoto	anding Balance at Close of This Period
		ray			
	0.00	7		0.00	35.00
	C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH	r or Creditor			of Debt (Purpose): RNEY FEES & EXPENSES
-	Mailing Address 204 WASHINGTON AVENUE, N	.E.			
ŀ	City	State	Zip Code		
	MARIETTA	GA	30060		
	Outstanding Balance Beginning This Period			Trans	saction ID : INV6010000114254
	2354.40				
	Amount Incurred This Period	Pay	yment This Period	Outsta	anding Balance at Close of This Period
	0.00			0.00	2354.40
1)	SUBTOTALS This Period This Page (optional)			>	2454.40
2)	TOTALS This Period (last page this line number	only)		<u>}</u>	
3)	TOTAL OUTSTANDING LOANS from Schedule 0	C (last page o	nly)	>	41400.00
4)	ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page	only) ▶	41400.00

(Use separate schedule(s) for each

PAGE 114 OF 142 FOR LINE NUMBER: (check only one)

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Excluding Loans nu			numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	e		•	
A. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH	or Creditor		Nature of D ATTORNE	Debt (Purpose): Y FEES & EXPENSES
Mailing Address 204 WASHINGTON AVENUE, N.E				
City State MARIETTA	Zip Code GA	30060		
Outstanding Balance Beginning This Period 1496.91			Transacti	ion ID : INV6010000114255
Amount Incurred This Period 0.00	Payr	ment This Period	Outstandi	ng Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor of MICHAEL FRANK, ESQ.	or Creditor			Debt (Purpose): S-WINTER/CONG
Mailing Address 434 SPITZER BLDG City State TOLEDO	Zip Code OH	43604		
Outstanding Balance Beginning This Period 400.00			Transac	tion ID : INV6010000112321
Amount Incurred This Period 0.00	Payr	ment This Period	Outstandi	ng Balance at Close of This Period 400.00
C. Full Name (Last, First, Middle Initial) of Debtor MICHAEL HODGEKISS	or Creditor		Nature of D PRINTING	Debt (Purpose):
Mailing Address 1265 48TH AVE.	State	Zin Codo		
City SAN FRANCISCO	State CA	Zip Code 94122		
Outstanding Balance Beginning This Period 127.20 Amount Incurred This Period	Povr	ment This Period		tion ID: INV6010000112368 ng Balance at Close of This Period
0.00	Fayi		.00	127.20
1) SUBTOTALS This Period This Page (optional)			>	2024.11
2) TOTALS This Period (last page this line number of	only)		>	7
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	>	41400.00
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summar	v Page (last page o	nlv) 🕨	41400.00

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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cluding Loans		num	bered line)	X 10
AME OF COMMITTEE (In Full) National Democratic Policy Committ	ee			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debt (Pu	rpose):
NEW BENJAMIN FRANKLIN H	OUSE		LITERATURE PUR	RCHASE
Mailing Address 304 W 58TH ST.				
City State	Zip Code		-	
NEW YORK	NY 1001	19		
Outstanding Balance Beginning This Period 176.50			Transaction ID :	INV6010000112400
Amount Incurred This Period	Payment This	Period	Outstanding Bala	nce at Close of This Period
0.00		0.00		176.50
B. Full Name (Last, First, Middle Initial) of Debtor			Nature of Debt (Pu	rpose):
Mailing Address FT. EDDY ROAD				
City State CONCORD	Zip Code NH 0330)1		
Outstanding Balance Beginning This Period			Transaction ID :	INV6010000112401
75.20				
Amount Incurred This Period	Payment This	s Period	Outstanding Bala	nce at Close of This Period
0.00	, , , ,	0.00	,	75.20
C. Full Name (Last, First, Middle Initial) of Debto			Nature of Debt (Pu ADVERTISING	rpose):
Mailing Address 304 W. 58TH ST. 5TH FL.				
City NEW YORK	State Zip Co NY 10019			
Outstanding Balance Beginning This Period 540.00			Transaction ID	: INV6010000112402
Amount Incurred This Period	Payment This	s Period	Outstanding Bala	nce at Close of This Period
0.00	, ,	0.00		540.00
SUBTOTALS This Period This Page (optional)				791.70
TOTALS This Period (last page this line number	only)	······ •		44 400 00
TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	······ >		41400.00
ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only) ▶		41400.00

