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Image# 14960037177

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

								Office	Use Only	
1. NAME OF COMMIT	= τ ΓΕΕ (in full)	YPE OR P	RINT ▼		mple: If typ r the lines.	ing, type	12FE	4M5		
National I	Democratic Po	licy Cor	nmittee							
ADDRESS (nu	mber and street)	113 HALII	FAX PLACE							
Chec	k if different									
than	previously ted. (ACC)	LEESBU	RG				VA	201	175	-
2. FEC IDE	NTIFICATION NUI	MBER ▼		CITY 🛦			STATE 4	\	ZIP CO	DE 🛦
C c	00136531		3	. IS THIS REPORT	\ \ \	NEW (N) OR		AMENDE (A)	D	
4. TYPE O	PF REPORT One)	(b) Mont	ort	Feb 20 (M2)		May 20 (M5)		Aug 20 (M8	3)	Nov 20 (M11) (Non-Election Year Only)
(a) Quar	terly Reports:	Due	On:	Mar 20 (M3)		Jun 20 (M6)		Sep 20 (MS		Dec 20 (M12) (Non-Election Year Only)
	April 15	,	ш	Apr 20 (M4)	Ш	Jul 20 (M7)	Ш	Oct 20 (M1	0)	Jan 31 (YE)
	Quarterly Report (Q1 July 15 Quarterly Report (Q2	(C)	12-Day PRE-Election		Primary (12	P)	Ge	neral (12G)		Runoff (12R)
	October 15 Quarterly Report (Q3		Report for the	e:	Convention	(12C)	Spo	ecial (12S)		
~	January 31 Year-End Report (YE		Ele	ection on	M = M /	D D /	YIYI	Y Y	in the State o	of
	July 31 Mid-Year Report (Non-election Year Only) (MY)	(d)	30-Day POST-Electio		General (30	G)	Ru	noff (30R)		Special (30S)
	Termination Report (TER)		Report for the	ection on	M = M /	D = D /	YIYI	Y Y	in the State o	of
5. Covering	Period 07	/ 01	20	13	through	M M 12	/ 31	D / Y	y y y y 2013	
-	have examined this	-		t of my kno	wledge and	belief it is tr	ue, corre	ct and comp	olete.	
Type or Print	Name of Treasurer	Katherine	Jenkins							
Signature of T	reasurer <i>Kather</i>	ine Jenkins			[Electronical	ly Filed]	Date		D D / 22	2014
NOTE: Submis	sion of false, erroned	ous, or inco	mplete inform	ation may su	ıbject the pe	rson signing t	this Repo	rt to the pena	alties of 2	U.S.C. §437g.
Offic Us								FE	C FOR Rev. 12/2	
On	lv I					1				

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Democratic Policy Committee

Report Covering the Period: From: 07 01 2013 To: 12 31 2013

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		3670.72
	(b) Cash on Hand at Beginning of Reporting Period	3760.72	
	(c) Total Receipts (from Line 19)	330.00	660.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4090.72	4330.72
7.	Total Disbursements (from Line 31)	240.00	480.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3850.72	3850.72
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 Fellou	Galeridai Tear-to-Date		
(a) Individuals/Persons Other				
Than Political Committees				
(i) Itemized (use Schedule A)	0.00	0.00		
(ii) Unitemized	330.00	660.00		
(iii) TOTAL (add				
Lines 11(a)(i) and (ii)▶	330.00	660.00		
		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	330.00	660.00		
Totals to Line 33, page 5) Transfers From Affiliated/Other	330.00	555.55		
	0.00	0.00		
Party Committees	0.00	0.00		
All Loans Received	0.00	0.00		
All Loans Neceived				
	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	0.00		
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		
(b) Levill Fariae (from Concade Fro)	7			
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
		7 7 7		
Total Receipts (add Lines 11(d),				
12, 13, 14, 15, 16, 17, and 18(c))▶	330.00	660.00		
, ,	7			
Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶	330.00	660.00		

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
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		outonaur rour to buto
	(i) Federal Share	0.00	0.00
	(ii) Non Fodoval Chara	0.00	0.00
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
	Expenditures	240.00	480.00
	(c) Total Operating Expenditures	240.00	400.00
2	(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	240.00	480.00
۷.	Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
4.	Independent Expenditures		
5.	(use Schedule E)	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
3.	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) 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
9.	Other Disbursements	0.00	0.00
		7	
).	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,	212.22	
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	240.00	480.00
2.			
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	240.00	480.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

penditures

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

Page 5 **COLUMN A** COLUMN B III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date 330.00 660.00 (from Line 11(d), page 3) 0.00 0.00 (from Line 28(d))..... 330.00 660.00 (subtract Line 34 from Line 33) 480.00 240.00 (add Line 21(a)(i) and Line 21(b)) ▶ 0.00 0.00 (from Line 15, page 3)..... 240.00 480.00 (subtract Line 37 from Line 36)

ľ

S	CHEDULE B (FEC Form 3X)	FOR LI			LINE NUMBER: PAGE 6 OF 144				
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only					
			Summary Page	X 21b	22 28a	23 28b	24 28c	25 29	26 30b
Λ.	by information copied from such Deserts and Children	l nonto massi	not be sold						
	ny information copied from such Reports and Statem for commercial purposes, other than using the nam								
\setminus	NAME OF COMMITTEE (In Full)								
$ \rangle$	National Democratic Policy Commit	ttee							
_	Full Name (Last, First, Middle Initial)				_				
Α.	EFT CORPORATION					f Disburse			
	Mailing Address 2911 DIXWELL AVE				07			2013	Y
	,	State	Zip Code		Trans	saction ID	: 01000010	001000	000501
	HAMDEN Purpose of Disbursement	СТ	06518		ITalis	saction ib	. 01000010	001000	009301
	EFT PROCESSING FEE				Amoun	t of Each	Disburseme	ent this	Period
	Candidate Name			Category/				4	0.00
	Office Sought: House Disbursem	nent For:		Туре		,	7		0.00
		Primary	General						
	President	Other (spe	cify) 🔻						
_	State: District:								
В.	Full Name (Last, First, Middle Initial)				Date	f Disburse	ement		
υ.	EFT CORPORATION				M M M			Y	V
	Mailing Address 2911 DIXWELL AVE				08		05	2013	
	HAMDEN	State CT	Zip Code 06518		Trans	saction ID	0 : 01000010	101000	009601
	Purpose of Disbursement EFT PROCESSING FEE			· · · ·	Amoun	t of Each	Disburseme	ent this	Period
	Candidate Name			Category/				1	0.00
	Office Sought: House Dishurson	ant For		Type		- 1	7		0.00
	Office Sought: House Disbursem	Primary	General						
		Other (spe							
	State: District:								
_	Full Name (Last, First, Middle Initial)				Data	f Disburse			
C.	EFT CORPORATION				M M			YY	
	Mailing Address 2911 DIXWELL AVE				09			2013	
	City	State	Zip Code		Trons	eaction In) : 01000010	201000	000704
	=	СТ	06518		ITAIN	saction iL	. 01000010	201000	0031UI
	Purpose of Disbursement EFT PROCESSING FEE				A ma a u m	t of Foob	Diebureeme	nt thin	Daviad
	Candidate Name			Category/ Type	Amoun	it of Each	Disburseme		0.00
	Office Sought: House Disburser	nent For:				, , , , , , , , , , , , , , , , , , , ,	7		
		Primary	General						
	State: District:	Other (spe	city) 🔻						
	otate. District.								
s	SUBTOTAL of Disbursements This Page (optional)			<u> </u>				120	0.00
Т	OTAL This Period (last page this line number only).								

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S	CHEDULE B (FEC Form 3X)	FOR LIN			LINE NUMBER: PAGE 7 OF 144				
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only one)					
			Summary Page	X 21b	22 28a	23 28b	24 28c	25 29	26 30b
Δ.	y information conicd from such Departs and Chite	l nonto mass	not be cold or						
	ny information copied from such Reports and Statem for commercial purposes, other than using the nam								
\setminus	NAME OF COMMITTEE (In Full)								
$ \rangle$	National Democratic Policy Commit	ttee							
_	Full Name (Last, First, Middle Initial)				_				
Α.	EFT CORPORATION					Disburse			
	Mailing Address 2911 DIXWELL AVE				10	/ D)5 / Y	2013	Y
	,	State	Zip Code		Trans	action ID	: 01000010	201000	000001
		СТ	06518		ITAIIS	action ib	. 01000010	301000	1009001
	Purpose of Disbursement EFT PROCESSING FEE				Amount	t of Each	Disburseme	ent this	Period
	Candidate Name			Category/ Type				4	0.00
	Office Sought: House Disbursem	nent For:		iype		7			
		Primary	General						
	President State: District:	Other (spe	cify) 🔻						
_	Full Name (Last, First, Middle Initial)								
В.					Date of	Disburse	ement		
					M = M	/ D	D / Y	YY	Y
	Mailing Address 2911 DIXWELL AVE				11	C)5	2013	
	HAMDEN	State CT	Zip Code 06518		Trans	action ID	: 01000010	0401000	0009901
	Purpose of Disbursement EFT PROCESSING FEE				Amount	t of Each	Disburseme	ent this	Period
	Candidate Name			Category/				1	0.00
	000			Туре		- 1		4	0.00
	Office Sought: House Disbursem	nent For: Primary	General						
		Other (spe							
	State: District:		,						
_	Full Name (Last, First, Middle Initial)				<u> </u>				
Ú.	EFT CORPORATION					Disburse		V - V	
	Mailing Address 2911 DIXWELL AVE				12	/ D)5	2013	Y
	City	State	Zip Code		T	ootion In	. 04000040	NE04000	010004
	HAMDEN	СТ	06518		irans	action IL	01000010	J3U1UUU	701001
	Purpose of Disbursement EFT PROCESSING FEE					(=	Distance and		Deviced
	Candidate Name			Category/ Type	Amount	of Each	Disburseme		0.00
	Office Sought: House Disbursem	nent For:				,	,		
		Primary	General						
		Other (spe	cify) 🔻						
	State: District:								
, ا	SUBTOTAL of Disbursements This Page (optional)							120	0.00
H	age (optional)				-		7	-	
Т	TOTAL This Period (last page this line number only).							240	0.00

Use separate s for each category Detailed Summ

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

		Detailed Summary Page	ge TOTT EINE 13 OF TOTTIN 3X
AME OF COMMITTEE (In Full)	amitta a	Tra	nnsaction ID : LOAN0010000004
lational Democratic Policy Con			
LOAN SOURCE Full Name (Last, First HARVEY E. HASCALL	, Middle Initial)	[PERSONAL FUNDS	Frimary General
Mailing Address 2137 S 1150 EAST			Other (specify) ▼
City BOUNTIFUL	State UT ZIP Co	ode 84010	
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:
12 / 22 / 1986		1987 0.0	
List All Endorsers or Guarantors (if ar	ny) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	7
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 (option	nal)	<u>}</u>	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

LOANS

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

OF 144 PAGE 9 FOR LINE 13 OF FORM 3X

	Botaliou Guillinary 1 ago
IAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000002009
radional Democratic Fully Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) ALBERT E MC NAIR	[PERSONAL FUNDS] Election: Primary
	General
Mailing Address 1657 EDDY DR	Other (specify) \blacktriangledown
City NORTH TONAWANDA State NY ZIP Cod	de 14120
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incommed	Interest Data
Date Incurred Date Due	Interest Rate Secured:
09 24 1984 12 24	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D. carry forward to appropriate line of Summary
,	

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

PAGE 10 OF 144

FOR LINE 13 OF FORM 3X

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

Use separate schedule(s) for each category of the

PAGE 11 OF 144

FOR LINE 13 OF FORM 3X

		Detailed Sun	nmary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		•	Transa	ction ID : LOAN000003820
National Democratic Policy Comn				
LOAN SOURCE Full Name (Last, First, M	fiddle Initial)	[PERSONA	L FUNDS]	Election:
MINEHART EDSEN				Primary General
Mailing Address 1949 S MANCHESTER AVE				Other (specify)
SPACE 104				
City ANAHEIM	State CA ZIP Co	de 92802		
Original Amount of Loan	Cumulative Payment To	Date	Balanc	e Outstanding at Close of This Period
700.00		0.00		700.00
TERMS Date Incurred	Date Due	Ir	nterest Rate	Secured:
M M / D D / Y Y Y Y	M M / D D / Y	YYY	0.00	
08 14 1984	11 14	1984	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any) 1. Full Name (Last, First, Middle Initial)	to Loan Source	Name of Empl	01/04	
1. Full Name (Last, First, Middle Illital)		Name of Empl	oyer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:	L.,	
2. Full Name (Last, First, Middle Initial)		Name of Empl	oyer	
			-,-	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:	,	
3. Full Name (Last, First, Middle Initial)		Name of Empl	oyer	
Mailing Address		Occupation		
0	710.0	Amount		
City State	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Empl	oyer	
Mailing Address		Occupation		
Oib.	710 0-4-	Amount		
City State	ZIP Code	Guaranteed Outstanding:		
I				
SUBTOTALS This Period This Page (optional	l)			700.00
TOTALS This Period (last page in this line or	<u> </u>			
The renew (act page in the of	,/			
Carry outstanding balance only to LINE 3, So	chedule D, for this line. If	no Schedule D	, carry forwa	rd to appropriate line of Summary.

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

PAGE 12 OF 144

List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Amount Guaranteed Outstanding: Name of Empl Mailing Address Occupation Amount Guaranteed Outstanding: Name of Empl Amount City State ZIP Code Occupation Amount Guaranteed Outstanding: Name of Empl Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Empl	Primary General Other (specify) ▼ Balance Outstanding at Close of This P 1250.00 nterest Rate Secured: 0.00 % (apr) Yes
LOAN SOURCE Full Name (Last, First, Middle Initial) Minehart Edden Mailing Address 1949 S MANCHESTER AVE SPACE 104 City Anaheim State CA ZiP Code 92802 Original Amount of Loan Cumulative Payment To Date TERMS Date Incurred Date Due In 1250.00 TERMS Date Incurred In 1250.00 Terms Date Incurred Date Due In 1250.00 List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation City State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Name of Empl Occupation Amount Guaranteed Outstanding: Name of Empl	Primary General Other (specify) ▼ Balance Outstanding at Close of This P 1250.00 nterest Rate Secured: 0.00 % (apr) Yes Yes
Mailing Address 1949 S MANCHESTER AVE SPACE 104 City ANAHEIM State CA ZIP Code 92802 Original Amount of Loan Cumulative Payment To Date 1250.00 Date Due 10 10 12 12 13 14 15 15 16 17 18 List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Empl Amount Guaranteed Outstanding: Name of Empl	Primary General Other (specify) ▼ Balance Outstanding at Close of This P 1250.00 nterest Rate Secured: 0.00 % (apr) Yes Yes
Mailing Address 1949 S MANCHESTER AVE SPACE 104 City ANAHEIM State CA ZIP Code 92802 Original Amount of Loan Cumulative Payment To Date 1250.00 0.00 TERMS Date Incurred Date Due In 12 / 1984 List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Empl Mailing Address City State ZIP Code Guaranteed Outstanding: Amount Guaranteed Outstanding: 7. Full Name (Last, First, Middle Initial) Name of Empl Mailing Address City State ZIP Code Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Empl Mailing Address Occupation	General Other (specify) ▼ Balance Outstanding at Close of This P 1250.00 nterest Rate Secured: 0.00 % (apr) Yes Yes
City ANAHEIM State CA ZIP Code 92802 Original Amount of Loan Cumulative Payment To Date 1250.00 Date Due 109 120 List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Name of Empl Mailing Address Occupation Amount City State ZIP Code City State ZIP Code Occupation Amount Guaranteed Outstanding: Name of Empl	Other (specify) ▼ Balance Outstanding at Close of This P 1250.00 nterest Rate Secured: 0.00 % (apr) Yes Yes
City ANAHEIM State CA ZIP Code 92802 Original Amount of Loan Cumulative Payment To Date 1250.00 Date Due 109 120 List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Name of Empl Mailing Address Occupation Amount City State ZIP Code City State ZIP Code Occupation Amount Guaranteed Outstanding: Name of Empl	Balance Outstanding at Close of This P 1250.00 nterest Rate Secured: 0.00 % (apr) Yes
Original Amount of Loan 1250.00 Date Due Mailing Address Date Indian City State ZIP Code Mailing Address Occupation Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Empl	nterest Rate Secured: 0.00 % (apr) Yes
TERMS Date Incurred Date Due M 99	nterest Rate Secured: 0.00 % (apr) Yes
TERMS Date Incurred Date Due In Moy 12 1984 List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Name of Empl	nterest Rate Secured: 0.00 % (apr) Yes
Date Incurred Date Due In Mo9	0.00 % (apr) Yes
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Name of Empl Mailing Address Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Empl	0.00 % (apr) Yes
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Name of Empl Mailing Address Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Empl	% (apr) Yes
1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Name of Empl Name of Empl Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Empl	loyer
Mailing Address City State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Empl	loyer
City State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Empl Mailing Address Occupation City State ZIP Code Guaranteed Outstanding: Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Empl	
City State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Empl Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Empl	
Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Empl	
2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Empl	
Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Empl	loyer
City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Empl	
City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Empl	
Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Empl	
Mailian Addusa	loyer
Mailing Address Occupation	
Walling Address	
Amount	
City State ZIP Code Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial) Name of Empl	loyer
Mailing Address Occupation	
J. San J.	
Amount	
City State ZIP Code Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	1250.00
OTALS This Period (last page in this line only)	•
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D,	, carry forward to appropriate line of Summ

