Image# 13964008391 PAGE 1 / 144

#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									Of	fice Use Only	
1.	NAME OF COMMITTEE (in		PE OR F	RINT ▼		mple: If typi r the lines.	ng, type	12FE	4M5		
N	ational Demo	cratic Poli	cy Cor	nmittee							1
Ш											
ADI ▼	DRESS (number and		I13 HALI	FAX PLACE							
H	Check if diffe	erent									
Н	than previous reported. (AC		LEESBU	RG				VA		20175	
2.	FEC IDENTIFICA	ATION NUME	BER ▼		CITY			STATE A		ZIP CO	DDE 🛦
	C C0013653	1		3.	IS THIS REPORT		NEW (N) <b>OR</b>		AMEN (A)	DED	
4.	TYPE OF REP (Choose One)	ORT	(b) Mon	ort 🔲 '	eb 20 (M2)		May 20 (M5)		Aug 20	(M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Rep	oorts:	Due	On:	Mar 20 (M3)		Jun 20 (M6)		Sep 20	(M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15			A	Apr 20 (M4)		Jul 20 (M7)		Oct 20 (	M10)	Jan 31 (YE)
		Report (Q1)	(c)	12-Day		Primary (12F	P)	Ger	neral (120	a)	Runoff (12R)
	July 15 Quarterly	Report (Q2)		<b>PRE</b> -Election Report for the		Convention (	(12C)	Spe	cial (12S	)	
	October Quarterly	15 Report (Q3)		.,			. ,			,	
	January			Ele	ction on	M M /	D D /	Y	Y	in the State	of
	July 31 I	Mid-Year Non-election	(d)	30-Day POST-Election Report for the		General (300	G)	Rur	noff (30R)		Special (30S)
	Terminati (TER)	on Report		•	ction on	M = M /	D D /	Y = Y = Y	Y	in the State	of
5.	Covering Period	M M M	/ 01	201	3	through	M M M	30	D / Y	2013	
I ce	rtify that I have ex	amined this F	Report a	nd to the best	of my kno	wledge and	belief it is tru	ue, correc	ct and co	mplete.	
	e or Print Name o		Katherine								
Sigr	nature of Treasure	. Katherine	e Jenkins			[Electronicall	y Filed] [	Date	M M /	08 /	2013
NO1	ΓE: Submission of f	alse, erroneous	s, or inco	mplete_informa	ation may su	bject the per	son signing t	his Repor	t to the p	enalties of 2	U.S.C. §437g.
	Office									FEC FOR	RM 3X
	Use Only									Rev. 12/2	

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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

Write or Type Committee Name

National Democratic Policy Committee

01 01 2013 06 30 2013 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 3670.72 January 1, 2013 (b) Cash on Hand at 3670.72 Beginning of Reporting Period..... 330.00 330.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 4000.72 4000.72 6(a) and 6(c) for Column B)..... 240.00 240.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 3760.72 3760.72 (subtract Line 7 from Line 6(d)).....

×

Debts and Obligations Owed **TO** the Committee (Itemize all on

 Debts and Obligations Owed BY the Committee (Itemize all on

Schedule C and/or Schedule D) .....

Schedule C and/or Schedule D) .....

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

#### For further information contact:

0.00

449726.38

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

Total This Period Calendar Year	0.00
330.00    330.00	0.00
330.00    330.00	0.00
330.00    330.00	0.00
	5.00
330.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	
0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00	330.00
0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00	
0.00  330.00   0.00  0.00  0.00  0.00   0.00   0.00   0.00   0.00	330.00
0.00  330.00   0.00  0.00  0.00  0.00   0.00   0.00   0.00   0.00	0.00
330.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00
330.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00
0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00
0.00 0.00 0.00 0.00 0.00 0.00 0.00	
0.00 0.00 0.00 0.00 0.00 0.00 0.00	330.00
0.00 0.00 0.00 0.00 0.00 0.00 0.00	
0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00
0.00 0.00 0.00 0.00 0.00	
0.00 0.00 0.00 Funds	0.00
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0.00 Funds	
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Funds	0.00
Funds	
	0.00
0.00	
0.00	
, , , , , , , , , , , , , , , , , , , ,	0.00
0.00	0.00
0.00	0.00
	0.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	Pisbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Exp (a) Allocated Activity (f	penditures: —— Federal/Non-Federal from Schedule H4)		Culonal Four to Duto
	eral Share	0.00	0.00
(ii) Non	Fadaval Chava	0.00	0.00
` '	Federal Sharederal Operating	0.00	0.00
	ires	240.00	240.00
	erating Expenditures		
	a)(i), (a)(ii), and (b))▶ Affiliated/Other Party	240.00	240.00
		0.00	0.00
<ol> <li>Contributions Federal Cand</li> </ol>	to idates/Committees		
and Other Po	litical Committees	0.00	0.00
I. Independent E	Expenditures	0.00	0.00
5. Coordinated F (2 U.S.C. §44	arty Expenditures		
(use Schedule	F)	0.00	0.00
S Loan Bonavm	ents Made	0.00	0.00
o. Loan Nepayiii	erits iviaue		
7. Loans Made	antibutions To	0.00	0.00
8. Refunds of Contributions To: (a) Individuals/Persons Other	s/Persons Other	0.00	0.00
inan Poi	itical Committees	0.00	0.00
(b) Political F	Party Committees	0.00	0.00
( )	litical Committees	0.00	0.00
(such as	PACs)	0.00	0.00
(d) Total Cor	ntribution Refunds		
(add Line	es 28(a), (b), and (c))	0.00	0.00
9. Other Disburs	ements	0.00	0.00
6. Other Disburs	ements	0.00	0.00
	on Activity (2 U.S.C. §431(20))		
` '	Federal Election Activity		
	nedule H6) al Share	0.00	0.00
(,) 1 00010			
	" Share	0.00	0.00
` '	Election Activity Paid Entirely Federal Funds	0.00	0.00
	leral Election Activity (add		
Lines 30	0(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Dishuras	amonto (add Lines 21/s) 22		
	ements (add Lines 21(c), 22, 5, 27, 28(d), 29 and 30(c))	240.00	240.00
-, -, <del></del> , <del></del> ,	, , , , , , , , , , , , , , , , , , , ,		240.00
	Disbursements		
	21(a)(ii) and Line 30(a)(ii)	240.00	240.00
from Line 31)	·······	240.00	240.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	330.00	330.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	330.00	330.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	240.00	240.00	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	240.00	240.00	