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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cluding Loans		numbered line)	mbered line) X 10			
AME OF COMMITTEE (In Full) National Democratic Policy Committe	e					
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):			
NEW YORK TELEPHONE		TELEPHO	NE			
Mailing Address 10 COLUMBUS CIRCLE						
City State NEW YORK	Zip Code NY 10019					
Outstanding Balance Beginning This Period 236.83		Transacti	on ID : INV6010000112403			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period			
0.00	0	.00	236.83			
B. Full Name (Last, First, Middle Initial) of Debtor of PATRICK F ADAMS P.C.	or Creditor		ebt (Purpose): S - NY BEAM DEMS			
Mailing Address ATTORNEY AT LAW ONE EAST MAIN STREET						
City State BAY SHORE	Zip Code NY 11706					
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112085			
5762.50						
Amount Incurred This Period	Payment This Period	Outstandi	ng 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.	or Creditor		ebt (Purpose): FEES-NY BEAM DEM			
Mailing Address ATTORNEY AT LAW ONE EAST MAIN STREET						
City BAY SHORE	State Zip Code NY 11706					
Outstanding Balance Beginning This Period 400.00		Transact	tion ID : INV6010000112086			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period			
0.00	0	0.00	400.00			
SUBTOTALS This Period This Page (optional)			6399.33			
TOTALS This Period (last page this line number of	only)	>	7			
TOTAL OUTSTANDING LOANS from Schedule C	(last page only)	>	41400.00			
ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page of	nlv) 🕨	41400.00			

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 Debtor	r or Creditor	Nature of Debt (Purpose):
PETER ENNIS	TRAVEL AND LODGING	
Mailing Address 65 SEAMAN AVE.		
City State	Zip Code	
NEW YORK	NY 10034	Transaction ID : INV6010000112316
Outstanding Balance Beginning This Period 16.76		1741154CUOH ID . 114V0010000112510
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	16.76
B. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING	or Creditor	Nature of Debt (Purpose): PRINTING
Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22		
City State STERLING	Zip Code VA 22170	
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	0.00	2500.00
C. Full Name (Last, First, Middle Initial) of Debto PMR PRINTING	r or Creditor	Nature of Debt (Purpose): PRINTING
Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22		
STERLING	State Zip Code VA 22170	
Outstanding Balance Beginning This Period		Transaction ID: INV6010000112885
6123.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	6123.00
) SUBTOTALS This Period This Page (optional)		8639.76
) TOTALS This Period (last page this line number	only)	>
) TOTAL OUTSTANDING LOANS from Schedule (C (last page only)	41400.00
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only	41400.00

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 Committee	е			
A	A. Full Name (Last, First, Middle Initial) of Debtor			Nature ROOM	of Debt (Purpose):
	PROVIDENCE MARRIOTT INN				
ľ	Mailing Address CHARLES & ORMS STREETS				
- 1	City State	Zip Code			
<u> </u>	PROVIDENCE	RI	02904		
	Outstanding Balance Beginning This Period			Trans	saction ID : INV6010000113747
	125.00				
	Amount Incurred This Period	Pay	ment This Period	Outst	anding Balance at Close of This Period
	0.00			0.00	125.00
E	3. Full Name (Last, First, Middle Initial) of Debtor				of Debt (Purpose):
	PUBLICATION & GENERAL MG	MI.		ACCC	UNTING & DP SERVICE
ľ	Mailing Address P.O. BOX 836				
- 1	City State	Zip Code	22075		
l'	LEESBURG	VA	22075		
	Outstanding Balance Beginning This Period			Trar	nsaction ID : INV6010000112654
	1700.00				
	Amount Incurred This Period	Pay	ment This Period	Outst	anding Balance at Close of This Period
	0.00		(0.00	1700.00
(C. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MC				of Debt (Purpose): DUNTING & DP SERVICE
N	Mailing Address P.O. BOX 836				
(Dity	State	Zip Code		
	LEESBURG	VA	22075		
	Outstanding Balance Beginning This Period			Trar	nsaction ID : INV6010000112656
	3000.00				
	Amount Incurred This Period	Pay	ment This Period	Outst	anding Balance at Close of This Period
	0.00		(0.00	3000.00
1\	SUBTOTALS This Period This Page (optional)			. г	4825.00
				— F	1020.00
2)	TOTALS This Period (last page this line number of	only)		<u></u>	
3)	TOTAL OUTSTANDING LOANS from Schedule C	C (last page or	nly)	>	41400.00
4)	ADD 2) and 3) and carry forward to appropriate I	ine of Summa	ıry Page (last page o	only) 🕨	41400.00