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)	umitta a	Tran	saction ID : LOAN0000004982
ational Democratic Policy Com	irriittee		
LOAN SOURCE Full Name (Last, First, EUGENE L DRUSELL	Middle Initial)	[PERSONAL FUNDS]	Election: Primary General
Mailing Address 1704 SAWYER			Other (specify) ▼
City WEST COVINA	State CA ZIP (Code 91790	
Original Amount of Loan	Cumulative Payment		nce Outstanding at Close of This Perio
1000.00		0.00	1000.00
TERMS	D . D		0 1
Date Incurred M 08	Date Du	lnterest Rate 1984 0.00	
List All Endorsers or Guarantors (if an	y) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7.17.1.
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)	<u> </u>	1000.00
OTALS This Period (last page in this line	only)	>	
arry outstanding balance only to LINE 3,	Schedule D. for this line	If no Schedule D. carry for	vard 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)	nmittaa	Transaction ID : LOAN0000004983
ational Democratic Policy Cor	nmillee	
LOAN SOURCE Full Name (Last, First EUGENE L DRUSELL	, Middle Initial)	[PERSONAL FUNDS] Election: Primary General
Mailing Address 1704 SAWYER		Other (specify) ▼
City WEST COVINA	State CA ZIP (Code 91790
Original Amount of Loan	Cumulative Payment	
1000.00	,	0.00
TERMS	D.I. D.	Literat Bets Occurred
Date Incurred 08 / 08 / 1984	Date Do	le Interest Rate Secured: y 1984 0.00 (apr) Yes
List All Endorsers or Guarantors (if a	ny) to Loan Source	
1. Full Name (Last, First, Middle Initial		Name of Employer
Mailing Address		Occupation
City Sta	e ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Sta	te ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Sta	te ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Sta	te ZIP Code	Amount Guaranteed Outstanding:
JBTOTALS This Period This Page (optic	nal)	1000.00
OTALS This Period (last page in this line	only)	>
arry outstanding balance only to LINE 3	. Schedule D. for this line.	If no Schedule D, carry forward to appropriate line of Summa

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

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FOR LINE 13 OF FORM 3X

	Detailed Summary Page 1 011 21112 10 01 1 011111 051
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000005986
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 Pa	syment To Date Balance Outstanding at Close of This Period
1000.00	0.00
TERMS Date Incurred	Date Due Interest Rate Secured:
09 / 26 / Y 1984 03 / 26	
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 thi	is line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

	Botaliou Guillinary 1 ago
IAME 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)
	de 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 10 / 18 / 1984 12 / 18 / Y	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	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:
	4000.00
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

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

Use separate schedule(s) for each category of the

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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 : 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:		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	l)	>		500.00
OTALS This Period (last page in this line of	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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		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

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FOR LINE 13 OF FORM 3X

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

Use separate schedule(s) for each category of the

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		Detailed Summary P	Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		т	Fransaction ID : LOAN0000010472
National Democratic Policy Comn			
LOAN SOURCE Full Name (Last, First, M SCOTT BEARD	diddle Initial)	[PERSONAL FUND	DSJ Election: Primary General
Mailing Address 4125 HAWTHORNE	_		Other (specify) ▼
City DALLAS	State TX ZIP Cod	de 75202	
Original Amount of Loan	Cumulative Payment To	Date E	Balance Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS Date Incurred	Date Due	Interest F	Rate Secured:
M 04 / D 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y 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:	
SUBTOTALS This Period This Page (optiona	 I)	>	1000.00
OTALS This Period (last page in this line or	nly)	>	
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no Schedule D, 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

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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 for each cate

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

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FOR LINE 13 OF FORM 3X

JACKSON B BREEZE	e (Last, First, Mid	dle Initial)	[PERSONAL FUNDS	I Election: Primary General
Mailing Address 419 QUAR	TZ ST			Other (specify)
City REDWOOD CITY		State CA Z	IP Code 94062	
Original Amount of Loan		Cumulative Paym	ent To Date Ba	lance Outstanding at Close of This Perio
7	1000.00	, ,	0.00	1000.00
TERMS Date Incurre	nd.	Date	e Due Interest Ra	te Secured:
11 30 Y	1984	03 02	/ 1985 0.0	
List All Endorsers or Gua		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, N	/liddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1
3. Full Name (Last, First, N	/liddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, N	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7
				1000.00

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

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	Detailed Suffilliary Page
IAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000012031
•	
LOAN SOURCE Full Name (Last, First, Middle Initial) RICHARD ROPER	[PERSONAL FUNDS] Election: Primary General
Mailing Address 630 W DUARTE RD #33	Other (specify) ▼
	de 91016
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
	1984 0.00 % (apr) Yes 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:
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

	Detailed Sulfilliary Fage
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 Code 94536
Original Amount of Loan Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Incurred	ate Due Interest Rate Secured:
08 / 24 / Y 1984 M M M M M	/ 1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
CUBTOTALS This Period This Page (optional)	
	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full) ational Democratic Policy Com	mittee	Tra	nsaction ID: LOAN0000013379
ational Democratic Policy Com	millee		
LOAN SOURCE Full Name (Last, First, MARGARET MAMULA	Middle Initial)	[PERSONAL FUNDS]	Election: Primary General
Mailing Address 4321 N EL BURRITO			Other (specify)
City TUCSON	State AZ ZIP Co	ode 85705	
Original Amount of Loan	Cumulative Payment To		ance Outstanding at Close of This Perio
1000.00		0.00	1000.00
TERMS			
Date Incurred M	Date Due	Interest Rat	
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 7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9 9
JBTOTALS This Period This Page (optional	al)	>	1000.00
OTALS This Period (last page in this line of	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

LOANS

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

OF 144 PAGE 28 FOR LINE 13 OF FORM 3X

	Botanoa Gammary Fago
IAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000013410
national Democratic Folicy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
BILL DRAKE	Primary
	General
Mailing Address RT 4 BOX 126	Other (specify)
	de 63841
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
100.00	0.00
TERMS Data Insurand	Internat Data Casurado
Date Incurred Date Due	Interest Rate Secured:
06 19 1984 08 19	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
01 710 0	Amount
City State ZIP Code	Guaranteed Outstanding:
	400.00
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D. carry forward to appropriate line of Summary.
,	, ,

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

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FOR LINE 13 OF FORM 3X

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

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

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FOR LINE 13 OF FORM 3X

	I
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000018351
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) GREGORY R WOLF	[PERSONAL FUNDS] Election: Primary General
Mailing Address 5258 CARTWRIGHT	Other (specify) ▼
City NORTH HOLLYWOOD State CA ZIP Co.	de 91601
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
300.00	0.00 300.00
TERMS Date Incurred Date Due	Interest Rate Secured:
	1984 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
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

PAGE 31 OF 144

		Detailed Sum	mary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		•	Transa	ction ID : LOAN0000018352
National Democratic Policy Comn				
LOAN SOURCE Full Name (Last, First, M GREGORY R WOLF	liddle Initial)	[PERSONAI	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	Balanc	e Outstanding at Close of This Perio
100.00		0.00		100.00
TERMS Date Incurred	Date Due	In	terest 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 Emplo	oyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	· ,	
2. Full Name (Last, First, Middle Initial)		Name of Emplo	oyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	,	
3. Full Name (Last, First, Middle Initial)		Name of Emplo	oyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Emplo	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

PAGE 32 OF 144

FOR LINE 13 OF FORM 3X

		Detailed Summary Page FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	omittoo	Transaction ID : LOAN0000018353
ational Democratic Policy Con	nmittee	
LOAN SOURCE Full Name (Last, First GREGORY R WOLF	, Middle Initial)	[PERSONAL FUNDS] Election: Primary General
Mailing Address 5258 CARTWRIGHT		Other (specify) ▼
City NORTH HOLLYWOOD	State CA ZIP (Code 91601
Original Amount of Loan	Cumulative Payment	
100.00		0.00 100.00
TERMS	5 . 5	
Date Incurred M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Date Du	ue Interest Rate Secured: 1984 0.00 % (apr) Yes
List All Endorsers or Guarantors (if ar	ny) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Stat	e ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		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:
JBTOTALS This Period This Page (optio	nal)	100.00
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 Summar

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

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)	Transaction ID : LOAN000018611
lational Democratic Policy Committee	Transaction ID: LOAN0000010011
ational Democratic Folicy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
WILLIAM O MC KAY	Primary
Malling Address	General Other (specify) ▼
Mailing Address 4627 W 137TH PL	Other (specify)
City HAWTHORNE State CA Z	ZIP Code 90250
Original Amount of Loan Cumulative Paym	nent To Date Balance Outstanding at Close of This Period
1000.00	0.00
TERMS	
Date Incurred Dat	te Due Interest Rate Secured:
08 17 1984 11 17	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Maining . 1851. 555	
21. 710.0	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
4. Full Name (Last, First, Middle Initial)	Outstanding: Name of Employer
4. I uli Ivaliie (Last, I list, Iviluule liilitat)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Amount Guaranteed
July 3 22	Outstanding:
IDTOTAL O This Desired This Dags (outlines)	1000.00
UBTOTALS This Period This Page (optional)	
OTALS This Period (last page in this line only)	
	line. If no Schedule D, carry forward to appropriate line of Summary.
arry outstanding balance only to Line 3, schedule D, for this ,	Time. If no Scriedule D, carry forward to appropriate fine of Summary.

LOANS

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

		Botanoa Garrinary 11	
NAME OF COMMITTEE (In Full)	0	Tr	ansaction ID: LOAN0000018612
National Democratic Poli	cy Committee		
LOAN SOURCE Full Name (L	ast. First. Middle Initial)	IDEDSONAL EUND	C1 Election:
ALFRED MONTEROS	add, Thet, Middle Hillary	[PERSONAL FUND	Primary
			General
Mailing Address 1210 W PUEN			Other (specify)
1210 W PUEN	IE AVE		
City WEST COVINA	State CA ZIP C	ode 91790	
Original Amount of Loan	Cumulative Payment T		alance Outstanding at Close of This Period
Original 7 thount of Edul	Guinalative i ayinent i	o Build	diance outstanding at close of This Fence
	1000.00	0.00	1000.00
TERMS	,	·	
Date Incurred	Date Due	e Interest R	ate Secured:
	984 11 17 Y	1984 0	.00
17	904	1001	% (apr) Yes X No
List All Endorsers or Guarant	tors (if any) to Loan Source		
1. Full Name (Last, First, Mid		Name of Employer	
	•		
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed	
		Outstanding:	, , , , , , , , , , , , , , , , , , , ,
2. Full Name (Last, First, Midd	le Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed	
City	State ZIP Code		7
3. Full Name (Last, First, Midd	(le Initial)	Name of Employer	
o. Full Name (East, First, Wilde	ic initial)	Name of Employer	
Mailing Address		Occupation	
]			
		Amount	
City	State ZIP Code	Guaranteed	
		Outstanding:	
4. Full Name (Last, First, Midd	le Initial)	Name of Employer	
Mailing Address		Occupation	
O'th.	717.0	Amount	
City	State ZIP Code	Guaranteed Outstanding:	
		Catalanding.	
		Г	4000.00
SUBTOTALS This Period This Pa	age (optional)	>	1000.00
TOTAL O THE BUT I I'M	o the section of N	. Г	
IOIALS This Period (last page in	n this line only)		
Carry outstanding balance only t	o LINE 3 Schedule D for this line !	f no Schedule D. carry f	orward to appropriate line of Summary.
Jan y Julia and Indian Colling I	S Ente o, Concucie D, IOI tillo lille. I	Jonedule D, Cally I	ormand to appropriate line of Julillially.

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 : LOAN0000018817
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) LEONARD K NITZ	[PERSONAL FUNDS] Election: Primary General
Mailing Address 5343 CALLISTER AVE	Other (specify) ▼
City SACRAMENTO State CA ZIP Coc	de 95819
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: 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:
SUBTOTALS This Period This Page (optional)	>

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	e FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Tran	nsaction ID : LOAN0000019658
National Democratic Policy Comr			
LOAN SOURCE Full Name (Last, First, Name (Bandy)	Middle Initial)	[PERSONAL FUNDS]	Primary General
Mailing Address 934 TAMARACK LN #6			Other (specify) ▼
City SUNNYVALE	State CA ZIP Cod	de 94086	
Original Amount of Loan	Cumulative Payment To	Date Bala	ance Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS Date Incurred	Date Due	Interest Rat	e Secured:
M 09 / 06 / 1984		1984 0.00	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	2
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:	<u>, , , , , , , , , , , , , , , , , , , </u>
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9
SUBTOTALS This Period This Page (optiona	al)	>	1000.00
OTALS This Period (last page in this line o	nly)		
Carry outstanding balance only to LINE 3, S	Schedule D, for this line. If	no Schedule D, carry for	ward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

parate schedule(s)
h category of the
d Summary Page

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FOR LINE 13 OF FORM 3X

AN MC CLASHAN	ne (Last, First, Mid	ddle Initial)	[PERSONAL FUNDS	Election: Primary General
Mailing Address 245 W LC	PRRAINE ST APT 1	21		Other (specify) ▼
City GLENDALE		State CA	ZIP Code 91202	
Original Amount of Loan		Cumulative Payn	nent To Date Ba	alance Outstanding at Close of This Period
7	1500.00	,	0.00	1500.00
TERMS Date Incurr	ed	Dat	te Due Interest Ra	ate Secured:
09 10	1984	12 / 10	/ V V V V	00 % (apr) Yes X No
ist All Endorsers or Gua		o Loan Source		
I. 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:	77
B. Full Name (Last, First,	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
1. Full Name (Last, First,	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
			Г	1500.00

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) National Democratic Policy Committee	Transaction ID : LOAN0000021069
•	
LOAN SOURCE Full Name (Last, First, Middle Initial) LOUIS HARDING	[PERSONAL FUNDS] Election: Primary General
Mailing Address 815 N MADISON	Other (specify) ▼
City PIERRE State SD	ZIP Code 57501
Original Amount of Loan Cumulative F	Payment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred	Date Due Interest Rate Secured:
	0.00
List All Endorsers or Guarantors (if any) to Loan Source	De Company of the Com
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 Detailed Summary Page