SCHEDULE B (FEC Form 3X)	Llea caparata cabadul	a/a\	FOR LINE NUMBER: PAGE 6 OF			
ITEMIZED DISBURSEMENTS	Use separate schedul for each category of t Detailed Summary Pa	he Griedic din		24 25 26 28c 29 30		
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)  National Democratic Policy Comm	•	onical committee t	o solicit contributions i	Tom Such Committee.		
Full Name (Last, First, Middle Initial)						
A. EFT CORPORATION			Date of Disbursem	_		
Mailing Address 2911 DIXWELL AVE			01 05	2013		
City HAMDEN	State Zip Code CT 06518		Transaction ID :	01000009401000008901		
Purpose of Disbursement EFT PROCESSING FEE			Amount of Each D	isbursement this Period		
Candidate Name		Category/ Type		40.00		
Office Sought: House Disburse Senate President	ment For:    Primary					
State: District:	1					
Full Name (Last, First, Middle Initial)  B. EFT CORPORATION		Date of Disbursem				
Mailing Address 2911 DIXWELL AVE	Mailing Address 2911 DIXWELL AVE					
City HAMDEN	State Zip Code CT 06518		Transaction ID :	01000009501000009001		
Purpose of Disbursement EFT PROCESSING FEE			Amount of Each D	isbursement this Period		
Candidate Name		Category/ Type		40.00		
Office Sought: House Disburse Senate President State: District:	ment For:    Primary Gener     Other (specify) ▼	al				
Full Name (Last, First, Middle Initial)  C. EFT CORPORATION			Date of Disbursem			
Mailing Address 2911 DIXWELL AVE			03 / 05	2013		
City HAMDEN	State Zip Code CT 06518		Transaction ID :	01000009601000009101		
Purpose of Disbursement EFT PROCESSING FEE Candidate Name		Category/	Amount of Each D	isbursement this Period		
		Type		40.00		
Office Sought: House Disburse Senate President State: District:	ement For: Primary Gener Other (specify) ▼	al				
SUBTOTAL of Disbursements This Page (optional).		·····		120.00		
TOTAL This Period (last page this line number only	·)	······				

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE NUMBER: PAGE 7 OF 1			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	√ 21h	one) 22 23 28b	24 25 26 28c 29 30	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)  National Democratic Policy Commit	•	ilicai committee to	Solicit Contributions II	om such committee.	
Full Name (Last, First, Middle Initial)			Data of Diahumaan		
A. EFT CORPORATION			Date of Disburseme	ent	
Mailing Address 2911 DIXWELL AVE			04 05	2013	
HAMDEN	State Zip Code CT 06518		Transaction ID : 0	01000009701000009201	
Purpose of Disbursement EFT PROCESSING FEE		· · · ·	Amount of Each Di	sbursement this Period	
Candidate Name		Category/ Type		40.00	
	nent For: Primary General Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)  B. EFT CORPORATION		Date of Disburseme	ent		
Mailing Address 2911 DIXWELL AVE	Mailing Address 2911 DIXWELL AVE				
,	State Zip Code CT 06518		Transaction ID :	01000009801000009301	
Purpose of Disbursement EFT PROCESSING FEE			Amount of Each Di	sbursement this Period	
Candidate Name		Category/ Type		40.00	
	nent For: Primary General Other (specify)				
Full Name (Last, First, Middle Initial)  C. EFT CORPORATION			Date of Disburseme		
Mailing Address 2911 DIXWELL AVE		06 05	2013		
HAMDEN	State Zip Code CT 06518		Transaction ID : (	01000009901000009401	
Purpose of Disbursement EFT PROCESSING FEE  Candidate Name		Catagony	Amount of Each Di	sbursement this Period	
		Category/ Type		40.00	
	nent For:  Primary General  Other (specify)				
SUBTOTAL of Disbursements This Page (optional)				120.00	
TOTAL This Period (last page this line number only).				240.00	