(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 Committee	ee		
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Pebt (Purpose):
PUBLICATION & GENERAL MGMT.			MENT & DP SERVICE
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transacti	ion ID : INV6010000112657
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.	00	3000.00
B. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MC			Debt (Purpose): MENT & DP SERVICES
Mailing Address P.O. BOX 836			
City State LEESBURG	Zip Code VA 22075		
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112658
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.	00	3000.00
C. Full Name (Last, First, Middle Initial) of Debto PUBLICATION & GENERAL M			Debt (Purpose): MENT & DP SERIVCES
Mailing Address P.O. BOX 836			
City LEESBURG	State Zip Code VA 22075		
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112661
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		00	3000.00
SUBTOTALS This Period This Page (optional)			9000.00
TOTALS This Period (last page this line number			7
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>	41400.00
ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page or	ılv) 🕨	41400.00
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Excluding Loans

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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numbered line) **X** 10 NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): 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 3000.00 0.00 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 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3000.00 0.00 9000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 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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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):
MANAGEMENT & DP SERVICES

A. Full Name (Last, First, Middle Initial) of Debt PUBLICATION & GENERAL M	Nature of Debt (Purpose): MANAGEMENT & DP SERVICES		
Mailing Address P.O. BOX 836			
City State LEESBURG	Zip Code VA 22075		
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112668	
3000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	3000.00	
B. Full Name (Last, First, Middle Initial) of Debto PUBLICATION & GENERAL Me		Nature of Debt (Purpose): MANAGEMENT & DP SERVICES	
Mailing Address P.O. BOX 836			
City State LEESBURG	Zip Code VA 22075		
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112669	
3000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	3000.00	
C. Full Name (Last, First, Middle Initial) of Debt PUBLICATION & GENERAL M		Nature of Debt (Purpose): MANAGEMENT & DP SERVICES	
Mailing Address P.O. BOX 836			
City LEESBURG	State Zip Code VA 22075		
Outstanding Balance Beginning This Period 3000.00		Transaction ID : INV6010000112670	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	3000.00	
SUBTOTALS This Period This Page (optional)	>	9000.00	
TOTALS This Period (last page this line number	r only)	7	
TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	41400.00	
400 0) and 0) and arms (amount to	. Program Occurrence Program (Institute of Company)	41400.00	

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

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	эe		
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	ebt (Purpose):
PUBLICATION & GENERAL MGMT.			IENŤ &DP SÉRVICE
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transactie	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			IENT &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
0.00		7.00	, , , , , , , , ,
C. Full Name (Last, First, Middle Initial) of Debto PUBLICATION & GENERAL M			ebt (Purpose): MENT &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			
	Dayment This Daried	Outotondir	Palares at Class of This Boried
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period
0.00	(0.00	3000.00
1) SUBTOTALS This Period This Page (optional)			9000.00
2) TOTALS This Period (last page this line number	only)		, , , , , , , ,
3) TOTAL OUTSTANDING LOANS from Schedule (C (last page only)	>	41400.00
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page of	anly)	41400.00

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(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee		
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	Debt (Purpose):
PUBLICATION & GENERAL MGMT.		MANGEM	ENT &DP SERVICES
Mailing Address P.O. BOX 836			
City State LEESBURG	Zip Code VA 22075		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112674
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	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 F	Debt (Purpose):
PUBLICATION & GENERAL MG		I	MENT & DP SERVICES
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transac	tion ID : INV6010000112675
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	3000.00
C. Full Name (Last, First, Middle Initial) of Debto PUBLICATION & GENERAL M			Debt (Purpose): MENT & DP SERVICES
Mailing Address P.O. BOX 836			
City	State Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period 3000.00		Transac	tion ID : INV6010000112676
Amount Incurred This Period	Payment This Period	Outstand	ng Balance at Close of This Period
0.00	7	0.00	3000.00
1) SUBTOTALS This Period This Page (optional)		>	9000.00
2) TOTALS This Period (last page this line number	only)	<u> </u>	7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		41400.00
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page	ge only) ▶	41400.00