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		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, Middle Initial) MARILYN PEARSON [PERSONAL FUND				Election: 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 Summary Pa	age FOR LINE 13 OF FO	ORM 3X
AME OF COMMITTEE (In Full)		Tı	ransaction ID : LOAN000002141	2
National Democratic Policy Comr			Election:	
LOAN SOURCE Full Name (Last, First, MARJORIE CZECZOK	LOAN SOURCE Full Name (Last, First, Middle Initial) MARJORIE CZECZOK [PERSONAL FUNDS]			
Mailing Address 820 LAKE ST S			Other (specify) ▼	
City KIRKLAND	State WA ZIP Co	de 98033		
Original Amount of Loan	Cumulative Payment To	Date B	Balance Outstanding at Close of	This Period
250.00		50.00	2	200.00
TERMS Date Incurred	Date Due	Interest R	Rate Secure	ed.
10 / 25 / 1984		V V V	100	es 🔀 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 1 7 1 7	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7 7 7 7	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optiona	l)	······ [2	200.00
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 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 Pag	Je FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Tra	nsaction ID : LOAN0000022667
National Democratic Policy Comr			₁ Election:
ROBERT A FUDO	LOAN SOURCE Full Name (Last, First, Middle Initial) [PERSONAL FUNDS] ROBERT A FUDO		
Mailing Address 24922 MUIRLANDS SP 36			Other (specify) ▼
City EL TORO	State CA ZIP Cod	de 92630	
Original Amount of Loan	Cumulative Payment To	Date Bal	ance Outstanding at Close of This Period
750.00		0.00	750.00
TERMS Date Incurred	Date Due	Interest Ra	te Secured:
10 22 1984		1985 0.0	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	y
SUBTOTALS This Period This Page (optiona	l)	>	750.00
FOTALS This Period (last page in this line or	nly)	>	
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no Schedule D, carry for	ward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

the FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)		Trai	nsaction ID : LOAN000023255
lational Democratic Policy Com	mittee		
•			
LOAN SOURCE Full Name (Last, First, KEITH J ORR	Middle Initial)	[PERSONAL FUNDS]	Election: Primary
KEITT J OKK			General
Mailing Address 441 PUERTO PL			Other (specify)
4411 OLKIO 1 L			
City HAYWARD	State CA ZIP Co	ode 94541	
Original Amount of Loan	Cumulative Payment To	Date Bal	ance Outstanding at Close of This Perio
500.00		0.00	500.00
TERMS	Date Due	Interest Dat	Conwords
Date Incurred	M M / D D / Y	Interest Rat	
10 24 1984	12 24	1984	9/2 (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	
City State	e ZIP Code	Amount Guaranteed	
City State	zir Code	Outstanding:	7
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	
-			
	710.0	Amount	
City State	e ZIP Code	Guaranteed Outstanding:	7
		_	
UBTOTALS This Period This Page (option	ıal)	>	500.00
OTALS This Period (last page in this line	only)	······	7 7
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
AME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000023300
valional Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) H WYVONNE LANDRY	[PERSONAL FUNDS] Election: Primary General
Mailing Address 18346 COLLINS ST #17	Other (specify) ▼
City TARZANA State CA ZIP Coc	de 91356
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
800.00	0.00
TERMS Date Incurred Date Due	Interest Rate Secured:
	1985 Y 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 I	

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 L	INE 13 OF FORM 3X
AME OF COMMITTEE (In Full)	•••	Transaction ID : LO	AN0000023612
lational Democratic Policy Com	mittee		
LOAN SOURCE Full Name (Last, First, JACOB S PAINTER	Middle Initial)	[PERSONAL FUNDS] Election: Primary General	
Mailing Address 4371 SUNRISE DR		Other (sp	ecify) 🔻
City CASPER	State WY ZIP C	ode 82604	
Original Amount of Loan	Cumulative Payment To		g at Close of This Perio
250.00		0.00	250.00
TERMS			
Date Incurred 10	Date Due	Interest Rate 1985 0.00 % (app	Secured:
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	zIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	z ZIP Code	Amount Guaranteed Outstanding:	
UBTOTALS This Period This Page (option	al)	<u> </u>	250.00
OTALS This Period (last page in this line	only)	> ,	,
arry outstanding balance only to LINE 3	Schedule D. for this line. It	no Schedule D, carry forward to approp	riate line of Summary.

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

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

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

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

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

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

Use separate schedule(s) for each category of the

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		Detailed Summary Pa	ige FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Tra	ansaction ID : LOAN0000023628
National Democratic Policy Comn	nittee		
LOAN SOURCE Full Name (Last, First, M	fiddle Initial)	[PERSONAL FUNDS	
MRS DONALD MILLS			Primary General
Mailing Address 4495 WOODLAWN			Other (specify)
4495 WOODLAWN			
City BEAUMONT		de 77703	
Original Amount of Loan	Cumulative Payment To	Date Ba	alance Outstanding at Close of This Period
500.00		0.00	500.00
TERMS Date Incurred	Date Due	Interest Ra	ate Secured:
M 10 / 22 / 1984		VVV	00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed	
City	ZIP Gode	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:	
1		<u> </u>	
SUBTOTALS This Period This Page (optional)	<u></u>	500.00
TOTALS 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 fo	prward 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	e FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	nmittoo	Tran	nsaction ID: LOAN0000023683
ational Democratic Policy Cor	nmittee		
LOAN SOURCE Full Name (Last, First AMY G BRAINARD	, Middle Initial)	[PERSONAL FUNDS]	Election: Primary General
Mailing Address 1202 S GLADYS AVE			Other (specify) ▼
City SAN GABRIEL	State CA ZIP C	Code 91776	-
Original Amount of Loan	Cumulative Payment ⁻		ance Outstanding at Close of This Perio
1000.00		0.00	1000.00
TERMS			
Date Incurred 10	Date Du	e Interest Rate 1985 0.00	
List All Endorsers or Guarantors (if ar	• /		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e 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 (optio	nal)	<u>}</u>	1000.00
OTALS This Period (last page in this line	only)	>	
arry outstanding balance only to LINE 3	. Schedule D. for this line.	If no Schedule D. carry 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 Sulfilliary Page 1 311 211 2 31 1 311 311
AME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000024453
National Democratic Folicy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) JAMES HOWARD PETERS	[PERSONAL FUNDS] Election: Primary
	General
Mailing Address 2380 GRANADA AVE	Other (specify) ▼
City LONG BEACH State CA	ZIP Code 90815
Original Amount of Loan Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred	Date Due Interest Rate Secured:
11 26 / 1984 05 Z6	0.00
List All Endorsers or Guarantors (if any) to Loan Source)
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
OTALS This Period (last page in this line only)	······································
Carry outstanding balance only to LINE 3, Schedule D, for th	is line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

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

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary 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

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.

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

		Botanoa Carrinary 1 ago	E 13 OF FORM 3X
ME OF COMMITTEE (In Full)	-:44	Transaction ID : LOAI	N0000032658
ational Democratic Policy Comn	nttee		
LOAN SOURCE Full Name (Last, First, M	liddle Initial)	[PERSONAL FUNDS] Election:	
JOHN PRICE		Primary	
		General	
Mailing Address 101 S COTTAGE RD		Other (spec	cify) ▼
City STERLING	State VA ZIP C	ode ₂₂₁₇₀	
Original Amount of Loan	Cumulative Payment 1	o Date Balance Outstanding	at Close of This Pe
750.00		0.00	750.00
TERMS			
Date Incurred	Date Du	e Interest Rate	Secured:
05 1985	05 20	1986 0.00 % (apr)	Yes X
list All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
•		Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
I. Full Name (Last, First, Middle Initial)		Outstanding: Name of Employer	
,			
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
BTOTALS This Period This Page (optional)	>	750.00
TALS This Period (last page in this line or	ıly)	>	41400.00
rry outstanding balance only to LINE 2 S	chedule D. for this line	f no Schedule D, carry forward to appropria	ate line of Summa

Excluding Loans

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

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9 **X** 10

	of COMMITTEE (In Full) nal Democratic Policy Committee	е	·	
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AIRBORNE FREIGHT CORP.			Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE
Maili	ng Address P O BOX 662			
City SEA	State TTLE	Zip Code WA	98111	
Ot	utstanding Balance Beginning This Period			Transaction ID : INV6010000112089
	12.50			
	Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	12.50
	III Name (Last, First, Middle Initial) of Debtor of MFAC HOTEL	r Creditor		Nature of Debt (Purpose): ROOM RENTAL
Mailii	ng Address P O BOX 1926			
City	State JQUERQUE	Zip Code NM	87119	
Ou	utstanding Balance Beginning This Period 198.49		. =	Transaction ID : INV6010000112090
	Amount Incurred This Period 0.00	Payr	nent This Period 0.00	Outstanding Balance at Close of This Period 198.49
	Full Name (Last, First, Middle Initial) of Debtor ARLINGTON HILTON	or Creditor		Nature of Debt (Purpose): ROOM RENTALS
Mailii	ng Address 2401 EAST LAMAR BOULEVARD)		
City ARL	INGTON	State TX	Zip Code 76011	
Ou	utstanding Balance Beginning This Period			Transaction ID : INV6010000112363
	139.00	Davis	and This Deviced	Outstanding Polymon at Class of This Ported
	Amount Incurred This Period 0.00	Payr	ment This Period 0.00	Outstanding Balance at Close of This Period 139.00
		,		
1) SUE	BTOTALS This Period This Page (optional)		>	349.99
2) TOT	TALS This Period (last page this line number o	nly)	>	
3) TO1	TAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	
4) ADI	2) and 3) and carry forward to appropriate lin	ne of Summar	ry Page (last page only) ▶	

Excluding Loans

(Use separate schedule(s) for each

PAGE 56 OF 144 FOR LINE NUMBER: (check only one)

9

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	or or Creditor		Nature of EQUIPME	Debt (Purpose): ENT RENTAL
Mailing Address 235 NORTH BROAD STREET				
City State PHILADELPHIA	Zip Code PA	19107		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112091
25.00				
Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period
0.00		,	0.00	25.00
B. Full Name (Last, First, Middle Initial) of Debto AUDIO VISUAL HEADQUARTE				Debt (Purpose): ENT RENTAL
Mailing Address 361 NORTH OAK STREET				
City State INGLEWOOD	Zip Code CA	90301		
Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000112092
11.08				
Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period
0.00			0.00	11.08
C. Full Name (Last, First, Middle Initial) of Debte AVW AUDIO VISUAL INC	or or Creditor			Debt (Purpose): ENT RENTAL
Mailing Address 1372 WYCLIFF AVE				
City DALLAS	State TX	Zip Code 75207		
Outstanding Balance Beginning This Period 65.64			Transa	ction ID : INV6010000112093
Amount Incurred This Period	Pav	ment This Period	Outstand	ling Balance at Close of This Period
0.00			0.00	65.64
1) SUBTOTALS This Period This Page (optional)			>	101.72
2) TOTALS This Period (last page this line number	r only)		>	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page or	nly)	>	, , , , , , , , , , , , , , , , , , , ,
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ry Page (last page o	only) ▶	7

Excluding Loans

(Use separate schedule(s) for each

PAGE 57 OF 144 FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee		•		
A. Full Name (Last, First, Middle Initial) of Debto				e of Debt (Purpose): C. EXPENSE	
BANK OF THE COMMONWEALTH				, EAFENSE	
Mailing Address PO BOX 32900					
City State	Zip Code				
DETROIT	MI	48232			
Outstanding Balance Beginning This Period			Trai	nsaction ID : INV6010000112095	
1430.00					
Amount Incurred This Period	Pay	ment This Period	Out	standing Balance at Close of This Period	
0.00	,		0.00	1430.00	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature	e of Debt (Purpose):	
BELMONT RESTAURANT	o. Gradio.			M RENTALS	
Mailing Address 541 LEXINGTON AVE.					
City State NEW YORK	Zip Code NY	10022			
Outstanding Balance Beginning This Period			Tro	unsaction ID : INV6010000112096	
Odistanding Dalance Deginning This Fellod			110	IISACTION ID . INVOUTUUUUT 12090	
110.00					
Amount Incurred This Period	Pay	ment This Period	Outs	standing Balance at Close of This Period	
0.00			0.00	110.00	
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			e of Debt (Purpose): DM RENTALS	
Mailing Address P.O. BOX 1440					
City	State	Zip Code			
DENVER	СО	80201			
Outstanding Balance Beginning This Period			Tra	nsaction ID : INV6010000112097	
272.00					
273.00					
Amount Incurred This Period	Pay	ment This Period	Outs	standing Balance at Close of This Period	
0.00			0.00	273.00	
5.00	,		0.00	210.00	
1) SUBTOTALS This Period This Page (optional)				1813.00	
· · · · · · · · · · · · · · · · · · ·					
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3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	nly)	▶	, ,	
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Excluding Loans

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PAGE 58 OF 144 FOR LINE NUMBER: (check only one)

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AME OF COMMITTEE (In Full)	4	,	•	, ,
National Democratic Policy Commit	tee			
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		Nature of Debt (Pur	
BRUKOFF, BERAS & STEWA	RT,P.C.		ATTY FEES-ZIEGL	ER/CONG
Mailing Address 3000 TOWN CENTER SUITE 2550			_	
City State	Zip Code			
SOUTHFIELD	MI 480	75		
Outstanding Balance Beginning This Period			Transaction ID : II	NV6010000112099
285.00				
Amount Incurred This Period	Payment This	Period	Outstanding Balan	ce at Close of This Period
0.00	,	0.00	,	285.00
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Pur	uuce).
CAMPAIGNER PUBLICATION			PRESS RELATION	
Mailing Address P.O. BOX 17726				
City State	Zip Code			
WASHINGTON	DC 2004	1 1		
Outstanding Balance Beginning This Period			Transaction ID :	INV6010000111880
2700.00			Transaction ib .	1440010000111000
Amount Incurred This Period	Payment This	s Period	Outstanding Balan	ce at Close of This Period
0.00		0.00		2700.00
C. Full Name (Last, First, Middle Initial) of Debi			Nature of Debt (Pur	pose):
CAMPAIGNER PUBLICATION	IS		RENT	
Mailing Address P.O. BOX 17726			_	
City	State Zip Co	ode	_	
WASHINGTON	DC 20041	l		
Outstanding Balance Beginning This Period			Transaction ID :	INV6010000111909
64.51				
Amount Incurred This Period	Payment This	s Period	Outstanding Balan	ce at Close of This Period
	T dymont The		Data and Balan	
0.00		0.00		64.51
) SUBTOTALS This Period This Page (optional)		>		3049.51
) TOTALS This Period (last page this line number	er only)	>		
TOTAL OUTSTANDING LOANS from Schedule				
) ADD 2) and 3) and carry forward to appropriate				
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PAGE 59 OF 144 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 of	or Creditor		Nature of D	Pebt (Purpose):
CAMPAIGNER PUBLICATIONS			ADVERTIS	SING
Mailing Address P.O. BOX 17726				
City State	Zip Code			
WASHINGTON	DC	20041		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000111912
1567.00				
Amount Incurred This Period	Payme	ent This Period	Outstandi	ng Balance at Close of This Period
0.00		0.	00	1567.00
B. Full Name (Last, First, Middle Initial) of Debtor o	r Creditor		Nature of D	Pebt (Purpose):
CAMPAIGNER PUBLICATIONS	1 Organor		ADVERTIS	
Mailing Address P.O. BOX 17726				
City State	Zip Code			
WASHINGTON	DC	20041		
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000111913
60.00				
Amount Incurred This Period	Payme	ent This Period	Outstandi	ng Balance at Close of This Period
0.00	,	0.0	00	60.00
C. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	or Creditor			Debt (Purpose): PTIONS PURCHASE
Mailing Address P.O. BOX 17726				
City	State	Zip Code		
WASHINGTON	DC	20041		
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000111914
7316.85				
Amount Incurred This Period	Pavme	ent This Period	Outstandi	ng Balance at Close of This Period
0.00	. ~,		.00	7316.85
0.00		U.	.00	7510.05
1) SUBTOTALS This Period This Page (optional)			>	8943.85
2) TOTALS This Period (last page this line number of	nly)		>	7
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only)	1	>	77
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary	Page (last page on	nly) ▶	

Excluding Loans

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

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	of COMMITTEE (In Full) nal Democratic Policy Committe	е				
	full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS			Nat RE	ure of Debt (Purpo ENT	ose):
Mailir	ng Address P.O. BOX 17726					
City	State SHINGTON	Zip Code DC	20041			
Ou	utstanding Balance Beginning This Period		20011	Т	ransaction ID : IN	V6010000111915
	800.00	Do	mant This David	0	ustatandina Dalana	a at Class of This Davied
	Amount Incurred This Period 0.00	Pay	ment This Period	0.00	uistanding Balance	e at Close of This Period 800.00
	III Name (Last, First, Middle Initial) of Debtor (CAMPAIGNER PUBLICATIONS	or Creditor			ure of Debt (Purpo HOTOCOPIER USA	
Mailir	ng Address P.O. BOX 17726					
City WAS	State HINGTON	Zip Code DC	20041			
Ou	utstanding Balance Beginning This Period 250.00			1	Fransaction ID : IN	NV6010000111916
	Amount Incurred This Period	Pay	ment This Period	0	utstanding Balance	e at Close of This Period
	0.00		(0.00		250.00
	full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS				ure of Debt (Purpo ELECOMMUNICAT	
Mailir	ng Address P.O. BOX 17726					
City WAS	SHINGTON	State DC	Zip Code 20041			
Οι	utstanding Balance Beginning This Period			7	Fransaction ID : IN	NV6010000111917
	1000.00 Amount Incurred This Period	Pay	ment This Period	0	outstanding Balanc	e at Close of This Period
	0.00			0.00		1000.00
1) SUE	BTOTALS This Period This Page (optional)			>		2050.00
2) TOT	TALS This Period (last page this line number of	only)		>		7
3) TOT	TAL OUTSTANDING LOANS from Schedule C	(last page o	nly)			,
4) ADE	2) and 3) and carry forward to appropriate li	ine of Summa	ary Page (last page o	only) ▶		