Use separate schedule(s) for each category of the

PAGE 8 OF 144

FOR LINE 13 OF FORM 3X

		Detailed Summary Page FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	•••	Transaction ID : LOAN0010000004
lational Democratic Policy C	ommittee	
LOAN SOURCE Full Name (Last, F HARVEY E. HASCALL	rst, Middle Initial)	[PERSONAL FUNDS] Election: Primary General
Mailing Address 2137 S 1150 EAST		Other (specify) ▼
City BOUNTIFUL	State UT ZIP	Code 84010
Original Amount of Loan	Cumulative Payment	
1000.0		0.00
TERMS  Date Incurred	Date D	ue Interest Rate Secured:
12 22 1986	11 28	1987 0.00 % (apr) Yes X N
List All Endorsers or Guarantors (if		
1. Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address		Occupation
City	tate ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initia	al)	Name of Employer
Mailing Address		Occupation
City S	tate ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initia	al)	Name of Employer
Mailing Address		Occupation
,	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
<b>DTALS</b> This Period (last page in this I	ne only)	<b>&gt;</b>
arry outstanding balance only to LINF	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

PAGE 9 OF 144

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

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

PAGE 10 OF 144

FOR LINE 13 OF FORM 3X

	Detailed Sulfilliary Fage
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000002886
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS]   Election:
ESTHER E. WILSON	Primary General
Mailing Address 6241 WARNER #132	Other (specify) ▼
	Code 92647
Original Amount of Loan Cumulative Payment 1	To Date Balance Outstanding at Close of This Period
5000.00	0.00 5000.00
TERMS  Date Incurred  Date Due	e Interest Rate Secured:
M 04 / 30 / 1984   M 04   30 / Y	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
	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:
1	
SUBTOTALS This Period This Page (optional)	<b>&gt;</b> 5000.00
OTALS This Period (last page in this line only)	<b>&gt;</b>
Carry outstanding balance only to LINE 3, Schedule D, for this line.	If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

PAGE 11 OF 144

		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		
0.1	710.0	Amount		
City State	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Empl	oyer	
Mailing Address		Occupation		
City.	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

PAGE 12 OF 144

FOR LINE 13 OF FORM 3X

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  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  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 1984  List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial) Name of Empl Mailing Address  Occupation  Amount Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial) Name of Empl Mailing Address  Occupation  Amount 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 Name of Empl Name of Empl Name (Last, First, Middle Initial)	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 Adduses	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)	<b>•</b>
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 Detailed Summary Page

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FOR LINE 13 OF FORM 3X

	Detailed Sulfilliary Page
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000004982
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) EUGENE L DRUSELL	[PERSONAL FUNDS] Election: Primary
Mailing Address 1704 SAWYER	General Other (specify) ▼
	ZIP Code 91790
Original Amount of Loan  Cumulative Payn	
1000.00	0.00 1000.00
TERMS	
Date Incurred Date	te 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:
COTALS This Period This Page (optional)	
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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pa	age FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Tra	ansaction ID : LOAN000004983
National Democratic Policy Comr			
LOAN SOURCE Full Name (Last, First, MEUGENE L DRUSELL	Middle Initial)	[PERSONAL FUNDS	Primary
Mailing Address 1704 SAWYER			General Other (specify) ▼
1704 SAWYER			
City WEST COVINA		de 91790	
Original Amount of Loan	Cumulative Payment To	Date Ba	alance Outstanding at Close of This Period
1000.00	] [	0.00	1000.00
TERMS  Date Incurred	Date Due	Interest R	ate Secured:
08 / 08 / 1984	11 / D D / Y	V V V	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:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
UBTOTALS This Period This Page (optiona	ı)	<b>&gt;</b>	1000.00
OTALS This Period (last page in this line o	nly)	<b>&gt;</b>	
Carry outstanding balance only to LINE 3, S	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 Detailed Summary Page