Excluding Loans

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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numbered line) **X** 10 NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MANAGEMENT & DP SERVICE PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** 22075 Transaction ID: INV6010000112677 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): **EXPRESS PACKAGE SERVICE** PUROLATOR COURIER CORP. 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 55.10 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** QUALITY INN ALBANY Mailing Address 1-3 WATERVLIET AVE. City State Zip Code **ALBANY** 12206 NY Transaction ID: INV6010000112892 Outstanding Balance Beginning This Period 43.45 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 43 45 0.00 3098.55 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** RAMADA INN CASPER Mailing Address PO BOX 2917 City State Zip Code WY **CASPER** 82602 Transaction ID: INV6010000112893 Outstanding Balance Beginning This Period 108.85 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 108.85 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** RAMADA INN ST. LOUIS Mailing Address 9636 NATURAL BRIDGE RD. City State Zip Code ST. LOUIS MO 63134 Outstanding Balance Beginning This Period Transaction ID: INV6010000112894 52.31 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 52.31 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** RAMADA INN-SAN ANTONIO Mailing Address 3645 N. PAN AM EXPRESSWAY City State Zip Code SAN ANTONIO 78219 TX Transaction ID: INV6010000112897 Outstanding Balance Beginning This Period 60.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 60.00 0.00 221.16 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 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

FOR LINE NUMBER: (check only one)

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excluding Loans number			nbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee		,	
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Deb	t (Purpose):
RENAISSANCE MARKETING				I
Mailing Address 1249 WASHINGTON BLVD. STE	E. 626			
City State	Zip Code			
DETROIT				
Outstanding Balance Beginning This Period			Transaction	ID: INV6010000112898
600.00				
Amount Incurred This Period	Payment Th	is Period	Outstanding	Balance at Close of This Period
0.00		0.00		600.00
0.00		0.00		000.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Deb	
RHEA, BOYD & RHEA			ATTORNEY	EES & EXPENSES
Mailing Address 930 FORREST AVENUE			_	
City State	Zip Code			
GADSDEN	AL 359	901		
Outstanding Balance Beginning This Period			Transaction	n ID : INV6010000114208
24.60				
Amount Incurred This Period	Payment Th	is Period	Outstanding	Balance at Close of This Period
0.00		0.00]	24.60
, 0.00		0.00		7
C. Full Name (Last, First, Middle Initial) of Debto RICHARD MAGRAW	r or Creditor		Nature of Deb	
Mailing Address 22-60 23RD ST.				
City	State Zip C			
ASTORIA	NY 1110	JO	T :	- ID INVOCACION (1999)
Outstanding Balance Beginning This Period			Transaction	n ID : INV6010000112394
114.90				
Amount Incurred This Period	Payment Th	is Period	Outstanding	Balance at Close of This Period
0.00		0.00		114.90
1) SUBTOTALS This Period This Page (optional)		>		739.50
2) TOTALS This Period (last page this line number	only)	>		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>		41400.00
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page	(last page only) ▶		41400.00

(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 Debto	r or Creditor		Nature of I	Debt (Purpose):
ROBERT COLE			ROOM RE	ENTALS
Mailing Address 4119 W. BELLEPLAINE #2W				
City State	Zip Code			
CHICAGO	IL	60641		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112305
1243.95				
Amount Incurred This Period	Pavme	ent This Period	Outstand	ing Balance at Close of This Period
0.00			00	1243.95
		,		,
B. Full Name (Last, First, Middle Initial) of Debtor ROBERT KAY	or Creditor			Debt (Purpose): AND LODGING
Mailing Address 22-49 38TH ST.				
City State	Zip Code			
ASTORIA	NY	11105		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112375
19.74				
Amount Incurred This Period	Payme	ent This Period	Outstand	ing Balance at Close of This Period
0.00		0.	00	19.74
C. Full Name (Last, First, Middle Initial) of Debto ROGER HAM	r or Creditor		Nature of I	Debt (Purpose): ENTALS
Mailing Address 2 PINEHURST				
City		Zip Code		
NEW YORK CITY	NY	10033		dan ID INIVESTAGES (1999)
Outstanding Balance Beginning This Period 207.82			Transac	tion ID : INV6010000112330
	Povmo	ent This Period	Outstand	ing Palance at Class of This Parior
Amount Incurred This Period	Fayine			ing Balance at Close of This Period
0.00		U	.00	207.82
SUBTOTALS This Period This Page (optional)				1471.51
TOTALS This Period (last page this line number	only)		>	7
TOTAL OUTSTANDING LOANS from Schedule (C (last page only)		>	41400.00
ADD 2) and 3) and carry forward to appropriate	line of Summarv	Page (last page or	nly) ▶	41400.00