Excluding Loans

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AME OF COMMITTEE (In Full) National Democratic Policy Committ	ee		
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose)):
CAMPAIGNER PUBLICATION	PRESS RELATIONS SE	ERVICE	
Mailing Address P.O. BOX 17726			
City State	Zip Code		
WASHINGTON	DC 20041		
Outstanding Balance Beginning This Period		Transaction ID : INV6	010000111918
8170.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance a	at Close of This Period
0.00	0.00		8170.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose	e):
CAMPAIGNER PUBLICATIONS	5	ADVERTISING	
Mailing Address P.O. BOX 17726			
City State	Zip Code		
WASHINGTON	DC 20041		
Outstanding Balance Beginning This Period		Transaction ID : INV6	6010000111919
1310.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance a	at Close of This Period
0.00	0.00		1310.00
C. Full Name (Last, First, Middle Initial) of Debte CAMPAIGNER PUBLICATION		Nature of Debt (Purpose SUBSCRIPTIONS PUR	
Mailing Address P.O. BOX 17726			
City	State Zip Code		
WASHINGTON	DC 20041		
Outstanding Balance Beginning This Period		Transaction ID : INV	6010000111920
11948.30			
Amount Incurred This Period	Payment This Period	Outstanding Balance a	at Close of This Period
0.00	0.0		11948.30
			, , , , ,
CURTOTALC This Deviced This Dags (entional)			21428.30
SUBTOTALS This Period This Page (optional)			2.1 120.00
TOTALS This Period (last page this line number	only)	<u> </u>	, , , , ,
TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>	
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Excluding Loans

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

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

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Comm	nittee		
A. Full Name (Last, First, Middle Initial) of D CAMPAIGNER PUBLICATION		Nature of Debt (Purpose): PRESS RELATIONS SER	VICE
Mailing Address P.O. BOX 17726			
City State WASHINGTON	Zip Code DC 20041		
Outstanding Balance Beginning This Period		Transaction ID : INV6010	0000111924
8170.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at 0	Close of This Period
0.00	0.	00	8170.00
B. Full Name (Last, First, Middle Initial) of De CAMPAIGNER PUBLICATIO		Nature of Debt (Purpose): ADVERTISING	
Mailing Address P.O. BOX 17726			
City State WASHINGTON	Zip Code DC 20041		
Outstanding Balance Beginning This Period	I	Transaction ID : INV601	0000111925
Amount Incurred This Period	Payment This Period	Outstanding Balance at 0	Close of This Period
0.00	0.	00	150.00
C. Full Name (Last, First, Middle Initial) of D CAMPAIGNER PUBLICATION		Nature of Debt (Purpose): ADVERTISING	
Mailing Address P.O. BOX 17726			
City WASHINGTON	State Zip Code DC 20041		
Outstanding Balance Beginning This Period	I 	Transaction ID: INV601	0000111926
30.00 Amount Incurred This Period	Payment This Period	Outstanding Balance at 0	Close of This Period
0.00		00	30.00
1) SUBTOTALS This Period This Page (options	al)	>	8350.00
2) TOTALS This Period (last page this line num	nber only)	>	
3) TOTAL OUTSTANDING LOANS from Sched	lule C (last page only)	>	
4) ADD 2) and 3) and carry forward to appropr	iate line of Summary Page (last page or	oly) ▶	

Excluding Loans

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

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 65
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): SUBSCRIPTIONS PURCHASE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code DC WASHINGTON 20041 Transaction ID: INV6010000112056 Outstanding Balance Beginning This Period 7910.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 7910.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000112057 40.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 40.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 Zip Code City State WASHINGTON DC 20041 Transaction ID: INV6010000112058 Outstanding Balance Beginning This Period 7989.60 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 7989 60 0.00 15939.60 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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): **RENT** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code DC WASHINGTON 20041 Transaction ID: INV6010000112059 Outstanding Balance Beginning This Period 800.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 800.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELECOMMUNICATIONS** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000112060 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **RENT** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 Zip Code City State WASHINGTON DC 20041 Transaction ID: INV6010000112061 Outstanding Balance Beginning This Period 800.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 800.00 0.00 2600.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

Excluding Loans

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

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

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Poli	cy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor					of Debt (Purpose): LANNING FEES & EXPNS
CAUCUS DISTRIBUTORS INC.					
Mailing Address PO BOX 748 RADIO CITY S	TATION				
City State		p Code			
NEW YORK	<u> </u>	NY	10101		
Outstanding Balance Beginning	This Period			Trans	action ID : INV6010000112275
	1529.35				
Amount Incurred This F	Period	Payme	ent This Period	Outsta	anding Balance at Close of This Period
	0.00	,	0.	.00	1529.35
B. Full Name (Last, First, Middle CAUCUS DISTRIBU	,	editor			of Debt (Purpose): OFFICE RENT
Mailing Address PO BOX 748 RADIO CITY S'	TATION				
City State	Zip	p Code			
NEW YORK		NY	10101		
Outstanding Balance Beginning				Trans	saction ID : INV6010000112281
A	2614.35	-		0.11	"
Amount Incurred This F		Payme	ent This Period		anding Balance at Close of This Period
	0.00	- 7	0.	.00	2614.35
C. Full Name (Last, First, Middle CAUCUS DISTRIBU		reditor			of Debt (Purpose): FFC TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY S	TATION				
City	Sta	ite	Zip Code		
NEW YORK	N	IY	10101		
Outstanding Balance Beginning	This Period			Trans	saction ID : INV6010000112282
	9834.85				
Amount Incurred This F	Period	Payme	ent This Period	Outsta	anding Balance at Close of This Period
	0.00	,	0	.00	9834.85
1) SUBTOTALS This Period This F	Page (optional)				13978.55
2) TOTALS This Period (last page	this line number only)				7
3) TOTAL OUTSTANDING LOANS	from Schedule C (last	page only)	-	
4) ADD 2) and 3) and carry forwar	d to appropriate line of	Summary	Page (last page or	nly) ▶	

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

Excluding Loans

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

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	<u> </u>			/
	COMMITTEE (In Full) al Democratic Policy Committee	ее		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.			Nature of Debt (Purpose): FIELD OFFICE RENT	
Mailing	g Address PO BOX 748 RADIO CITY STATION			
City NEW	State	Zip Code NY	10101	
Outs	standing Balance Beginning This Period			Transaction ID : INV6010000112286
	2614.35			
	Amount Incurred This Period	Payr	nent This Period	Outstanding Balance at Close of This Period
	0.00		0.00	2614.35
I	Name (Last, First, Middle Initial) of Debtor AUCUS DISTRIBUTORS INC.	or Creditor		Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Mailing	g Address PO BOX 748			
City	RADIO CITY STATION State	Zip Code		<u> </u>
NEW \		NY NY	10101	
Outs	standing Balance Beginning This Period			Transaction ID : INV6010000112287
	5250.00			
	Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	5250.00
	III Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC			Nature of Debt (Purpose): MTG PLANNING FEES & EXPNS
Mailing	g Address PO BOX 748			
0''	RADIO CITY STATION		7' 0 1	
Oity NEW	YORK	State NY	Zip Code 10101	
Outs	standing Balance Beginning This Period			Transaction ID : INV6010000112288
	1151.71			
	Amount Incurred This Period	Payr	nent This Period	Outstanding Balance at Close of This Period
	0.00		0.00	1151.71
1) SUB1	TOTALS This Period This Page (optional)			9016.06
2) TOTA	2) TOTALS This Period (last page this line number only)			
3) ТОТА	AL OUTSTANDING LOANS from Schedule (
4) ADD	2) and 3) and carry forward to appropriate	line of Summar	y Page (last page only) I	

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** NY 10101 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)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	е					
	A. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	Nat FII	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 2200.00			T	ransaction ID : IN\	V6010000112292	
	Amount Incurred This Period	Pay	ment This Period	0	outstanding Balance	e at Close of This Period	
	0.00			0.00		2200.00	
	B. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor			ture of Debt (Purpo ELD OFFICE RENT		
	Mailing Address PO BOX 748 RADIO CITY STATION						
	City State NEW YORK	Zip Code NY	10101				
	Outstanding Balance Beginning This Period 2000.00			٦	Transaction ID : IN	V6010000112293	
	Amount Incurred This Period	Pay	ment This Period	0	utstanding Balance	e at Close of This Period	
	0.00		-	0.00		2000.00	
	C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor			ture of Debt (Purpo LD OFFC TELEPHO		
	Mailing Address PO BOX 748 RADIO CITY STATION						
	City NEW YORK	State NY	Zip Code 10101				
	Outstanding Balance Beginning This Period			٦	Transaction ID : IN	IV6010000112294	
	9170.00 Amount Incurred This Period	Pay	ment This Period	0	outstanding Balance	e at Close of This Period	
	0.00			0.00		9170.00	
1)	SUBTOTALS This Period This Page (optional)			<u></u>		13370.00	
2)	TOTALS This Period (last page this line number of	only)		<u></u>		, , , ,	
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)	>			
4)	ADD 2) and 3) and carry forward to appropriate li	ne of Summa	ry Page (last page	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): FIELD OFFICE RENT CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION State Zip Code **NEW YORK** 10101 Transaction ID: INV6010000112295 Outstanding Balance Beginning This Period 2000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2000.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** NY 10101 Outstanding Balance Beginning This Period Transaction ID: INV6010000112296 9170.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 9170.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MTG PLANNING FEES & EXPNS CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** 10101 NY Transaction ID: INV6010000112297 Outstanding Balance Beginning This Period 2144.91 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2144.91 0.00 13314.91 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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PAGE 75 OF 144 FOR LINE NUMBER: (check only one)

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	е			
,	A. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.			Nature of ADJUST	Debt (Purpose): 1986 TEL USAGE CHG
	Mailing Address PO BOX 748 RADIO CITY STATION				
	City State	Zip Code			
	NEW YORK	NY	10101		
	Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112298
	18135.97				
	Amount Incurred This Period	Pay	ment This Period	Outstand	ding Balance at Close of This Period
	0.00	, ,	,	0.00	18135.97
Ī	3. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		Nature of RENT	Debt (Purpose):
Ī	Mailing Address PO BOX 748 RADIO CITY STATION				
(City State	Zip Code			
	NEW YORK	NY	10101		
	Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000112299
	2000.00	Day	ment This Device	Outstans	ling Polones at Class of This Povied
	Amount Incurred This Period	Pay	ment This Period		ling Balance at Close of This Period
	0.00	7	,	0.00	2000.00
(C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.				Debt (Purpose): DNE USAGE
Ī	Mailing Address PO BOX 748 RADIO CITY STATION				
(City	State	Zip Code		
	NEW YORK	NY	10101		
	Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000112300
	9170.00				
	Amount Incurred This Period	Pay	ment This Period	Outstand	ding Balance at Close of This Period
	0.00	,		0.00	9170.00
1)	SUBTOTALS This Period This Page (optional)			>	29305.97
2)	TOTALS This Period (last page this line number of	only)		<u>}</u>	, , , , , , , , ,
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)	>	, , ,
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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 CITICORP	Nature MISC	e of Debt (Purpose): c. EXPENSES		
	Mailing Address CCSI COLLECTION DEPARTMENT P.O. BOX C5216				
	City State MELVILLE	Zip Code NY	11750		
	Outstanding Balance Beginning This Period 760.00			Tran	saction ID : INV6010000112302
	Amount Incurred This Period	Pay	yment 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	yment This Period		standing Balance at Close of This Period
	0.00	1 1 1		0.00	556.76
	C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL	or Creditor			e of Debt (Purpose): M RENTALS
	Mailing Address 123 E. POST RD. (RT 22)				
	City WHITE PLAINS	State NY	Zip Code 10610		
	Outstanding Balance Beginning This Period 120.00			Tra	nsaction ID : INV6010000112303
	Amount Incurred This Period	Pay	yment 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)		>	, , , , , , , , , , , , , , , , , , , ,
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PAGE 77 OF 144 FOR LINE NUMBER: (check only one)

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AME OF COMMITTEE (In Full) National Democratic Policy Commit	tee		1 - 1
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of Debt (Purp	ose):
COACHMAN INN & RESTAU	ROOM RENTALS		
Mailing Address 10 JACKSON DRIVE			
City State CRANFORD	Zip Code NJ 07016		
OKAWI OKD	07016		
Outstanding Balance Beginning This Period		Transaction ID : IN	V6010000112304
150.00			
Amount Inquired This Davied	Doumant This Davied	Outstanding Rolans	a at Class of This David
Amount Incurred This Period	Payment This Period	Outstanding Balanc	e at Close of This Period
0.00	0.0	00	150.00
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purp	ose):
DALE ANDERSON'S		ROOM RENTALS	,
Mailing Address 7041 FIRST AVE.			
City State	Zip Code		
SCOTTSDALE	AZ 85251		
Outstanding Balance Beginning This Period		Transaction ID : II	NV6010000112308
238.50			
Amount Incurred This Period	Payment This Period	Outstanding Baland	e at Close of This Period
0.00	0.0	00	238.50
C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of Debt (Purp	
DAVID JAY, ESQ.		ATTORNEY FEES 8	EXPENSES
Mailing Address ATTORNEY AT LAW			
120 DELAWARE AVENUE, ST			
City BUFFALO	State Zip Code NY 14202		
Outstanding Balance Beginning This Period		Transaction ID : II	NV6010000112373
306.35			
Amount Incurred This Period	Payment This Period	Outstanding Balance	e at Close of This Period
0.00	0.	00	306.35
CURTOTALS This Payind This Page (antional)			694.85
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) TOTALS This Period (last page this line number	er only)	>	
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PAGE 78 OF 144 FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	 Эе	<u>'</u>					
A. Full Name (Last, First, Middle Initial) of Debto DAVID KILBUR	r or Creditor		Nature of Do POSTAGE	ebt (Purpose):			
Mailing Address 1901 NORIEGA #5	Mailing Address 1901 NORIEGA #5						
City State SAN FRANCISCO							
Outstanding Balance Beginning This Period 194.93			Transaction	on ID : INV6010000112376			
Amount Incurred This Period 0.00	Paymen	nt This Period 0.00	Outstandir	ng Balance at Close of This Period			
B. Full Name (Last, First, Middle Initial) of Debtor DOUBLEWOOD INN BEST WE			Nature of Do	ebt (Purpose): NTAL			
Mailing Address 3333 13TH AVE. SOUTH City State	Zip Code						
City State FARGO	ND ND	58103					
Outstanding Balance Beginning This Period 36.40			Transact	ion ID : INV6010000113252			
Amount Incurred This Period 0.00	Paymen	nt This Period 0.00	Outstandir	ng Balance at Close of This Period 36.40			
C. Full Name (Last, First, Middle Initial) of Debto EASTERN STATES DISTRIBU			Nature of De FIELD OFF	ebt (Purpose): FICE RENT			
Mailing Address P.O. BOX 268							
City DREXEL HILL		Zip Code 19026					
Outstanding Balance Beginning This Period 200.00			Transact	ion ID : INV6010000114470			
Amount Incurred This Period 0.00	Paymen	t This Period 0.00	Outstandir	ng Balance at Close of This Period 200.00			
1) SUBTOTALS This Period This Page (optional)			<u> </u>	431.33			
2) TOTALS This Period (last page this line number	only)		<u> </u>				
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only).		>				
4) ADD 2) and 3) and carry forward to appropriate	line of Summary P	age (last page only)	.				