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)	Transaction ID   LOANIOGOGGGGG
Jational Domocratic Policy Committee	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 Co	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:
	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	e FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	amittoo	Trai	nsaction ID : LOAN000005987
ational Democratic Policy Con	imiliee		
<b>LOAN SOURCE</b> Full Name (Last, First, BILL SUEDKAMP	Middle Initial)	[PERSONAL FUNDS]	Primary General
Mailing Address 1211 DOUGLAS HWY			Other (specify)
City GILLETTE	State WY ZIP C	Code 82716	
Original Amount of Loan	Cumulative Payment		ance Outstanding at Close of This Perio
1000.00	,	0.00	1000.00
TERMS	D-1- D	Internal Date	0
Date Incurred  10  18  1984	Date Du	e Interest Rat	
List All Endorsers or Guarantors (if an			
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7 7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
JBTOTALS This Period This Page (option	nal)	<b>&gt;</b>	1000.00
OTALS This Period (last page in this line	only)	<b>&gt;</b>	
arry outstanding balance only to LINE 3,	Schedule D. for this line	If no Schedule D. carry 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 Summ	ary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)	_	•	Transac	tion ID : LOAN000006929
National Democratic Policy Comn				
LOAN SOURCE Full Name (Last, First, M HENRY C MAYBERRY	/liddle Initial)	[PERSONAL	FUNDS] E	ection: Primary General
Mailing Address 8071 E 19TH ST				Other (specify) ▼
City WESTMINSTER	State CA ZIP Co	de 92683		
Original Amount of Loan	Cumulative Payment To	Date	Balance	Outstanding at Close of This Period
500.00		0.00		500.00
TERMS  Date Incurred	Date Due	Inte	rest Rate	Secured:
10 25 1984		1985	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employ	er	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	,	
2. Full Name (Last, First, Middle Initial)		Name of Employ	er	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employ	er	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employ	er	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optiona	l)			500.00
OTALS This Period (last page in this line or	nly)	<b>&gt;</b>		
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no Schedule D, c	arry forward	d to appropriate line of Summary.

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

schedule(s) PAGE 18 OF 144
gory of the mary Page FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)		Trai	 nsaction ID : LOAN000007139
lational Democratic Policy C	ommittee		
LOAN COURCE Full Name (Last F	ivet Middle Initial)		Election:
LOAN SOURCE Full Name (Last, F	irst, Middle Initial)	[PERSONAL FUNDS]	Election: Primary
7.00.00.00			General
Mailing Address 35797 BLAIR PL			Other (specify) ▼
			<u> </u>
City FREMONT		Code 94536	
Original Amount of Loan	Cumulative Payment	To Date Bal	ance Outstanding at Close of This Period
500.0	00	0.00	500.00
TERMS  Date Incurred	Date Du	ue Interest Rat	e Secured:
M M / D D / Y Y Y	Y M M M / D D /	YYYY	
09 28 1984	09 28	1985	9/ (april Yes X No
List All Endorsers or Guarantors (if	any) to Loan Source		
1. Full Name (Last, First, Middle Ini	- ·	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed	
		Outstanding:	
2. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
		'	
		Amount	
City	State ZIP Code	Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initi	al)	Name of Employer	
, ,	,		
Mailing Address		Occupation	
		Amazunt	
City	State ZIP Code	Amount Guaranteed	
•		Outstanding:	7
4. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed	
		Outstanding:	, , , , , , , , , , , , , , , , , , , ,
IIDTOTALS This Devied This Deve (ar	otional)		500.00
UBTOTALS This Period This Page (or	JIIOHal)	<u> </u>	, 555.00
OTALS This Period (last page in this I	ine only)	<b>&gt;</b>	
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 Pag	e TOTT EINE 13 OF TOTTWI 3X
AME OF COMMITTEE (In Full)	mittoo	Tran	nsaction ID : LOAN000009055
National Democratic Policy Com	millee		
LOAN SOURCE Full Name (Last, First,	Middle Initial)	[PERSONAL FUNDS]	Election:
ROBERT C MCKINNEY		[	Primary
			General
Mailing Address PO BOX 3245			Other (specify)
City SEAL BEACH	State CA ZIP Co	ode 90740	
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 M / D D / Y Y Y	M M / D D / Y	Y Y Y 4200	
10 22 1984	10 22	1985	% (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	ZII Oode	Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
0	710.0	Amount	
City State	ZIP Code	Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
3			
		Amount	
City State	ZIP Code	Guaranteed	
		Outstanding:	,
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
	710.0	Amount	
City State	ZIP Code	Guaranteed Outstanding:	g-1-1-g-1-1-m-1-1
.1		l	
SUBTOTALS This Period This Page (options	al)(lɛ	<b>&gt;</b>	1000.00
TOTALS This Period (last page in this line of	only)		
	Salada B. C. C. C. C.	and Online 1 1 D	
Carry 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 Fage
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000009557
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
ROBERT LOFTUS	Primary
	General
Mailing Address 2446 N SUMMIT	Other (specify)
2446 N SUMMIT	
City DECATUR State IL	ZIP Code 62526
Original Amount of Loan Cumulativ	ve Payment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS	
Date Incurred	Date Due Interest Rate Secured:
06 05 1984 07	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan So	ource
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Cod	de Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Cod	de Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Cod	
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
-	·
	Amount
City State ZIP Cod	de Guaranteed Outstanding:
1	
SUBTOTALS This Period This Page (optional)	<b></b>
TOTALS This Period (last page in this line only)	<b>&gt;</b>
Carry outstanding balance only to LINE 3. Schedule D. fo	or this line. If no Schedule D, carry forward to appropriate line of Summary.
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Use separate schedule(s) for each category of the