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **CONSULTING** RONALD KOKINDA Mailing Address 36-5 FORT EVANS ROAD, NE State Zip Code **LEESBURG** 22075 Transaction ID: INV6010000114750 Outstanding Balance Beginning This Period 524.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 524.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING RONALD KOKINDA Mailing Address 36-5 FORT EVANS ROAD, NE City State Zip Code **LEESBURG** 22075 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000114756 1600.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1600.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **PRINTING** SAFEWAY PRINTING Mailing Address 3276 WEST 6TH ST. Zip Code City State LOS ANGELES 90020 CA Transaction ID: INV6010000112901 Outstanding Balance Beginning This Period 300.38 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 300 38 0.00 2424.88 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 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

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excluding Loans number			nbered line) X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee	•	,	
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debi	t (Purpose):
SAN FRANCISCO LABOR CTTE.			POSTAGE	
Mailing Address 1826 NOREIGA ST.				
City State	Zip Code			
SAN FRANCISCO	CA 94	122		
Outstanding Balance Beginning This Period			Transaction	ID: INV6010000112902
413.47				
Amount Incurred This Period	Payment T	nis Period	Outstanding	Balance at Close of This Period
7 tillount illourioù Trillo Torioù	r dymont 1		Cutotarianing	
0.00		0.00		413.47
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Deb	t (Purpose):
SANS SOUCI TRAVEL			AIR TRAVEL	
Mailing Address 253 - 12 UNION TURNPIKE				
City State	Zip Code		_	
FLORAL PARK	·	004		
Outstanding Balance Beginning This Period			Transaction	n ID : INV6010000113737
290.00				
Amount Incurred This Period	Payment T	nis Period	Outstanding	Balance at Close of This Period
0.00		0.00		290.00
C. Full Name (Last, First, Middle Initial) of Debto SANS SOUCI TRAVEL	r or Creditor		Nature of Debi	t (Purpose): /10 INV-TRAVEL
Mailing Address 253 - 12 UNION TURNPIKE				
City	State Zip	Code	_	
FLORAL PARK	NY 110			
Outstanding Balance Beginning This Period			Transaction	n ID : INV6010000113743
40.00				
Assessed Income d This Poster d	D T	ista Danta d	Outstanding	Balanca at Olaca of This Basis I
Amount Incurred This Period	Payment T	nis Period	Outstanding	Balance at Close of This Period
0.00	7	0.00		40.00
SUBTOTALS This Period This Page (optional)		>		743.47
2) TOTALS This Period (last page this line number	only)	>		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>		41400.00
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page	e (last page only)		41400.00

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): ATTORNEY FEES SEGAL, MORAN & FEINBERG Mailing Address 210 COMMERCIAL STREET State Zip Code MA **BOSTON** 02109 Transaction ID: INV6010000113750 Outstanding Balance Beginning This Period 712.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 712.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** SEVEN SEAS MOTOR INN Mailing Address 1823 OLD RED TRAIL City State Zip Code MANDAN ND 58554 Outstanding Balance Beginning This Period Transaction ID: INV6010000112903 46.12 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 46.12 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): RM-RNTL-SCOTT/CONG SHERATON COLUMBUS PLAZA Mailing Address 50 NORTH THIRD STREET City State Zip Code **COLUMBUS** 43215 OH Transaction ID: INV6010000112906 Outstanding Balance Beginning This Period 50.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 50.00 0.00 808.62 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each