EASTERN STATES DISTRIBUTORS

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): FLD OFFC TELEPHONE USAGE EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 State Zip Code **DREXEL HILL** PA 19026 Transaction ID: INV6010000114471 Outstanding Balance Beginning This Period 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): FIELD OFFICE RENT EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 City State Zip Code **DREXEL HILL** PΑ 19026 Outstanding Balance Beginning This Period Transaction ID: INV6010000114472 200.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 200.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose):

Mailing Address P.O. BOX 268			
City	State	Zip Code	
DREXEL HILL	PA	19026	
Outstanding Balance Beginning This Period			Transaction ID : INV6010000114473
915.00			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	915.00

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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): FIELD OFFICE RENT EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 State Zip Code PA DREXEL HILL 19026 Transaction ID: INV6010000114474 Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 200.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 City State Zip Code **DREXEL HILL** 19026 PΑ Outstanding Balance Beginning This Period Transaction ID: INV6010000114475 915.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 915.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **RENT** EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 City State Zip Code DREXEL HILL 19026 PA Transaction ID: INV6010000114476 Outstanding Balance Beginning This Period 200.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 200.00 0.00 1315.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	е				
	A. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBUT	Nat TE	ure of Debt (Purp ELEPHONE USAG	oose): GE		
	Mailing Address P.O. BOX 268					
	City State DREXEL HILL	Zip Code PA	19026			
	Outstanding Balance Beginning This Period 915.00			T	ransaction ID : IN	NV6010000114477
	Amount Incurred This Period	Pay	ment This Period	0	utstanding Baland	ce at Close of This Period
	0.00	,		0.00		915.00
	B. Full Name (Last, First, Middle Initial) of Debtor of EDGEWATER INN	or Creditor			ure of Debt (Purp DOM RENTAL	pose):
	Mailing Address PIER 67					
	City State SEATTLE	Zip Code WA	98121			
	Outstanding Balance Beginning This Period 205.00			7	「ransaction ID : I	NV6010000113744
	Amount Incurred This Period	Pay	ment This Period	0	utstanding Baland	ce at Close of This Period
	0.00	7	7	0.00		205.00
	C. Full Name (Last, First, Middle Initial) of Debtor EDWARD CORPUS	or Creditor			ure of Debt (Purp RINTING	pose):
	Mailing Address 1339 MARYLAND ST. APT. 1					
	City LOS ANGELES	State CA	Zip Code 90017			
	Outstanding Balance Beginning This Period 22.95			٦	Fransaction ID : I	NV6010000112307
	Amount Incurred This Period	Pay	ment This Period	0	utstanding Balan	ce at Close of This Period
	0.00	7		0.00		22.95
1)	SUBTOTALS This Period This Page (optional)			>	7	1142.95
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3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)	>		. ,
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Excluding Loans

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

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

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AME OF COMMITTEE (In Full)			P. C.
National Democratic Policy Comm	nittee		
A. Full Name (Last, First, Middle Initial) of D	obtor or Craditor	Noture of Do	ht /Durnaga).
, , , , , , , , , , , , , , , , , , , ,	ebtor or Creditor	PRINTING	bt (Purpose):
EVELYN LANTZ			
Mailing Address 1826 NORIEGA STREET			
100000000000000000000000000000000000000			
City State	Zip Code		
SAN FRANCISCO	CA 94122		
Outstanding Balance Beginning This Period		Transactio	n ID : INV6010000112386
60.98			
Amount Incurred This Period	Payment This Period	Outstanding	Balance at Close of This Period
Amount incurred This Feriod	r ayment mis renou	Outstanding	
0.00	0	.00	60.98
B. Full Name (Last, First, Middle Initial) of De	htor or Creditor	Nature of De	ht (Purnoco):
EXECUTIVE HOTEL & SPA	biol of Greditor		OOM RENTAL
EXECUTIVE HOTEE & OF X			
Mailing Address 1055 FIRST AVE.			
011	7. 0. 1		
City State SAN DIEGO	Zip Code CA 92101		
Outstanding Balance Beginning This Period		Transaction	on ID : INV6010000114372
100.00			
Amount Incurred This Period	Payment This Period	Outstanding	Balance at Close of This Period
0.00	0	.00	100.00
0.00		.00	100.00
C. Full Name (Last, First, Middle Initial) of D	ebtor or Creditor	Nature of De	bt (Purpose):
EXECUTIVE RED CARPET	INNS	ROOM REN	
Mailing Address 4020 SOUTHWEST FREEW	/AY		
City	State Zip Code		
HOUSTON	TX 77027		
Outstanding Balance Beginning This Period	1	Transactio	on ID : INV6010000112317
22.00			
Amount Incurred This Period	Payment This Period	Outstanding	Balance at Close of This Period
0.00	0	.00	22.00
			7
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Excluding Loans

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FOR LINE NUMBER: (check only one)

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

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(Use separate schedule(s) for each

PAGE 85 OF 144 FOR LINE NUMBER: (check only one)

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AME OF COMMITTEE (In Full)		·		
National Democratic Policy Committ	ee			
A. Full Name (Last, First, Middle Initial) of Debto	er or Croditor		Notice of Dakt /D	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
, , , , , , , , , , , , , , , , , , , ,			Nature of Debt (Pur TRAVEL-TARPLE)	pose): //SENATE
FERRANTE TRAVEL CENTER				
Mailing Address 135 BROAD AVENUE			1	
City State PALISADES PARK	Zip Code NJ 07	250		
	145 07	650		NV004000440740
Outstanding Balance Beginning This Period			Transaction ID : I	NV6010000113746
57.00				
Amount Incurred This Period	Payment Th	is Period	Outstanding Balar	nce at Close of This Period
0.00		0.00		57.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Pur	pose):
FUSION ENERGY FOUNDATION			LIST PURCHASE	p/-
Mailing Address 250 W 57TH ST. STE.1711				
City State	Zip Code		_	
NEW YORK	•	019		
Outstanding Balance Beginning This Period			Transaction ID :	INV6010000112327
			Transaction iD:	IN V60 10000 112321
4439.10				
Amount Incurred This Period	Payment Th	is Period	Outstanding Balar	nce at Close of This Period
0.00		0.00		4439.10
		,		
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Pur	pose):
HENRY MCBRIDE			MISC. EXPENSE	
Mailing Address C/O HENRY'S AUTO PARTS			_	
Mailing Address C/O HENRY'S AUTO PARTS 91 SO WHITE HORSE PIKE				
City	State Zip C			
BERLIN	NJ 0800)9		
Outstanding Balance Beginning This Period			Transaction ID :	INV6010000112396
233.00				
	Dog and Ti	io Poriod	Outotondina Dala	non at Class of This Davied
Amount Incurred This Period	Payment Th		Outstanding Balar	nce at Close of This Period
0.00		0.00		233.00
CUPTOTAL C This Devied This Dame (antique)				4729.10
) SUBTOTALS This Period This Page (optional)		>		7720.10
) TOTALS This Period (last page this line number	only)			
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>		7
) ADD 0) and 0) and as (Para of Own	//		
) 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 Committ	ee		
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 1614 CENTRAL AVENUE			
City State ALBANY	Zip Code NY	12205	
Outstanding Balance Beginning This Period			Transaction ID : INV6010000112341
40.00			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	40.00
B. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN & HOLIDOME	r or Creditor		Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 1501 FREEWAY BLVD.			
City State MINNEAPOLIS	Zip Code MN	55430	
Outstanding Balance Beginning This Period 42.00			Transaction ID : INV6010000112996
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	42.00
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 5401 GREEN VALLEY DRIVE			
City BLOOMINGTON	State MN	Zip Code 55437	
Outstanding Balance Beginning This Period			Transaction ID : INV6010000112340
157.50			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	157.50
1) SUBTOTALS This Period This Page (optional)			239.50
2) TOTALS This Period (last page this line number	only))	
3) TOTAL OUTSTANDING LOANS from Schedule	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate			

Excluding Loans

(Use separate schedule(s) for each

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** HOLIDAY INN CHEEKTOWAGA Mailing Address 609 DINGENS ST. State Zip Code **CHEEKTOWAGA** 14206 Transaction ID: INV6010000112342 Outstanding Balance Beginning This Period 23.15 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 23.15 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN CHERRY HILL Mailing Address RTE 70 & SAYRE AVENUE City State Zip Code **CHERRY HILL** 08034 NJ Outstanding Balance Beginning This Period Transaction ID: INV6010000112343 50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 50.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN CHICO Mailing Address 685 MANZANITA COURT Zip Code City State CHICO 95926 CA Transaction ID: INV6010000112344 Outstanding Balance Beginning This Period 45.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 45 00 0.00 118.15 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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Excluding Loans n				ered line)	(Check only one)	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 ROOM REI	ebt (Purpose): NTALS	
Mailing Address 440 WEST 57TH STREET						
City State NEW YORK	Zip Code NY	10019				
Outstanding Balance Beginning This Period 224.00				Transaction	on ID : INV601000011	2345
Amount Incurred This Period	Paym	nent This Period		Outstandir	ng Balance at Close of	of This Period
0.00		,	0.00		7	224.00
B. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN CONCORD	or Creditor			Nature of D ROOM REI	ebt (Purpose): NTALS	
Mailing Address 1050 BURNETT AVE.						
City State CONCORD	Zip Code CA	94520				
Outstanding Balance Beginning This Period 97.24				Transact	ion ID : INV60100001	12346
Amount Incurred This Period	Paym	nent This Period		Outstandir	ng Balance at Close of	of This Period
0.00			0.00		7	97.24
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			Nature of D ROOM RE	ebt (Purpose): NTALS	
Mailing Address 1015 ELM STREET						
City DALLAS	State TX	Zip Code 75202				
Outstanding Balance Beginning This Period 52.00				Transact	ion ID : INV60100001	12347
Amount Incurred This Period	Paym	nent This Period		Outstandir	ng Balance at Close of	of This Period
0.00			0.00	L	7	52.00
1) SUBTOTALS This Period This Page (optional)			▶		, , , , ,	373.24
2) TOTALS This Period (last page this line number	only)		>		7 1 7	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page onl	y)	>			
4) ADD 2) and 3) and carry forward to appropriate	line of Summary	/ Page (last page o	only) ▶			

Excluding Loans

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PAGE 89 OF 144 FOR LINE NUMBER: (check only one)

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	е			
	A. Full Name (Last, First, Middle Initial) of Debtor	Nature of ROOM R	Debt (Purpose): RENTALS		
	HOLIDAY INN ERIE				
	Mailing Address 8040 PERRY HWY.				
ı	City State	Zip Code			
ŀ	ERIE	PA	16509	Transac	ction ID : INV6010000112348
	Outstanding Balance Beginning This Period			Hallsa	CHOILID : INVOUTUUUUT 12546
	47.70				
	Amount Incurred This Period	Pay	ment This Period		ding Balance at Close of This Period
	0.00		(0.00	47.70
	B. Full Name (Last, First, Middle Initial) of Debtor of HOLIDAY INN HAUPPAUGE	or Creditor		Nature of ROOM R	Debt (Purpose): ENTALS
	Mailing Address .				
	City State	Zip Code	44700		
-	HAUPPAUGE	NY	11788		
	Outstanding Balance Beginning This Period			Transa	action ID : INV6010000112349
	60.00	5		0	"
	Amount Incurred This Period	Pay	ment This Period		ding Balance at Close of This Period 60.00
	0.00	7	(0.00	60.00
	C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN KENILWORTH	or Creditor			Debt (Purpose): RENTALS
	Mailing Address BLVD. & SOUTH 31ST ST.				
f	City	State	Zip Code		
ł	KENILWORTH Outstanding Release Regioning This Region	NJ	07033	Trance	action ID : INV6010000112352
	Outstanding Balance Beginning This Period			ITalisa	CHOILID : 11440010000112332
	45.00	Davi	This Davied	Outstan	dian Dalamas at Olass of This Davied
	Amount Incurred This Period 0.00	Pay	ment This Period	0.00	ding Balance at Close of This Period 45.00
	0.00			0.00	40.00
1)	SUBTOTALS This Period This Page (optional)			}	152.70
2)	TOTALS This Period (last page this line number of	only)		}	
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)	>	7
4)	ADD 2) and 3) and carry forward to appropriate li	only) ▶			

Excluding Loans

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PAGE 90 OF 144 FOR LINE NUMBER: (check only one)

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AME OF COMMITTEE (In Full) National Democratic Policy Committ	ee		
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): ROOM RENTALS		
HOLIDAY INN NORWALK			NOOM NEW YEE
Mailing Address 789 CONNECTICUT AVENUE			_
City State	Zip Code		_
NORWALK	CT 068	54	
Outstanding Balance Beginning This Period			Transaction ID : INV6010000112356
90.00			
Amount Incurred This Period	Payment This	s Period	Outstanding Balance at Close of This Pe
0.00		0.00	90.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
HOLIDAY INN OF LAMAR			ROOM RENTALS
Mailing Address RD #2 EXIT 25 INTERSTATE 80)		-
City State	Zip Code		_
MILL HALL	PA 1775	51	
Outstanding Balance Beginning This Period			Transaction ID : INV6010000112353
52.78			
Amount Incurred This Period	Payment This	s Pariod	Outstanding Balance at Close of This Pe
	r ayment mis		
0.00		0.00	52.78
C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN OF NEWTON	or or Creditor		Nature of Debt (Purpose): ROOM RENTALS
Marillan Address			-
P.O. BOX 4305			
City BOSTON	State Zip Co MA 0221		
Outstanding Balance Beginning This Period			Transaction ID : INV6010000112355
90.00			
Amount Incurred This Period	Payment This	s Period	Outstanding Balance at Close of This Pe
0.00		0.00	90.00
, ,	, ,		
SUBTOTALS This Period This Page (optional)		>	232.78
TOTALS This Period (last page this line number	only)	>	
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>	
ADD 2) and 3) and carry forward to appropriate	line of Summary Page ((last page only) ▶	

Excluding Loans

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

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

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 HOLIDAY INN ROCHESTER-A	Nature of Debt (Purpose): ROOM RENTALS		
	Mailing Address 911 BROOKS AVENUE			
	City State ROCHESTER			
	Outstanding Balance Beginning This Period	Transaction ID : INV6010000112359		
	50.00			
	Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period
	0.00		0.00	50.00
	B. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN ROCKVILLE	or Creditor		Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address 173 SUNRISE HWY.			
-	City State	Zip Code		
-	ROCKVILLE. L.I.	NY	11570	
	Outstanding Balance Beginning This Period 50.00			Transaction ID: INV6010000112360
	Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period
	0.00		0.00	50.00
	C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN SCHENECTADY			Nature of Debt (Purpose): ROOM RENTALS
-	Mailing Address DOWNTOWN	IN		
	100 NOTT TERRACE & FRANKI	State	Zip Code	
-	SCHENECTADY	NY	12305	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112361
	45.00			
	Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period
	0.00	7	0.00	45.00
1)	SUBTOTALS This Period This Page (optional))	, 145.00
2)	TOTALS This Period (last page this line number			
3)	TOTAL OUTSTANDING LOANS from Schedule (
4)	ADD 2) and 3) and carry forward to appropriate			

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Po	licy Committee						
A. Full Name (Last, First, Mide HOLIDAY INN-AIF	Nature o ROOM	of Debt (Purpose): RENTALS					
Mailing Address 4545 N. LINE	Mailing Address 4545 N. LINDBURGH BLVD.						
City State BRIDGETON		Zip Code MO	63044				
Outstanding Balance Beginn	Outstanding Balance Beginning This Period 79.22			Transa	action ID : INV6010000112354		
Amount Incurred This	Period	Payı	ment This Period	Outsta	nding Balance at Close of This Period		
	0.00	,	9	0.00	79.22		
B. Full Name (Last, First, Midd HOOVER BROTHE	•	Creditor			of Debt (Purpose): MENT RENTAL		
Mailing Address P.O. BOX 72	3						
City State TEMPLE		Zip Code TX	76503				
Outstanding Balance Beginn	Outstanding Balance Beginning This Period 33.90						
Amount Incurred This	Period	Payı	ment This Period	Outsta	nding Balance at Close of This Period		
,	0.00	7	(0.00	33.90		
C. Full Name (Last, First, Mid HOWARD JOHNS		r Creditor			of Debt (Purpose): RENTALS		
Mailing Address P.O. BOX 30	45						
City BOSTON		State MA	Zip Code 02107				
Outstanding Balance Beginn				Trans	saction ID : INV6010000112365		
Amount Incurred This	102.92 Period	Payı	ment This Period	Outsta	nding Balance at Close of This Period		
	0.00	,	7	0.00	102.92		
1) SUBTOTALS This Period This	Page (optional)				216.04		
2) TOTALS This Period (last page	e this line number on	ly)		>	7 7 7		
3) TOTAL OUTSTANDING LOAD	NS from Schedule C (last page on	ly)	>			
4) ADD 2) and 3) and carry forw	ard to appropriate line	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): 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)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** JACK TAR HOTEL Mailing Address VAN NESS GEARY State Zip Code CA 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)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	ее		
	A. Full Name (Last, First, Middle Initial) of Debtor KING COLE PROJECTION SEI	Nature of Debt (Purpose): EQUIPMENT RENTAL		
İ	Mailing Address 36-16 29TH STREET			
	City State LONG ISLAND CITY			
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112377
	84.95			
	Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
	0.00		0.	00 84.95
•	B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor		Nature of Debt (Purpose): SUB. NOT ENTERED IN 1987
	Mailing Address RT. 1, BOX 22			
	City State STERLING	Zip Code VA	22170	
	Outstanding Balance Beginning This Period 45071.87			Transaction ID: INV6010000115120
	Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
	0.00		0.	45071.87
	C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	r or Creditor		Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
	Mailing Address RT. 1, BOX 22			
	City STERLING	State VA	Zip Code 22170	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000115123
	Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
	0.00	,		00 1649.60
1)	SUBTOTALS This Period This Page (optional)			▶ 46806.42
2)	TOTALS This Period (last page this line number	only)		>
3)	TOTAL OUTSTANDING LOANS from Schedule (>		
4)	ADD 2) and 3) and carry forward to appropriate	ly) ▶		