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		Detailed Summary Pa	ige FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Tra	ansaction ID : LOAN0000010472
National Democratic Policy Comr			
LOAN SOURCE Full Name (Last, First, I SCOTT BEARD	Middle Initial)	[PERSONAL FUNDS	Election: Primary General
Mailing Address 4125 HAWTHORNE			Other (specify)
City DALLAS	State TX ZIP Co	de 75202	
Original Amount of Loan	Cumulative Payment To	Date Ba	alance Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS  Date Incurred	Date Due	Interest Ra	ate Secured:
04 / 09 / 1984		V V V	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:	77
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	l)	<b>&gt;</b>	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 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

Transaction ID : LOAN0000010652  ERSONAL FUNDS    Election:
Primary
Primary
Other (specify) ▼
303
Balance Outstanding at Close of This Perio
Balance Outstanding at Close of This Penc
0.00
Interest Rate Secured:
0.00 % (apr) Yes XN
of Employer
pation
nt unteed anding:
of Employer
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of Employer
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of Employer
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Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		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
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arry outstanding balance only to LINE 3	. Schedule D. for this line.	If no Schedule D. carry for	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	e FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	ammitta a	Trai	nsaction ID : LOAN0000011993
ational Democratic Policy Co	mmittee		
LOAN SOURCE Full Name (Last, Fin JACKSON B BREEZE	rst, Middle Initial)	[PERSONAL FUNDS]	Election: Primary General
Mailing Address 419 QUARTZ ST			Other (specify)
City REDWOOD CITY	State CA ZIP (	Code 94062	
Original Amount of Loan	Cumulative Payment		ance Outstanding at Close of This Perio
1000.00		0.00	1000.00
TERMS			
Date Incurred  11 30 1984	Date Du	nterest Rat	
List All Endorsers or Guarantors (if	any) to Loan Source		
1. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	7 7
2. Full Name (Last, First, Middle Initia	ıl)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initia	ıl)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initia	ıl)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	7
JBTOTALS This Period This Page (opt			1000.00
OTALS This Period (last page in this lin			
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 3 1 2 1 3 2 1 3 1 1 3 1
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000012031
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS]   Election:
RICHARD ROPER	Primary
	General
Mailing Address 630 W DUARTE RD #33	Other (specify)
630 W DUARTE RD #33	
	ZIP Code 91016
Original Amount of Loan Cumulative Payn	ment To Date Balance Outstanding at Close of This Period
1000.00	0.00
TERMS	
	te Due Interest Rate Secured:
05 31 / 1984 11 30 30	1984 0.00 % (apr) Yes ⊠ No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	ge FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)  Iational Democratic Policy Com	amittoo	Tra	nsaction ID : LOAN0000012946
ational Democratic Policy Con	millee		
LOAN SOURCE Full Name (Last, First, FLOYD T WRIGHT	Middle Initial)	[PERSONAL FUNDS	p Election: Primary General
Mailing Address 4207 PATRICIA ST			Other (specify)
City FREMONT	State CA ZIP C	Code 94536	-
Original Amount of Loan	Cumulative Payment		lance Outstanding at Close of This Perio
1000.00		0.00	1000.00
TERMS			
Date Incurred  08  24  1984	Date Du	e Interest Ra 1984 0.0	
List All Endorsers or Guarantors (if an	y) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7 7
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OTALS This Period (last page in this line	only)	<b>&gt;</b>	
arry outstanding balance only to LINE 3,	Schedule D. for this line.	If no Schedule D. carry for	rward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

		Detailed Summary 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)	<b>&gt;</b>	1000.00
OTALS This Period (last page in this line of	only)	<b>&gt;</b>	
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

te schedule(s) PAGE 28 OF 144
tegory of the mmary Page FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)		Tra	nsaction ID : LOAN0000013410
lational Democratic Policy Commi	ttee		
LOAN COURCE Full Name (Lock First Mi	dalla lmitial\		Election:
LOAN SOURCE Full Name (Last, First, Mid BILL DRAKE	adie initial)	[PERSONAL FUNDS]	Frimary
			General
Mailing Address RT 4 BOX 126			Other (specify) ▼
City DEXTER		de 63841	
Original Amount of Loan	Cumulative Payment To	Date Bal	ance Outstanding at Close of This Period
100.00	,	0.00	100.00
TERMS  Date Incurred	Date Due	Interest Ra	te Secured:
M M / D D / Y Y Y Y		YYY	
06 19 1984	08 19	1984 0.0	% (apr) Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
2. Full Name (Last, First, Middle Initial)		Outstanding:  Name of Employer	,
2. I dii Name (Last, First, Middle Ilitta)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed	
City	211 0000	Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
M. T. A. I.			
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
		Outstanding:	, ,
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
-			
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	7
		3	
		_	
UBTOTALS This Period This Page (optional)			100.00
OTALS This Period (last page in this line only	/)	······	
arry outstanding balance only to LINE 3, Sch	nedule 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