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numbered line) **X** 10 NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEE: L. BOYLE/CONG SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** 48226 Transaction ID: INV6010000112908 Outstanding Balance Beginning This Period 538.45 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 538.45 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEE: S. CROCKER/CONG SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** 48226 MI Outstanding Balance Beginning This Period Transaction ID: INV6010000112909 538.45 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 538.45 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEE: M. DEAN/USS SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** 48226 MI Transaction ID: INV6010000112910 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 1615.36 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 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 Committe	e		•	
A. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor		Nature of D ATTY FEE	Debt (Purpose): : S. JOHNSON/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING				
City State DETROIT	Zip Code MI	48226		
Outstanding Balance Beginning This Period 538.46			Transacti	ion ID : INV6010000112911
Amount Incurred This Period	Payr	nent This Period	Outstandi	ng Balance at Close of This Period
0.00		(0.00	538.46
B. Full Name (Last, First, Middle Initial) of Debtor of SOLOMON, FOLEY & MORAN	or Creditor			Debt (Purpose): : E.SEFCOVIC/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING	7:00 10			
City State DETROIT	Zip Code MI	48226		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112912
538.46	Dove	aget This Davied	Outstandi	na Rolanca at Class of This Revised
Amount Incurred This Period 0.00	rayı	nent This Period	0.00	ng Balance at Close of This Period 538.46
C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor	,		Debt (Purpose): :: G SHEPPARD/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City	State	Zip Code		
DETROIT	MI	48226		
Outstanding Balance Beginning This Period 538.46			Transac	tion ID : INV6010000112913
Amount Incurred This Period	Payr	nent This Period	Outstandi	ng Balance at Close of This Period
0.00		(0.00	538.46
1) SUBTOTALS This Period This Page (optional)			>	1615.38
2) TOTALS This Period (last page this line number of	only)		>	, , , , , , ,
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page onl	y)	>	41400.00
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summar	y Page (last page o	enly) ►	41400.00

Excluding Loans

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

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committed	e				
	A. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN		ure of Debt (Purpo TY FEE: H. SHOR			
	Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING					
	City State DETROIT	Zip Code MI	48226			
	Outstanding Balance Beginning This Period 538.46			Tı	ransaction ID : IN	V6010000112914
	Amount Incurred This Period	Pay	ment This Period	0	utstanding Balance	e at Close of This Period
	0.00			0.00		538.46
4	B. Full Name (Last, First, Middle Initial) of Debtor of SOLOMON, FOLEY & MORAN	or Creditor			ure of Debt (Purpo TY FEE: J. STAMF	*
	Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State	Zip Code				
	City State DETROIT	MI	48226			
	Outstanding Balance Beginning This Period 538.46			7	ransaction ID : IN	IV6010000112915
	Amount Incurred This Period	Pay	ment This Period		utstanding Balance	e 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			ure of Debt (Purpo TY FEE: J. VAUG	
	Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING					
	City DETROIT	State MI	Zip Code 48226			
	Outstanding Balance Beginning This Period			7	ransaction ID : IN	IV6010000112916
	538.46 Amount Incurred This Period	Pay	ment This Period	0	utstanding Balance	e at Close of This Period
	0.00		,	0.00		538.46
1)	SUBTOTALS This Period This Page (optional)			>		1615.38
2)	TOTALS This Period (last page this line number of	only)		>		
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)			41400.00
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summa	ry Page (last page	only) ▶		41400.00

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): 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 915.00 0.00 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 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 200.00 0.00 1653.46 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 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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Amount Incurred This Period

Amount Incurred This Period

0.00

Excluding Loans

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

FOR LINE NUMBER: (check only one)

Outstanding Balance at Close of This Period

Outstanding Balance at Close of This Period

200.00

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142

X 10 NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD Zip Code State **BALTIMORE** MD 21227 Transaction ID: INV6010000114480 Outstanding Balance Beginning This Period 915.00

0.00	,	0.00	915.00
B. Full Name (Last, First, Middle Initial) of De	btor or Creditor		Nature of Debt (Purpose):
SOUTHEAST POLITICAL LIT	FIELD OFFICE RENT		
Mailing Address SALES & DISTRIBUTION, IN	IC.		
3916-A VERO ROAD			
City State	Zip Code		
BALTIMORE	MD	21227	
Outstanding Balance Beginning This Period			Transaction ID : INV6010000114481
200.00			