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	Nature of D SUBSCRIF	Debt (Purpose): PTIONS PURCHASE					
Mailing Address RT. 1, BOX 22	Mailing Address RT. 1, BOX 22						
City State STERLING	Zip Code VA	22170					
Outstanding Balance Beginning This Period			Transacti	ion ID : INV6010000115207			
1349.80							
Amount Incurred This Period 0.00	Pay	ment This Period	Outstandi 0.00	ng Balance at Close of This Period			
D. Full Name (Last First Middle Initial) of Debta	Craditor		Noture of F	N. I. (D.,			
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Greattor			Debt (Purpose): PTIONS PURCHASE			
Mailing Address RT. 1, BOX 22							
City State STERLING	Zip Code VA	22170					
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000115362			
1000.00							
Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period			
0.00		C	0.00	1000.00			
C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	or or Creditor			Debt (Purpose): PTIONS PURCHASE			
Mailing Address RT. 1, BOX 22							
City STERLING	State VA	Zip Code 22170					
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000115364			
1410.40	5		0				
Amount Incurred This Period	Pay	ment This Period	Outstandi 0.00	ng Balance at Close of This Period 1410.40			
0.00		7	0.00	1410.40			
1) SUBTOTALS This Period This Page (optional)			>	3760.20			
2) TOTALS This Period (last page this line number	only)		>				
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page or	nly)	>	, ,			
4) ADD 2) and 3) and carry forward to appropriate	only) ►	7					

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

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AME OF COMMITTEE (In Full) Iational Democratic Policy Commit	tee		
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D	Pebt (Purpose):
KMW PUBLISHING CO.			PTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period	VA 22170	Transacti	ion ID : INV6010000115372
119.75			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.0	00	119.75
B. Full Name (Last, First, Middle Initial) of Debte KMW PUBLISHING CO.	or or Creditor		Debt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period		Transac	tion ID : INV6010000115375
185.10			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.0	00	185.10
C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO.	tor or Creditor		Debt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City STERLING	State Zip Code VA 22170		
Outstanding Balance Beginning This Period 81.00		Transac	tion ID : INV6010000115377
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.0	00	81.00
SUBTOTALS This Period This Page (optional).		<u> </u>	385.85
TOTALS This Period (last page this line number only)			7
TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	>	7
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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ее			·	
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Natu	re of Debt (Purpo	ose):
KMW PUBLISHING CO.	SU	BSCRIPTIONS PL	JRCHASE		
Mailing Address RT. 1, BOX 22					
City State	Zip Code				
STERLING	VA	22170			
Outstanding Balance Beginning This Period 62.35			Tra	ansaction ID : IN	V6010000115378
Amount Incurred This Period	Paym	ent This Period	Οι	tstanding Balance	e at Close of This Period
0.00			0.00		62.35
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			re of Debt (Purpo BSCRIPTIONS PU	
Mailing Address RT. 1, BOX 22					
City State	Zip Code				
STERLING	VA	22170			
Outstanding Balance Beginning This Period 42.10			Т	ransaction ID : IN	IV6010000115379
	Darren	and This Davied	0	tatan Pan Balana	and Olever of This Busines
Amount Incurred This Period	Paym	ent This Period	Ol	itstanding Balance	e at Close of This Period
0.00			0.00	7	42.10
C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	r or Creditor			re of Debt (Purpo BUCRITOINS PU	
Mailing Address RT. 1, BOX 22					
City	State	Zip Code			
STERLING	VA	22170			
Outstanding Balance Beginning This Period			Т	ransaction ID : IN	IV6010000115380
51.10					
Amount Incurred This Period	Paym	ent This Period	Οι	itstanding Balance	e at Close of This Period
0.00			0.00		51.10
	7		5.55	7	, , , , , ,
SUBTOTALS This Period This Page (optional)					155.55
			— F	1	
2) TOTALS This Period (last page this line number			— F	7	
3) TOTAL OUTSTANDING LOANS from Schedule			— г	7	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary	Page (last page	only)		

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee	,		j. · · l
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):
KMW PUBLISHING CO.		TIONS PURCHASE		
Mailing Address RT. 1, BOX 22				
City State	Zip Code			
STERLING	VA	22170		
Outstanding Balance Beginning This Period			Transaction	on ID : INV6010000115381
13.45				
Amount Incurred This Period	Payme	nt This Period	Outstandir	ng Balance at Close of This Period
0.00		0.0		13.45
D. F. W. M. W.				
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): TIONS PURCHASES
Mailing Address RT. 1, BOX 22				
City State	Zip Code			
STERLING	VA	22170		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000115383
4567.27				
Amount Incurred This Period	Payme	nt This Period	Outstandir	ng Balance at Close of This Period
0.00	7	0.0	00	4567.27
C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): TIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City	State	Zip Code		
STERLING	VA	22170		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000115384
19.20				
Amount Incurred This Period	Payme	nt This Period	Outstandir	ng Balance at Close of This Period
	Taymo			
0.00	7	0.0	00	19.20
1) SUBTOTALS This Period This Page (optional)				4599.92
2) TOTALS This Period (last page this line number	only)		<u> </u>	7
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only)		. •	7
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary F	Page (last page only	y) ▶	

Excluding Loans

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115385 Outstanding Balance Beginning This Period 25.34 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 25.34 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: INV6010000115386 397.04 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 397.04 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: INV6010000115387 Outstanding Balance Beginning This Period 33.88 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 33.88 0.00 456.26 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
KMW PUBLISHING CO.			SUBSCRIPTIONS PURCHASE
KIVIVV I OBLISI IIINO CO.			
Mailing Address RT. 1, BOX 22			
City State	Zip Code		-
STERLING	VA	22170	
Outstanding Balance Beginning This Period			Transaction ID : INV6010000115388
101.14			
Amount Incurred This Period	Paym	ent This Period	Outstanding 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 Debt (Purpose):
KMW PUBLISHING CO.			SUBSCRIPTIONS PURCHASE
Mailing Address RT 1 BOX 22			_
Mailing Address RT. 1, BOX 22			
City State	Zip Code		
STERLING	VA	22170	
Outstanding Balance Beginning This Period			Transaction ID : INV6010000115410
121.51			
Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period
0.00		0.00	121.51
0.00	7	0.00	
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
KMW PUBLISHING CO.			SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			_
N1. 1, BOX 22			
City STERLING	State	Zip Code 22170	
	VA	22170	
Outstanding Balance Beginning This Period			Transaction ID : INV6010000115422
25.00			
Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period
0.00		0.00	25.00
SUBTOTALS This Period This Page (optional)		>	247.65
TOTALS This Period (last page this line number only)			
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	Nature of E SUBSCRIF	Debt (Purpose): PTIONS PURCHASE		
Mailing Address RT. 1, BOX 22				
City State STERLING	Zip Code VA	22170		
Outstanding Balance Beginning This Period			Transacti	ion ID : INV6010000115444
1125.00	_			
Amount Incurred This Period 0.00	Pay	yment This Period	Outstandi 0.00	ng Balance at Close of This Period 1125.00
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			Debt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING	Zip Code VA	22170		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000115457
800.00	Dev	or This Davied	Outstand	S. James at Olygon of This Posted
Amount Incurred This Period 0.00	Pay	yment This Period	0.00	ng Balance at Close of This Period 800.00
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of D	Debt (Purpose):
KMW PUBLISHING CO.				PTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City STERLING	State VA	Zip Code 22170		
Outstanding Balance Beginning This Period 12.75			Transac	tion ID : INV6010000115458
Amount Incurred This Period Payment This Period			Outstandi	ng 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 or	nly)	>	7 7 7
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AME OF COMMITTEE (In Full)	ito o	•	
National Democratic Policy Commit	tee		
A. Full Name (Last, First, Middle Initial) of Deb	Nature	of Debt (Purpose): SCRIPTION	
KMW PUBLISHING CO.	3083	OCKIF HON	
Mailing Address RT. 1, BOX 22			
City State	Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Tran	saction ID : INV6010000115469
50.00			
Amount Incurred This Period	Payment This Period	Outs	tanding Balance at Close of This Period
0.00		0.00	50.00
B. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature	of Debt (Purpose):
KMW PUBLISHING CO.	or or ordator		CRIPTION PURCHASES
Mailing Address RT. 1, BOX 22			
City State	Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Trai	nsaction ID : INV6010000115470
750.00			
Amount Incurred This Period	Payment This Period	Outs	tanding Balance at Close of This Period
0.00		0.00	750.00
C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature	of Debt (Purpose):
KMW PUBLISHING CO.	tor or oreator		SCRIPTION PURCHASES
Mailing Address RT. 1, BOX 22			
City	State Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Trai	nsaction ID: INV6010000115471
50.00			
Amount Incurred This Period	Payment This Period	Outs	tanding Balance at Close of This Period
0.00		0.00	50.00
	7	5.55	, , , , , , , , , , , , , , , , , , , ,
) SUBTOTALS This Period This Page (optional).			850.00
) TOTALS This Period (last page this line number			
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) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	>	, , , , , , , ,
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AME OF COMMITTEE (In Full) Iational Democratic Policy Comm	ittee	·	
A. Full Name (Last, First, Middle Initial) of De	btor or Creditor	Nature of Debt (Pu	rpose):
KMW PUBLISHING CO.	SUBSCRIPTION F	PRUCHASES	
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period		Transaction ID :	INV6010000115472
50.00			
Amount Incurred This Period	Payment This Period	Outstanding Bala	nce at Close of This Period
0.00	0.0	00	50.00
B. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of Debt (Pu	rnosa).
KMW PUBLISHING CO.	tor or orealtor	SUBSCRIPTION F	
Mailing Address RT. 1, BOX 22			
City State	Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period	Transaction ID :	INV6010000115481	
3734.90			
Amount Incurred This Period	Payment This Period	Outstanding Bala	nce at Close of This Period
0.00	0.0	00	3734.90
C. Full Name (Last, First, Middle Initial) of De KMW PUBLISHING CO.	btor or Creditor	Nature of Debt (Pu SUBSCRIPTIONS	• •
Mailing Address RT. 1, BOX 22			
City	State Zip Code VA 22170		
STERLING	VA 22170		IN 1/00 / 00 00 / 1 = 10 0
Outstanding Balance Beginning This Period		Transaction ID :	INV6010000115482
199.25			
Amount Incurred This Period	Payment This Period	Outstanding Bala	nce at Close of This Period
0.00	0.	00	199.25
SUBTOTALS This Period This Page (optional)		3984.15
TOTALS This Period (last page this line number	per only)		.,
TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	,	.,
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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	e	•		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor				ebt (Purpose):
KMW PUBLISHING CO.			SUBSCRIP	TIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State	Zip Code		_	
STERLING	\ / A	2170		
Outstanding Balance Beginning This Period			Transactio	on ID : INV6010000115483
2030.98				
Amount Incurred This Period	Payment T	his Period	Outstandin	g Balance at Close of This Period
0.00		0.00	1 1 1	2030.98
0.00		0.00		200.00
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): TIONS PURCHASE
Mailing Address RT. 1, BOX 22			1	
City State	Zip Code		-	
STERLING	VA 22	2170		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000115484
25.00				
Amount Incurred This Period	Payment T	his Period	Outstandin	g Balance at Close of This Period
0.00		0.00		25.00
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.				ebt (Purpose): TION PURCHASE
Mailing Address RT. 1, BOX 22			_	
City	State Zip	Code	_	
STERLING	VA 22	170		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000115486
10.00				
Amount Incurred This Period	Payment T	his Period	Outstandin	g Balance at Close of This Period
0.00		0.00		10.00
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)				
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): SUBSCRIPTION PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115487 Outstanding Balance Beginning This Period 25.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 25.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115488 25.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 25.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115489 Outstanding Balance Beginning This Period 50.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 50.00 0.00 100.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	е		•		
A. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor		Nature of PURCH	of Debt (Purpose): HASES OF SUBSCRITIONS	
Mailing Address RT. 1, BOX 22					
City State	Zip Code				
STERLING	VA	22170			
Outstanding Balance Beginning This Period 25.00				action ID : INV6010000115490	
Amount Incurred This Period 0.00	Payr	nent This Period	Outsta	nding Balance at Close of This F 25.00	
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			of Debt (Purpose): RIPTION PURCHASES	
Mailing Address RT. 1, BOX 22					
City State STERLING	Zip Code VA	22170			
Outstanding Balance Beginning This Period			Trans	saction ID : INV6010000115491	
25.00 Amount Incurred This Period	Pavr	nent This Period	Outeta	nding Balance at Close of This F	Pariod
0.00	1 dyl		0.00	25.00	
C. Full Name (Last, First, Middle Initial) of Debtor KREINGOLD DATA SERVICES				of Debt (Purpose): JTER SERVICES	
Mailing Address STE. 5D, 119 PAYSON AVE.					
City NEW YORK	State NY	Zip Code 10034			
Outstanding Balance Beginning This Period			Trans	saction ID : INV6010000112384	
2156.53 Amount Incurred This Period	Pavr	ment This Period	Outsta	nding Balance at Close of This F	Period
0.00			0.00	2156.53	-
1) SUBTOTALS This Period This Page (optional)			>	2206.53	3
2) TOTALS This Period (last page this line number	only)		<u>+</u>		
3) TOTAL OUTSTANDING LOANS from Schedule C	C (last page on	ly)	}		
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Excluding Loans

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

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AME OF COMMITTEE (In Full) National Democratic Policy Committ	tee	
A. Full Name (Last, First, Middle Initial) of Debte MARK CALNEY	Nature of Debt (Purpose): PRINTING	
Mailing Address 269 E. NEWTON ST.		
City State	Zip Code	
SEATTLE	WA 98102	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112101
205.80		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	205.80
D. Full Name /Lost First Middle Initial) of Debte	r or Craditor	Nature of Daht (Durages)
B. Full Name (Last, First, Middle Initial) of Debto MARRIOT HOTEL PITTSBURG		Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 101 MALL BLVD.		
City State	Zip Code	
MONROEVILLE	PA 15146	
Outstanding Balance Beginning This Period		Transaction ID: INV6010000112395
227.73		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	227.73
0.00	0.00	
C. Full Name (Last, First, Middle Initial) of Debte MARRIOTT - SANTA CLARA	or or Creditor	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address GREAT AMERICAN PARKWAY	(
City	State Zip Code	
SANTA CLARA	CA 95054	
Outstanding Balance Beginning This Period		Transaction ID: INV6010000112997
24.50		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	24.50
0.00	0.00	24.00
SUBTOTALS This Period This Page (optional)		458.03
TOTALS This Period (last page this line number	r only)	
TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	e			
	A. Full Name (Last, First, Middle Initial) of Debtor MARTY SIMON	or Creditor		Nature of FREIGH	Debt (Purpose): T AND POSTAGE
	Mailing Address 2971 W 8TH ST. #111				
ı	City State	Zip Code			
-	LOS ANGELES	CA	96402		
	Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000112907
	154.47				
	Amount Incurred This Period	Payı	ment This Period	Outstar	nding Balance at Close of This Period
	0.00	,	, (0.00	154.47
ŀ	B. Full Name (Last, First, Middle Initial) of Debtor of MC GUINESS & WILLIAMS	or Creditor			Debt (Purpose): NEY EXPENSES
	Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200				
	City State	Zip Code			
-	WASHINGTON	DC	20005		
	Outstanding Balance Beginning This Period			Transa	action ID: INV6010000114180
	446.69				
	Amount Incurred This Period	Payı	ment This Period	Outstar	nding Balance at Close of This Period
	0.00		C	0.00	446.69
	C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	or Creditor			Debt (Purpose): NEY FEES & EXPENSES
-	Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200				
	City	State	Zip Code		
ŀ	WASHINGTON	DC	20005		
	Outstanding Balance Beginning This Period			Trans	action ID : INV6010000114182
	626.32				
	Amount Incurred This Period	Payı	ment This Period	Outstar	nding Balance at Close of This Period
	0.00	,	(0.00	626.32
1)	SUBTOTALS This Period This Page (optional)			}	1227.48
2)	TOTALS This Period (last page this line number o	only)		>	7 7
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	}	
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summar	ry Page (last page o	nly) ▶	