PAGE 29 OF 144
FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)		Trar	saction ID : LOAN0000017823
lational Democratic Policy Cor	nmittee	IIai	isaction ib . LOANOUUUT7023
·			
LOAN SOURCE Full Name (Last, First	, Middle Initial)	[PERSONAL FUNDS]	
HAROLD N LYNGE MD			Primary  General
Mailing Address 2 S 13TH ST			Other (specify)
2 S 13 I H S I			(d) 11 (d
City SAN JOSSE	State CA ZIP Co	ode 95112	
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		
08 / 08 / 1984	10 08 /	1984 0.00	% (opr) Yes X No
List All Endorsers or Guarantors (if a	ny) to Loan Source		
1. Full Name (Last, First, Middle Initial		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	te ZIP Code	Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Star	te ZIP Code	Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
ag / taa.eee		- Cocapanon	
		Amount	
City Sta	e ZIP Code	Guaranteed	
4 Full Name (Last First Middle Initial)		Outstanding:  Name of Employer	,
4. Full Name (Last, First, Middle Initial)		татте от Еттрюуег	
Mailing Address		Occupation	
City	710 00-1-	Amount	
City Sta	te ZIP Code	Guaranteed Outstanding:	7
UBTOTALS This Period This Page (option	nal)	<b>&gt;</b>	1000.00
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Carry outstanding balance only to LINE 3	Schedule D. for this line If	no Schedule D. corry for	ward to appropriate line of Summer
any outstanding balance only to LINE 3	, concaare b, for tills lifte. If	no ochedule b, carry lor	mana to appropriate line of Julillary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Sulfilliary F	age
AME OF COMMITTEE (In Full)	mittoo	Т	ransaction ID : LOAN0000018351
National Democratic Policy Comr			
LOAN SOURCE Full Name (Last, First, I	Middle Initial)	[PERSONAL FUND	osj Election:
GREGORY R WOLF		-	Primary
			General
Mailing Address 5258 CARTWRIGHT			Other (specify)
City NORTH HOLLYWOOD		ode 91601	
Original Amount of Loan	Cumulative Payment To	Date E	Balance Outstanding at Close of This Period
300.00		0.00	300.00
TERMS	Data Data	Internal F	0
Date Incurred	Date Due	VVV	
08 14 1984	11 14	1984	0.00 % (apr) Yes ⊠ No
List All Endorsers or Guarantors (if any	) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed	
City	ZIP Code	Outstanding:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2. 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)		_	
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	
City	ZIP Code	Amount Guaranteed	
City State	ZIF Gode	Outstanding:	<u></u>
SUBTOTALS This Period This Page (optional	ıl)		300.00
<b>COTALS</b> This Period (last page in this line of	nly)	<b>&gt;</b>	
Carry outstanding balance only to LINE 3, S	Schedule D, for this line. If	no Schedule D, carry f	forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Page FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	mittoo	Transaction ID : LOAN0000018352
ational Democratic Policy Com	mittee	
<b>LOAN SOURCE</b> 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
TERMS	D-1- D	Interest Pate
Date Incurred  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Date D	ue Interest Rate Secured:  1984 0.00 % (apr) Yes X
List All Endorsers or Guarantors (if any	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
JBTOTALS This Period This Page (option	al)	
OTALS This Period (last page in this line	only)	<b>&gt;</b>
arry outstanding balance only to LINE 3.	Schedule D. for this line.	If no Schedule D, carry forward to appropriate line of Summary

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

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FOR LINE 13 OF FORM 3X

		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
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 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