Payment This Period

0.00

Payment This Period

		,		·
C. Full Name (Last, First, Middle	Nature of Debt (Purpose):			
SOUTHEAST POLIT	TELEPHONE USAGE			
Mailing Address SALES & DISTR	IBLITION INC			
3916-A VERO R	•			
City	State	Zip Code		
BALTIMORE	MD	21227		
Outstanding Balance Beginning	This Period			Transaction ID : INV6010000114482
	915.00			
Amount Incurred This Pe	riod	Payment This Period		Outstanding Balance 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)		Ξ	Ξ	,	Ξ	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)		Ξ		7	Ξ	41400.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶				7		41400.00

(Use separate schedule(s) for each

PAGE 136 OF 142 FOR LINE NUMBER: (check only one)

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excluding Loans			numbered line)	 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debto			Nature of De	ebt (Purpose):
SOUTHEAST POLITICAL LITE	RATURE			
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD				
City State	Zip Code			
BALTIMORE	BALTIMORE MD 21227			
Outstanding Balance Beginning This Period			Transactio	on ID : INV6010000114483
200.00				
Amount Incurred This Period	Payme	ent This Period	Outstandin	g Balance at Close of This Period
0.00	,	, 0	.00	200.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of De	ebt (Purpose):
STATE OF CALIFORNIA			PRINTING	
Mailing Address OFFICE OF STATE PRINTING				
City State	Zip Code			
SACRAMENTO	CA	95814		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112389
53.00				
Amount Incurred This Period	Payme	ent This Period	Outstandin	g Balance at Close of This Period
0.00	,	0.	.00	53.00
C. Full Name (Last, First, Middle Initial) of Debto	or Creditor		Nature of De ROOM REN	ebt (Purpose): NTALS
Mailing Address 107 DELAWARE AVENUE				
City BUFFALO	State NY	Zip Code 14202		
	INT	14202	Transacti	15 - 1515/0040000442040
Outstanding Balance Beginning This Period			Transacu	on ID : INV6010000112918
85.00				
Amount Incurred This Period	Payme	ent This Period	Outstandin	g Balance at Close of This Period
0.00		0	0.00	85.00
1) SUBTOTALS This Period This Page (optional)			>	338.00
2) TOTALS This Period (last page this line number	only)		>	7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	· · · · · · · · · · · · · · · · · · ·	>	41400.00
4) ADD 2) and 3) and carry forward to appropriate	line of Summary	Page (last page or	nly) ▶	41400.00

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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 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 1088.20 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose):

Mailing Address 142 FOREST AVENUE N.E.				
City	State	Zip Code		
MARIETTA	GA	30060		
Outstanding Balance Beginning This Period				Transaction ID: INV6010000114393
800.00				
Amount Incurred This Period	F	Payment This Period		Outstanding Balance at Close of This Period
0.00		, ,	0.00	800.00
_	_	_		

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) ▶

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Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee		•	
A. Full Name (Last, First, Middle Initial) of Debtor THE CHANCELLOR HOTEL	or Creditor		Nature of ROOM F	Debt (Purpose): RENTALS
Mailing Address 1501 SOUTH NEIL STREET				
City State CHAMPAIGN	Zip Code IL	61820		
Outstanding Balance Beginning This Period 25.00			Transa	ction ID : INV6010000112301
Amount Incurred This Period	Pay	ment This Period	Outstar	ding Balance at Close of This Period
0.00		7	0.00	25.00
B. Full Name (Last, First, Middle Initial) of Debtor THE COLONNADE	or Creditor			Debt (Purpose): RENTALS
Mailing Address 120 HUNTINGTON AVENUE				
City State BOSTON	Zip Code MA	02116		
Outstanding Balance Beginning This Period 75.00			Transa	action ID : INV6010000112306
Amount Incurred This Period	Pay	ment This Period	Outstar	ding Balance at Close of This Period
0.00			0.00	75.00
C. Full Name (Last, First, Middle Initial) of Debtor THE PRESS CLUB OF HOUST				Debt (Purpose): RENTALS
Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE				
City HOUSTON	State TX	Zip Code 77002		
Outstanding Balance Beginning This Period 25.00			Transa	action ID : INV6010000112890
Amount Incurred This Period	Pay	ment This Period	Outstar	ding Balance at Close of This Period
0.00		7	0.00	25.00
1) SUBTOTALS This Period This Page (optional)			>	125.00
2) TOTALS This Period (last page this line number	only)		>	
3) TOTAL OUTSTANDING LOANS from Schedule C	C (last page or	ly)	>	41400.00
4) ADD 2) and 3) and carry forward to appropriate	only) ▶	41400.00		