(Use separate schedule(s) for each

PAGE 113 OF 144 FOR LINE NUMBER: (check only one)

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IAME OF COMMITTEE (In Full)	_		
National Democratic Policy Committe	ee		
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt	(Purpose):
MC GUINESS & WILLIAMS		ATTORNEY F	EES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200			
City State	Zip Code		
WASHINGTON	DC 20005		
Outstanding Balance Beginning This Period		Transaction	ID: INV6010000114183
800.00			
Associate Insurant This Paris I	December This Decided	Outstanding	Delever of Olean of This Desired
Amount Incurred This Period	Payment This Period	Outstanding	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 Debt	
MC GUINESS & WILLIAMS		ATTORNEY F	EES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200			
City State	Zip Code		
WASHINGTON	DC 20005		
Outstanding Balance Beginning This Period		Transaction	n ID : INV6010000114184
3179.29			
	Daymant This Dayied	Outstanding	Deleves at Class of This Deviced
Amount Incurred This Period	Payment This Period	Outstanding	Balance at Close of This Period
0.00	,	0.00	3179.29
C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	or Creditor	Nature of Debt ATTORNEY E	
Mailing Address 1015 FIFTEENTH STREET, NW			
SUITE 1200 City	State Zip Code		
WASHINGTON	DC 20005		
Outstanding Balance Beginning This Period		Transaction	n ID : INV6010000114185
3.32			
Amount Incurred This Period	Payment This Paried	Outstanding	Palanca at Class of This Pariod
Amount incurred This Period	Payment This Period		Balance at Close of This Period
0.00		0.00	3.32
I			
) SUBTOTALS This Period This Page (optional)			3982.61
, 2221011120 11110 Fortou 11110 Fago (optional)			
2) TOTALS This Period (last page this line number	only)	- ,	,
3) TOTAL OUTSTANDING LOANS from Schedule (C (last page only)		
() ADD () and () and ()	Control Occurred Day (1)		
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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): ATTORNEY EXPENSES MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW **SUITE 1200** State Zip Code DC WASHINGTON 20005 Transaction ID: INV6010000114186 Outstanding Balance Beginning This Period 5.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTORNEY FEES MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW **SUITE 1200** State City Zip Code WASHINGTON DC 20005 Outstanding Balance Beginning This Period Transaction ID: INV6010000114189 255.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 255.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRESS RELEASE DISTRIBUTN **MEDIAWIRE** Mailing Address 117 SOUTH 17TH ST. SUITE 210 City State Zip Code **PHILADELPHIA** 19103 PA Transaction ID: INV6010000112397 Outstanding Balance Beginning This Period 60.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 60.00 0.00 320.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	ее			
	A. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE		ature of Debt (Purpose): RS REL DIST-ELDER/USS		
	Mailing Address 117 SOUTH 17TH ST. SUITE 210				
	City State PHILADELPHIA	Zip Code PA	19103		
	Outstanding Balance Beginning This Period 65.00			•	Гransaction ID : INV6010000112398
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		0.	.00	65.00
	B. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE	or Creditor			ature of Debt (Purpose): RS REL 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				Transaction ID : INV6010000112399
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00	,	0.	.00	35.00
	C. Full Name (Last, First, Middle Initial) of Debto MELVIN S. NASH	r or Creditor			ature of Debt (Purpose): ITTORNEY FEES & EXPENSES
	Mailing Address 204 WASHINGTON AVENUE, N	I.E.			
	City MARIETTA	State GA	Zip Code 30060		
	Outstanding Balance Beginning This Period 2354.40				Transaction ID : INV6010000114254
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		0.	.00	2354.40
1)	SUBTOTALS This Period This Page (optional)			▶	2454.40
2)	TOTALS This Period (last page this line number	only)		•	
3)	TOTAL OUTSTANDING LOANS from Schedule (▶			
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Excluding Loans

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PAGE 116 OF 144 FOR LINE NUMBER: (check only one)

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	e		•		
1	A. Full Name (Last, First, Middle Initial) of Debtor of MELVIN S. NASH		Nature of De ATTORNEY	ebt (Purpose): ' FEES & EXPENSES		
Ī	Mailing Address 204 WASHINGTON AVENUE, N.E	 <u>E</u> .				
- 1	City State MARIETTA	Zip Code GA	30060			
	Outstanding Balance Beginning This Period 1496.91				Transactio	on ID : INV6010000114255
	Amount Incurred This Period	Payr	ment This Period	2.00	Outstandin	g Balance at Close of This Period
	0.00	7	,	0.00	L	1496.91
	B. Full Name (Last, First, Middle Initial) of Debtor o MICHAEL FRANK, ESQ.	r Creditor				ebt (Purpose): S-WINTER/CONG
1	Mailing Address 434 SPITZER BLDG					
	City State TOLEDO	Zip Code OH	43604			
	Outstanding Balance Beginning This Period 400.00				Transacti	on ID : INV6010000112321
	Amount Incurred This Period	Payr	ment This Period		Outstandin	g Balance at Close of This Period
	0.00		7	0.00		400.00
(C. Full Name (Last, First, Middle Initial) of Debtor of MICHAEL HODGEKISS	or Creditor			Nature of De PRINTING	ebt (Purpose):
Ī	Mailing Address 1265 48TH AVE.					
	City SAN FRANCISCO	State CA	Zip Code 94122			
	Outstanding Balance Beginning This Period 127.20				Transacti	on ID : INV6010000112368
	Amount Incurred This Period	Payr	ment This Period		Outstandin	g Balance at Close of This Period
	0.00			0.00		127.20
1)	SUBTOTALS This Period This Page (optional)			>		2024.11
2)	TOTALS This Period (last page this line number of	nly)		>		7
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	>	<u> </u>	, , , , , , , , ,
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summar	y Page (last page	only) 🕨		, , , , , , , , , , , , , , , , , , , ,

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): LITERATURE PURCHASE NEW BENJAMIN FRANKLIN HOUSE Mailing Address 304 W 58TH ST. City State Zip Code **NEW YORK** 10019 Transaction ID: INV6010000112400 Outstanding Balance Beginning This Period 176.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 176.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** NEW HAMPSHIRE HIGHWAY HOTEL Mailing Address FT. EDDY ROAD City State Zip Code CONCORD NH 03301 Outstanding Balance Beginning This Period Transaction ID: INV6010000112401 75.20 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 75.20 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING NEW SOLIDARITY INT'L PRESS** Mailing Address 304 W. 58TH ST. 5TH FL. City State Zip Code **NEW YORK** 10019 NY Transaction ID: INV6010000112402 Outstanding Balance Beginning This Period 540.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 540.00 0.00 791.70 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

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

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELEPHONE NEW YORK TELEPHONE** Mailing Address 10 COLUMBUS CIRCLE State Zip Code **NEW YORK** 10019 Transaction ID: INV6010000112403 Outstanding Balance Beginning This Period 236.83 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 236.83 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEES - NY BEAM DEMS PATRICK F ADAMS P.C. Mailing Address ATTORNEY AT LAW ONE EAST MAIN STREET City State Zip Code **BAY SHORE** 11706 NY Outstanding Balance Beginning This Period Transaction ID: INV6010000112085 5762.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 5762.50 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CIK-ATTY FEES-NY BEAM DEM PATRICK F ADAMS P.C. Mailing Address ATTORNEY AT LAW **ONE EAST MAIN STREET** City State Zip Code **BAY SHORE** 11706 NY Transaction ID: INV6010000112086 Outstanding Balance Beginning This Period 400.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 400.00 0.00 6399.33 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL AND LODGING PETER ENNIS Mailing Address 65 SEAMAN AVE. State Zip Code **NEW YORK** 10034 Transaction ID: INV6010000112316 Outstanding Balance Beginning This Period 16.76 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 16.76 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **PRINTING** PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City State Zip Code **STERLING** VA 22170 Outstanding Balance Beginning This Period Transaction ID: INV6010000112882 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 2500.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **PRINTING** PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000112885 Outstanding Balance Beginning This Period 6123.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 6123.00 0.00 8639.76 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

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

Excluding Loans

(Use separate schedule(s) for each 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 RENTAL** PROVIDENCE MARRIOTT INN Mailing Address CHARLES & ORMS STREETS State Zip Code **PROVIDENCE** 02904 Transaction ID: INV6010000113747 Outstanding Balance Beginning This Period 125.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 125.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ACCOUNTING & DP SERVICE PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** 22075 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000112654 1700.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1700.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ACCOUNTING & DP SERVICE PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** 22075 VA Transaction ID: INV6010000112656 Outstanding Balance Beginning This Period 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 3000.00 0.00 4825.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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PAGE 121 OF 144 FOR LINE NUMBER: (check only one)

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	F COMMITTEE (In Full) nal Democratic Policy Committe	 Эе			
	ull Name (Last, First, Middle Initial) of Debtor			Nature of MANAGE	Debt (Purpose): EMENT & DP SERVICE
Mailin	Mailing Address P.O. BOX 836				
City	State SBURG	Zip Code VA	22075		
Out	tstanding Balance Beginning This Period 3000.00			Transac	tion ID : INV6010000112657
	Amount Incurred This Period	Pay	ment This Period		ding Balance at Close of This Period
	0.00			0.00	3000.00
I	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.				Debt (Purpose): EMENT & DP SERVICES
Mailin	g Address P.O. BOX 836				
City LEES	State BURG	Zip Code VA	22075		
Out	tstanding Balance Beginning This Period 3000.00			Transa	ction ID : INV6010000112658
	Amount Incurred This Period	Pay	ment This Period	Outstand	ding Balance at Close of This Period
	0.00		(0.00	3000.00
	ull Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MO				Debt (Purpose): EMENT & DP SERIVCES
Mailin	g Address P.O. BOX 836				
City LEES	SBURG	State VA	Zip Code 22075		
Out	tstanding Balance Beginning This Period 3000.00			Transa	ction ID : INV6010000112661
	Amount Incurred This Period	Pay	ment This Period	Outstand	ding Balance at Close of This Period
	0.00	-		0.00	3000.00
1) SUB	TOTALS This Period This Page (optional)			<u> </u>	9000.00
2) TOT	ALS This Period (last page this line number	only)		>	, , ,
3) TOT	AL OUTSTANDING LOANS from Schedule C	}	7		
4) ADD	2) and 3) and carry forward to appropriate I	only) ▶			

Excluding Loans

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AME OF COMMITTEE (In Full) National Democratic Policy Committe	96		
A. Full Name (Last, First, Middle Initial) of Debto		Nature of Debt (Purpose): MANAGEMENT & DP SRE	EVICES
Mailing Address P.O. BOX 836			
City State LEESBURG	Zip Code VA 22075		
Outstanding Balance Beginning This Period 3000.00		Transaction ID: INV6010	0000112662
Amount Incurred This Period 0.00	Payment This Period	Outstanding Balance at (Close of This Period 3000.00
B. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MG		Nature of Debt (Purpose): MANAGEMENT & DP SEF	RVICES
Mailing Address P.O. BOX 836 City State	Zip Code VA 22075		
Outstanding Balance Beginning This Period 3000.00 Amount Incurred This Period	VA 22075 Payment This Period	Transaction ID : INV601 Outstanding Balance at 0	
0.00	0.00		3000.00
C. Full Name (Last, First, Middle Initial) of Debto PUBLICATION & GENERAL Me		Nature of Debt (Purpose): MANAGEMENT &DP SER	VICES
Mailing Address P.O. BOX 836			
City LEESBURG	State Zip Code VA 22075		
Outstanding Balance Beginning This Period 3000.00		Transaction ID : INV601	0000112667
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at 0	Close of This Period 3000.00
) SUBTOTALS This Period This Page (optional)		·,,	9000.00
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PAGE 123 OF 144 FOR LINE NUMBER: (check only one)

Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ее	•	
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	ebt (Purpose):
PUBLICATION & GENERAL M	MANAGEN	MENT & DP SERVICES	
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112668
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
Allount incurred This Period	rayment mis renou	Outstandi	
0.00	7 7	0.00	3000.00
B. Full Name (Last, First, Middle Initial) of Debtor			ebt (Purpose):
PUBLICATION & GENERAL MO	GMT.	MANAGEN	MENT & DP SERVICES
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transac	tion ID : INV6010000112669
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	7	0.00	3000.00
0.00	9 9	0.00	3000.00
C. Full Name (Last, First, Middle Initial) of Debto PUBLICATION & GENERAL M			lebt (Purpose): MENT & DP SERVICES
Mailing Address P.O. BOX 836			
City	State Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transac	tion ID : INV6010000112670
3000.00			
	December This Decised	Outstand!	Delever of Oleran of This Buried
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period
0.00		0.00	3000.00
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2) TOTALS This Period (last page this line number	only)	<u> </u>	7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		, , , , , ,
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page	e only)	

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PAGE 124 OF 144 FOR LINE NUMBER: (check only one)

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

Excluding Loans

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PAGE 125 OF 144 FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full)	1		•		
National Democratic Policy Commit	tee				
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		Nature of	Debt (Purpose):	
PUBLICATION & GENERAL N	MANGE	MENT &DP SERVICES			
Mailing Address P.O. BOX 836					
City State	Zip Code				
LEESBURG	VA	22075			
Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000112674	
3000.00					
Amount Incurred This Period	Pay	ment This Period	Outstar	nding Balance at Close of This Period	
0.00		,	0.00	3000.00	
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of	Debt (Purpose):	
PUBLICATION & GENERAL M				EMENT & DP SERVICES	
Mailing Address P.O. BOX 836					
City State	Zip Code				
LEESBURG	VA	22075			
Outstanding Balance Beginning This Period			Transa	action ID : INV6010000112675	
3000.00					
Amount Incurred This Period	Pay	ment This Period	Outstan	nding Balance at Close of This Period	
	1 4				
0.00			0.00	3000.00	
C. Full Name (Last, First, Middle Initial) of Deb PUBLICATION & GENERAL N				Debt (Purpose): EMENT & DP SERVICES	
Mailing Address P.O. BOX 836					
City LEESBURG	State VA	Zip Code 22075			
Outstanding Balance Beginning This Period			Trans	action ID : INV6010000112676	
3000.00					
Amount Incurred This Period	Pov	ment This Period	Outstan	nding Balance at Close of This Period	
	T a	inent mis i enou			
0.00			0.00	3000.00	
1) SUBTOTALS This Period This Page (optional).				9000.00	
2) TOTALS This Period (last page this line number	er only)				
	TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate					

Excluding Loans

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		mambered iine)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee		
A. Full Name (Last, First, Middle Initial) of Debt	Nature of Debt (Purp MANAGEMENT & D	oose): P SERVICE	
Mailing Address P.O. BOX 836			
City State LEESBURG	Zip Code VA 22075		
Outstanding Balance Beginning This Period 3000.00		Transaction ID : IN	IV6010000112677
Amount Incurred This Period	Payment This Period		ce at Close of This Period
0.00	0.00		3000.00
B. Full Name (Last, First, Middle Initial) of Debto PUROLATOR COURIER CORF	P.	Nature of Debt (Purp EXPRESS PACKAG	
Mailing Address 3333 NEW HYDE PARK ROAD City State	Zip Code		
NEW HYDE PARK	NY 11042		
Outstanding Balance Beginning This Period 55.10		Transaction ID : I	NV6010000112891
Amount Incurred This Period	Payment This Period	Outstanding Baland	ce at Close of This Period
0.00	0.00		55.10
C. Full Name (Last, First, Middle Initial) of Debt QUALITY INN ALBANY	or or Creditor	Nature of Debt (Purp ROOM RENTALS	oose):
Mailing Address 1-3 WATERVLIET AVE.			
City ALBANY	State Zip Code NY 12206		
Outstanding Balance Beginning This Period 43.45		Transaction ID : I	NV6010000112892
Amount Incurred This Period	Payment This Period	Outstanding Baland	ce at Close of This Period
0.00	0.00		43.45
1) SUBTOTALS This Period This Page (optional)		<u> </u>	3098.55
2) TOTALS This Period (last page this line number	r only)	<u> </u>	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>	
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)	>	

Excluding Loans

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

PAGE 127 OF 144 FOR LINE NUMBER: (check only one)

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AME OF COMMITTEE (In Full) National Democratic Policy Committ	ee	
		1
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): ROOM RENTALS	
RAMADA INN CASPER		
Mailing Address PO BOX 2917		
City State	Zip Code	
CASPER	WY 82602	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112893
108.85		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	108.85
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
RAMADA INN ST. LOUIS		ROOM RENTALS
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
0.00	0.00	52.31
C. Full Name (Last, First, Middle Initial) of Debto RAMADA INN-SAN ANTONIO	or or Creditor	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 3645 N. PAN AM EXPRESSWA	Y	
City	State Zip Code	
SAN ANTONIO	TX 78219	
Outstanding Balance Beginning This Period		Transaction ID: INV6010000112897
60.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	60.00
SUBTOTALS This Period This Page (optional)		221.16
TOTALS This Period (last page this line number	only)	<u> </u>
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	•
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	>

Excluding Loans

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

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): OFFICE RENT RENAISSANCE MARKETING Mailing Address 1249 WASHINGTON BLVD. STE. 626 City State Zip Code **DETROIT** 48226 Transaction ID: INV6010000112898 Outstanding Balance Beginning This Period 600.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 600.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES RHEA, BOYD & RHEA Mailing Address 930 FORREST AVENUE City State Zip Code GADSDEN 35901 AL Outstanding Balance Beginning This Period Transaction ID: INV6010000114208 24.60 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 24.60 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **AUTO RENTAL** RICHARD MAGRAW Mailing Address 22-60 23RD ST. City State Zip Code **ASTORIA** 11105 NY Transaction ID: INV6010000112394 Outstanding Balance Beginning This Period 114.90 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 114.90 0.00 739.50

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

1) SUBTOTALS This Period This Page (optional).....