		Detailed Summary Pag	je i fort Eine 13 of Fortivi 3X
ME OF COMMITTEE (In Full)		Tra	nsaction ID : LOAN0000018611
ational Democratic Policy Comr	nittee		
LOAN SOURCE Full Name (Last, First, M	Middle Initial)	[PERSONAL FUNDS]	Election:
WILLIAM O MC KAY	,	[ LIGONAL I GNDO]	Primary
			General
Mailing Address 4627 W 137TH PL			Other (specify) ▼
City HAWTHORNE	State CA ZIP Co	ode 90250	
Original Amount of Loan	Cumulative Payment To	Date Bal	ance Outstanding at Close of This Perio
1000.00		0.00	1000.00
TERMS	Data Data	laters at Dat	0
Date Incurred	Date Due	Interest Rat	
08 17 1984	11 17	1985 0.0	0 % (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	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
Mailing Address		Сссираноп	
City State	ZIP Code	Amount Guaranteed	
City State	ZIP Code	Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
Ciby	ZIP Code	Amount	
City State	ZIF Code	Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amagumt	
City State	ZIP Code	Amount Guaranteed	
,	0000	Outstanding:	
		ı	
UBTOTALS This Period This Page (optiona	(l)	<u>\</u>	1000.00
OTALS This Period (last page in this line o	nly)		
arry outstanding balance only to LINE 3. S	schedule D. for this line. If	no Schedule D. corry for	ward to appropriate line of Summers
arry outstanding palance only to LINE 3. S	chequie D. for this line. It	no ochequie D. carry fol	ward 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 Suffillary Page
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000018612
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) ALFRED MONTEROS	[PERSONAL FUNDS] Election:
ALFRED MONTEROS	Primary General
Mailing Address 1210 W PUENTE AVE	Other (specify) ▼
City WEST COVINA State CA	ZIP Code 91790
Original Amount of Loan Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred D	Date Due Interest Rate Secured:
08 17 1984 11 17	
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
	Amount
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
Carry outstanding balance only to LINE 3, Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary	rage : on and its	
AME OF COMMITTEE (In Full)			Transaction ID : LOAN0000018817	
National Democratic Policy Committee				
LOAN SOURCE Full Name (Last, First, Middle Ini LEONARD K NITZ	tial)	[PERSONAL FUN	VDSJ Election: Primary General	
Mailing Address 5343 CALLISTER AVE			Other (specify) ▼	
City SACRAMENTO State		ode 95819		
Original Amount of Loan Cum	ulative Payment T	o Date	Balance Outstanding at Close of This	Period
1000.00		0.00	1000.00	)
TERMS  Date Incurred	Date Due	e Interest	t Rate Secured:	
08 / 20 / 1984 M 11	/ 20 / Y	1984	0.00	X No
List All Endorsers or Guarantors (if any) to Loar	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		
	Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State ZIP	Code	Amount Guaranteed Outstanding:	7	
SUBTOTALS This Period This Page (optional)			1000.00	0
Carry outstanding balance only to LINE 3, Schedule	D, for this line. I	f no Schedule D, carry	y forward to appropriate line of Sumr	nary.

Use separate schedule(s) for each category of the

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		Detailed Summary Pag	FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	mittaa	Trai	nsaction ID : LOAN0000019658
ational Democratic Policy Com	mittee		
LOAN SOURCE Full Name (Last, First, WARREN BANDY	Middle Initial)	[PERSONAL FUNDS]	Election: Primary General
Mailing Address 934 TAMARACK LN #6			Other (specify) ▼
City SUNNYVALE	State CA ZIP Co	ode 94086	-
Original Amount of Loan	Cumulative Payment To		ance Outstanding at Close of This Perio
1000.00		0.00	1000.00
TERMS			
Date Incurred  09	Date Due	Interest Rat	
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:	9 9
JBTOTALS This Period This Page (option	al)	<b>&gt;</b>	1000.00
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arry outstanding balance only to LINE 3,	Schedule D. for this line. If	f no Schedule D. carry for	ward to appropriate line of Summary.

### SCHEDULE C (FEC Form 3X)

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

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FOR LINE 13 OF FORM 3X

		Detailed Suffillary F	age
AME OF COMMITTEE (In Full)	umitto o	Т	ransaction ID : LOAN0000019945
National Democratic Policy Com			
LOAN SOURCE Full Name (Last, First, IAN MC CLASHAN	Middle Initial)	[PERSONAL FUND	Election: Primary General
Mailing Address 245 W LORRAINE ST AF	PT 121		Other (specify)
City GLENDALE		ode 91202	
Original Amount of Loan	Cumulative Payment To	D Date E	Balance Outstanding at Close of This Period
1500.00		0.00	1500.00
TERMS  Date Incurred	Date Due	Interest F	Rate Secured:
M 09 / 10 / 1984	12 / 10 / Y	VVV	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if an	y) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	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	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:	
SUBTOTALS This Period This Page (option	<u> </u>		1500.00
OTALS This Period (last page in this line Carry outstanding balance only to LINE 3,			forward to appropriate line of Summary.