Excluding Loans

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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142

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): **POSTAGE** TONI JENNINGS Mailing Address 2414 13TH AVE. SO. #104 State Zip Code WA **SEATTLE** 98144 Transaction ID: INV6010000112374 Outstanding Balance Beginning This Period 30.15 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 30.15 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** TREAT CATERERS Mailing Address 50 PARK PLACE City State Zip Code **NEWARK** 07101 NJ Outstanding Balance Beginning This Period Transaction ID: INV6010000112922 100.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 100.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** TUTTLES RESTAURANT Mailing Address (C/O GILBERT ROBINSON COLLEX) P.O. BOX 16000 City State Zip Code KANSAS CITY MO 64112 Transaction ID: INV6010000112923 Outstanding Balance Beginning This Period 50.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 50.00 0.00 180.15 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 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 RENTALS** VITA OBERSCHNEIDER Mailing Address 544 OAK HILL RD. City State Zip Code **ELGIN** 60120 Transaction ID: INV6010000112404 Outstanding Balance Beginning This Period 149.16 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 149.16 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MEETING ROOM RENTAL WESTBOROUGH PLAZA HOTEL Mailing Address 5 TURNPIKE ROAD City State Zip Code WESTBOROUGH 01581 MA Outstanding Balance Beginning This Period Transaction ID: INV6010000114249 54.25 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 54.25 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELEPHONE** WESTERN UNION INTERNATIONAL Mailing Address BOX 6022 CHRUCH ST. STA. Zip Code City State **NEW YORK** 10008 NY Transaction ID: INV6010000112926 Outstanding Balance Beginning This Period 18.42 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 18 42 0.00 221.83 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 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): TYPE SETTING WORLDCOMP Mailing Address 722 EAST MARKET STREET State Zip Code **LEESBURG** 22075 Transaction ID: INV6010000112983 Outstanding Balance Beginning This Period 741.67 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 741.67 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TYPE & ART WORLDCOMP Mailing Address 722 EAST MARKET STREET City State Zip Code **LEESBURG** 22075 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000112988 926.37 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 926.37 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TYPE & ART WORLDCOMP Mailing Address 722 EAST MARKET STREET City State Zip Code **LEESBURG** 22075 VA Transaction ID: INV6010000112992 Outstanding Balance Beginning This Period 71.58 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 71.58 0.00 1739.62 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 41400.00 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 142 OF 142 FOR LINE NUMBER: (check only one)

9 **X** 10

	ME OF COMMITTEE (In Full) Ational Democratic Policy Committee	ее		
A	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor WORLDCOMP Mailing Address 722 EAST MARKET STREET			Nature of Debt (Purpose): TYPE SETTING
N				
- 1	City State LEESBURG	Zip Code VA	22075	
ŀ,	Outstanding Balance Beginning This Period		22075	Transaction ID : INV6010000112993
	50.00			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.0	50.00
E	Full Name (Last, First, Middle Initial) of Debtor or Creditor YMCA SYRACUSE			Nature of Debt (Purpose): ROOM RENTALS
N	Mailing Address 340 MONTGOMERY STREET			
	City State SYRACUSE	Zip Code NY	13202	
	Outstanding Balance Beginning This Period 25.00			Transaction ID: INV6010000112994
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.0	25.00
C	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ZELLER & LETICA INC.		Nature of Debt (Purpose): MAILING LABELS-SUB LISTS	
N	Mailing Address 15 E. 26TH ST.			
	City NEW YORK	State NY	Zip Code 10010	
	Outstanding Balance Beginning This Period 57.84			Transaction ID : INV6010000112995
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.	57.84
1)	SUBTOTALS This Period This Page (optional)			▶ 132.84
2)	TOTALS This Period (last page this line number	only)		▶ 408326.38
3)	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			▶ 41400.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶				y) > 449726.38