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

(Use separate schedule(s) for each

PAGE 129 OF 144 FOR LINE NUMBER: (check only one)

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	OF COMMITTEE (In Full) ional Democratic Policy Committee	:e			
A.	Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of	Debt (Purpose):
	ROBERT COLE	ROOM F	RENTALS		
M	ailing Address 4119 W. BELLEPLAINE #2W				
	ity State HICAGO	Zip Code IL	60641		
	Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000112305
	1243.95				
	Amount Incurred This Period	Paym	ment This Period	Outstan	iding Balance at Close of This Period
	0.00			.00	1243.95
B.	Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Debt (Purpose):
	ROBERT KAY			TRAVEL	AND LODGING
Ма	ailing Address 22-49 38TH ST.				
	ity State	Zip Code			
AS	STORIA	NY	11105		
	Outstanding Balance Beginning This Period			Transa	action ID : INV6010000112375
	19.74				
	Amount Incurred This Period	Payn	ment This Period	Outstan	ding Balance at Close of This Period
	0.00		0.	.00	19.74
C.	Full Name (Last, First, Middle Initial) of Debtor ROGER HAM	or Creditor			Debt (Purpose): RENTALS
Ma	ailing Address 2 PINEHURST				
Ci	ity	State	Zip Code		
N	EW YORK CITY	NY	10033		
	Outstanding Balance Beginning This Period 207.82			Transa	action ID : INV6010000112330
		_			<u> </u>
	Amount Incurred This Period	Payn	ment This Period	Outstan	iding Balance at Close of This Period
	0.00		0	0.00	207.82
1) S	SUBTOTALS This Period This Page (optional)				1471.51
2) T	TOTALS This Period (last page this line number	only)		}	7
3) T	TOTAL OUTSTANDING LOANS from Schedule C	C (last page onl	y)	>	
4) A	ADD 2) and 3) and carry forward to appropriate I	line of Summar	v Page (last page or	nly) ▶	

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy 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 Outstanding Balance at Close of This Period Amount Incurred This Period Payment 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)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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(check only one) 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** SAN FRANCISCO LABOR CTTE. Mailing Address 1826 NOREIGA ST. State Zip Code CA SAN FRANCISCO 94122 Transaction ID: INV6010000112902 Outstanding Balance Beginning This Period 413.47 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 413.47 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): AIR TRAVEL SANS SOUCI TRAVEL Mailing Address 253 - 12 UNION TURNPIKE City State Zip Code FLORAL PARK NY 11004 Outstanding Balance Beginning This Period Transaction ID: INV6010000113737 290.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 290.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ADDER TO 4/10 INV-TRAVEL SANS SOUCI TRAVEL Mailing Address 253 - 12 UNION TURNPIKE City State Zip Code FLORAL PARK 11004 NY Transaction ID: INV6010000113743 Outstanding Balance Beginning This Period 40.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 40 00 0.00 743.47 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

FOR LINE NUMBER: (check only one)

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	ee			
	A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
	SEGAL, MORAN & FEINBERG			ATTORNE	Y FEES
	Mailing Address 210 COMMERCIAL STREET				
	City State	Zip Code			
	BOSTON	. MA	02109		
	Outstanding Balance Beginning This Period			Transaction	on ID : INV6010000113750
	712.50				
	Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
	0.00		C	0.00	712.50
	B. Full Name (Last, First, Middle Initial) of Debtor SEVEN SEAS MOTOR INN	or Creditor		Nature of D ROOM REI	ebt (Purpose): NTALS
	Mailing Address 1823 OLD RED TRAIL				
	City State	Zip Code			
	MANDAN	ND	58554		
	Outstanding Balance Beginning This Period 46.12			Transact	ion ID : INV6010000112903
	Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
	0.00	,	0	0.00	46.12
	C. Full Name (Last, First, Middle Initial) of Debtor SHERATON COLUMBUS PLAZ				ebt (Purpose): SCOTT/CONG
	Mailing Address 50 NORTH THIRD STREET				
	City	State	Zip Code		
	COLUMBUS	ОН	43215		
	Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112906
	50.00				
	Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
	0.00		Ç	0.00	50.00
1)	SUBTOTALS This Period This Page (optional)			>	808.62
2)	TOTALS This Period (last page this line number	only)			, , , , , , , , ,
3)	TOTAL OUTSTANDING LOANS from Schedule (C (last page on	ly)		, , , , , , , , , , , , , , , , , , , ,
4)	ADD 2) and 3) and carry forward to appropriate	line of Summa	ry Page (last page o	nly) ▶	, , , , , , ,

Excluding Loans

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PAGE 133 OF 144 FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) National Democratic Policy Committe	е			
A. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor		Nature of D ATTY FEE	ebt (Purpose): : L. BOYLE/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING				
City State DETROIT	Zip Code MI	48226		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112908
538.45 Amount Incurred This Period	Pavr	nent This Period	Outstandii	ng Balance at Close of This Period
0.00	1 cyn		0.00	538.45
B. Full Name (Last, First, Middle Initial) of Debtor of SOLOMON, FOLEY & MORAN	or Creditor			ebt (Purpose): : S. CROCKER/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING	7'- 0-4-			
City State DETROIT	Zip Code MI	48226		
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000112909
538.45	5		0	- · · · · · · · · · · · · · · · · · · ·
Amount Incurred This Period 0.00	Payn	nent This Period	Outstandii	ng Balance at Close of This Period 538.45
	,	,		7
C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor			ebt (Purpose): : M. DEAN/USS
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City	State	Zip Code		
DETROIT	MI	48226		
Outstanding Balance Beginning This Period 538.46			Transact	tion ID : INV6010000112910
Amount Incurred This Period	Payn	nent This Period	Outstandir	ng Balance at Close of This Period
0.00		(0.00	538.46
1) SUBTOTALS This Period This Page (optional)			>	1615.36
2) TOTALS This Period (last page this line number of	only)		>	, , , ,
3) TOTAL OUTSTANDING LOANS from Schedule C	; (last page onl	y)	>	, , , , , ,
4) ADD 2) and 3) and carry forward to appropriate li	ine of Summar	y Page (last page o	nly) 🕨	, ,

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committe	е			
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			Transact	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. 0.1.			
City State DETROIT	Zip Code MI	48226		
Outstanding Balance Beginning This Period 538.46			Transac	tion ID : INV6010000112912
Amount Incurred This Period	Payr	ment This Period	Outstandi	ng Balance at Close of This Period
0.00	, ,	(0.00	538.46
C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor			Debt (Purpose): :: G SHEPPARD/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City	State	Zin Codo		
DETROIT	State MI	Zip Code 48226		
Outstanding Balance Beginning This Period 538.46			Transac	tion ID : INV6010000112913
Amount Incurred This Period	Payr	ment This Period		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)		>	7 7 7
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)		7
4) ADD 2) and 3) and carry forward to appropriate li	ine of Summar	y Page (last page o	only) ▶	7

Excluding Loans

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

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

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	е			
	A. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor		ı	Nature of Debt (Purpose): ATTY FEE: O. WALKER/CONG
	Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING				
Ī	City State DETROIT	Zip Code MI	48226		
Ì	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112917
	538.46				
	Amount Incurred This Period	Paym	nent This Period		Outstanding Balance at Close of This Period
	0.00	,	0.	.00	538.46
	B. Full Name (Last, First, Middle Initial) of Debtor of SOUTHEAST POLITICAL LITER.				Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Ī	Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD				
	City State BALTIMORE	Zip Code MD	21227		
	Outstanding Balance Beginning This Period			<u>'</u>	Transaction ID : INV6010000114478
	915.00		. =		
	Amount Incurred This Period 0.00	Paym	nent This Period	.00	Outstanding Balance at Close of This Period 915.00
	7 7 7		0.0		
	C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITER				Nature of Debt (Purpose): FIELD OFFICE RENT
İ	Mailing Address SALES & DISTRIBUTION, INC.				
	3916-A VERO ROAD City BALTIMORE	State MD	Zip Code 21227		
	Outstanding Balance Beginning This Period 200.00				Transaction ID : INV6010000114479
	Amount Incurred This Period	Paym	nent This Period		Outstanding Balance at Close of This Period
	0.00		0.	.00	200.00
1)	SUBTOTALS This Period This Page (optional)			▶	1653.46
2)	TOTALS This Period (last page this line number of	only)		▶	
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page onl	y)	▶	
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summary	/ Page (last page on	nly) ▶	

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): FLD OFFC TELEPHONE USAGE SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD State Zip Code **BALTIMORE** 21227 Transaction ID: INV6010000114480 Outstanding Balance Beginning This Period 915.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 915.00 0.00 B. 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 State City Zip Code **BALTIMORE** 21227 MD Outstanding Balance Beginning This Period Transaction ID: INV6010000114481 200.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 200.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELEPHONE USAGE** SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City State Zip Code **BALTIMORE** 21227 MD Transaction ID: INV6010000114482 Outstanding Balance Beginning This Period 915.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 915.00 0.00 2030.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	е				
	A. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITER	N _i	ature of Debt (Purpo RENT	ose):		
	Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD					
	City State BALTIMORE	Zip Code MD	21227			
	Outstanding Balance Beginning This Period 200.00				Transaction ID : IN\	/6010000114483
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance	e at Close of This Period
	0.00			0.00		200.00
	B. Full Name (Last, First, Middle Initial) of Debtor of STATE OF CALIFORNIA	or Creditor			ature of Debt (Purpo RINTING	ose):
	Mailing Address OFFICE OF STATE PRINTING LEGISLATIVE BILL ROOM City State	Zip Code				
	City State SACRAMENTO	CA Code	95814			
	Outstanding Balance Beginning This Period 53.00				Transaction ID : IN	V6010000112389
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance	e at Close of This Period
	0.00		-	0.00		53.00
	C. Full Name (Last, First, Middle Initial) of Debtor STATLER BUFFALO	or Creditor			ature of Debt (Purpo ROOM RENTALS	ose):
	Mailing Address 107 DELAWARE AVENUE					
	City BUFFALO	State NY	Zip Code 14202			
	Outstanding Balance Beginning This Period 85.00				Transaction ID : IN	V6010000112918
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance	e at Close of This Period
	0.00			0.00		85.00
1)	SUBTOTALS This Period This Page (optional)			>	, ,	338.00
2)	TOTALS This Period (last page this line number of	only)		>		
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page o	nly)	>		,
4)	ADD 2) and 3) and carry forward to appropriate li	only) 🕨				

Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	е			
	A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature	of Debt (Purpose):
	SYRACUSE AIRPORT INN			ROOM	M RENTALS
	Mailing Address HANCOCK AIRPORT				
ı	City State	Zip Code			
	NORTH SYRACUSE	NY	13212		
	Outstanding Balance Beginning This Period			Trans	saction ID : INV6010000112921
	19.00				
	Amount Incurred This Period	Pay	ment This Period	Outst	tanding Balance at Close of This Period
	0.00			0.00	19.00
-	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature	of Debt (Purpose):
	TED HERBERT				FEES & EXP-GA DEM SL
	Mailing Address 142 FOREST AVENUE N.E.				
ł	City State	Zip Code			
	MARIETTA	GA	30060		
	Outstanding Balance Beginning This Period			Trar	nsaction ID : INV6010000114387
	1088.20				
	Amount Incurred This Period	Pay	ment This Period	Outst	tanding Balance at Close of This Period
	0.00		,	0.00	1088.20
ı	C. Full Name (Last, First, Middle Initial) of Debtor TED HERBERT	or Creditor			of Debt (Purpose): FEES & EXP-GA DEM SL
	Mailing Address 142 FOREST AVENUE N.E.				
ł	City	State	Zip Code		
	MARIETTA	GA	30060		
	Outstanding Balance Beginning This Period			Trar	nsaction ID : INV6010000114393
	800.00				
	Amount Incurred This Period	Pav	ment This Period	Outst	tanding Balance at Close of This Period
	0.00			0.00	800.00
	0.00	7	7	0.00	000.00
1)	SUBTOTALS This Period This Page (optional)			.	1907.20
2)	TOTALS This Period (last page this line number of	only)			
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)		
4)	ADD 2) and 3) and carry forward to appropriate li	ine of Summa	ry Page (last page o	only) ▶	

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(Use separate schedule(s) for each

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cluding Loans		numbered line)	X 10
AME OF COMMITTEE (In Full) Iational Democratic Policy Commi	ttee	·	
A. Full Name (Last, First, Middle Initial) of Del	otor or Creditor	Nature of Debt (Purp	oose):
THE CHANCELLOR HOTEL	ROOM RENTALS		
Mailing Address 1501 SOUTH NEIL STREET			
City State CHAMPAIGN	Zip Code IL 61820		
Outstanding Balance Beginning This Period		Transaction ID : IN	IV6010000112301
25.00			
Amount Incurred This Period	Payment This Period	Outstanding Baland	ce at Close of This Period
0.00	0.	00	25.00
B. Full Name (Last, First, Middle Initial) of Deb THE COLONNADE	tor or Creditor	Nature of Debt (Purp ROOM RENTALS	ose):
Mailing Address 120 HUNTINGTON AVENUE			
City State BOSTON	Zip Code MA 02116		
Outstanding Balance Beginning This Period		Transaction ID : I	NV6010000112306
75.00			
Amount Incurred This Period	Payment This Period	Outstanding Baland	ce at Close of This Period
0.00	0.	00	75.00
C. Full Name (Last, First, Middle Initial) of Del		Nature of Debt (Purp ROOM RENTALS	oose):
Mailing Address THE WORLD TRADE CENTE 1520 TEXAS AVENUE	R		
City HOUSTON	State Zip Code TX 77002		
Outstanding Balance Beginning This Period		Transaction ID : I	NV6010000112890
25.00			
Amount Incurred This Period	Payment This Period	Outstanding Baland	ce at Close of This Period
0.00	0.	00	25.00
SUBTOTALS This Period This Page (optional)		>	125.00
TOTALS This Period (last page this line numb	er only)		.,
TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	>	. ,
ADD 2) and 3) and carry forward to appropria	te line of Summary Page (last page on	ly) >	

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy 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)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** 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. City State Zip Code **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)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): 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)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TYPE SETTING WORLDCOMP Mailing Address 722 EAST MARKET STREET State Zip Code **LEESBURG** 22075 Transaction ID: INV6010000112993 Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 50.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** YMCA SYRACUSE Mailing Address 340 MONTGOMERY STREET City State Zip Code **SYRACUSE** NY 13202 Outstanding Balance Beginning This Period Transaction ID: INV6010000112994 25.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 25.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MAILING LABELS-SUB LISTS ZELLER & LETICA INC. Mailing Address 15 E. 26TH ST. Zip Code City State **NEW YORK** 10010 NY Transaction ID: INV6010000112995 Outstanding Balance Beginning This Period 57.84 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 57 84 0.00 132.84 1) SUBTOTALS This Period This Page (optional)..... 408326.38 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 449726.38 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