### SCHEDULE C (FEC Form 3X)

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

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ach category of the led Summary Page FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)	Transaction ID - LOANI000024050
AME OF COMMITTEE (In Full)  National Democratic Policy Committee	Transaction ID : LOAN0000021069
national Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
LOUIS HARDING	Primary
Mailing Address	General Other (specify) ▼
Mailing Address 815 N MADISON	Other (specify)
City PIERRE State SD	ZIP Code 57501
Original Amount of Loan Cumulative Payr	ment To Date Balance Outstanding at Close of This Period
1000.00	0.00
TERMS Data leaving d	
Date Incurred Da	ate Due Interest Rate Secured:
09 27 1984 03 27	1985 0.00 % (apr) Yes ⊠ No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Walling Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Walling / Gal 555	Cocapation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
IVIAIIIII Address	Occupation
	Amount
City State ZIP Code	Guaranteed
4. Full Name (Last, First, Middle Initial)	Outstanding:  Name of Employer
4. I uli Name (Last, 1 list, Milado Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
Oily State Zii State	Outstanding:
1	
	1000.00
UBTOTALS This Period This Page (optional)	
OTALS This Period (last page in this line only)	<b>&gt;</b>
Carry outstanding balance only to LINE 3. Schedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.
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Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pa	ige   TOTT LINE 13 OF TOTTWISK
AME OF COMMITTEE (In Full)	mmittac	Tra	ansaction ID : LOAN0000021171
National Democratic Policy Co	mmtee		
LOAN SOURCE Full Name (Last, Fir	st, Middle Initial)	[PERSONAL FUNDS	St   Election:
MARILYN PEARSON	. ,	L' ENGOMME I GNO	Primary
			General
Mailing Address RR 1			Other (specify)
S KK I			
City SPENCER		Code 51301	
Original Amount of Loan	Cumulative Payment T	To Date Ba	alance Outstanding at Close of This Period
1000.00	)	100.00	900.00
TERMS			
Date Incurred	Date Due		ate Secured:
09 / 28 / 1984	03 / 28 /	1985 0.	00
List All Endorsers or Guarantors (if	any) to Loan Source		
1. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
3			
		Amount	
City	tate ZIP Code	Guaranteed	
		Outstanding:	
2. Full Name (Last, First, Middle Initia	1)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	tate ZIP Code	Guaranteed	
		Outstanding:	9 9
3. Full Name (Last, First, Middle Initia	<u>l)</u>	Name of Employer	
Mailing Address		Occupation	
		Amount	
City St	tate ZIP Code	Guaranteed	
		Outstanding:	
4. Full Name (Last, First, Middle Initia	I)	Name of Employer	
Mailing Address		Occupation	
		Cooquion	
		Amount	
City St	tate ZIP Code	Guaranteed	
		Outstanding:	7
		<u> </u>	
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OTALS This Period (last page in this lin	ne only)	······	
Carry outstanding balance only to LINE	3, Schedule D, for this line.	If no Schedule D, carry fo	orward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

		Detailed Summa	ry Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		<u>.</u>	Transac	tion ID : LOAN0000021412
National Democratic Policy Com				
LOAN SOURCE Full Name (Last, First,	Middle Initial)	[PERSONAL F	UNDS]	ection:
MARJORIE CZECZOK				Primary General
Mailing Address 820 LAKE ST S				Other (specify)
020 27 11/2 01 0				
City KIRKLAND		ode 98033		
Original Amount of Loan	Cumulative Payment To	Date	Balance	Outstanding at Close of This Period
250.00		50.00		200.00
TERMS  Date Incurred	Date Due	Intere	est Rate	Secured:
M 10 / 25 / 1984		1984	0.00	% (apr) Yes No
List All Endorsers or Guarantors (if any	/) to Loan Source			
Full Name (Last, First, Middle Initial)	<u>,                                      </u>	Name of Employe	r	
Mailing Address		Occupation		
		Amount		
City State	zIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employe	r	
Mailing Address		Occupation		
Chata	e ZIP Code	Amount		
City State	ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employe	r	
Mailing Address		Occupation		
City State	z ZIP Code	Amount Guaranteed		
July	0000	Outstanding:	7	
4. Full Name (Last, First, Middle Initial)		Name of Employe	r	
Mailing Address		Occupation		
City State	z ZIP Code	Amount Guaranteed		
J, Glate	2 0000	Outstanding:	7	
SUBTOTALS This Period This Page (option	al)	<b>&gt;</b>		200.00
OTALS This Period (last page in this line of	only)	<b>&gt;</b>		22
Carry outstanding balance only to LINE 3,	Schedule D. for this line If	no Schedule D. ca	rry forward	I to appropriate line of Summary
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### SCHEDULE C (FEC Form 3X)

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	Je FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	nittoo	Tra	nsaction ID : LOAN0000022667
ational Democratic Policy Comr	niitee		
LOAN SOURCE Full Name (Last, First, M ROBERT A FUDO	Middle Initial)	[PERSONAL FUNDS]	Primary General
Mailing Address 24922 MUIRLANDS SP 36			Other (specify)
		N	
City EL TORO		Code 92630	
Original Amount of Loan	Cumulative Payment	To Date Bal	ance Outstanding at Close of This Perio
750.00		0.00	750.00
TERMS	5 . 5		
Date Incurred  10 22 1984	Date Du	e Interest Rai	
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:	9 9
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	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	7
JBTOTALS This Period This Page (optiona	l)	<u>}</u>	750.00
OTALS This Period (last page in this line o	nly)	<b>&gt;</b>	
arry outstanding balance only to LINE 3, S	chedule D. for this line	If no Schedule D. carry for	ward to appropriate line of Summary

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Page FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	***	Transaction ID: LOAN0000023255
ational Democratic Policy Com	mittee	
<b>LOAN SOURCE</b> Full Name (Last, First, KEITH J ORR	Middle Initial)	[PERSONAL FUNDS] Election: Primary General
Mailing Address 441 PUERTO PL		Other (specify) ▼
City HAYWARD	State CA ZIP (	Code 94541
Original Amount of Loan	Cumulative Payment	
Original Amount of Loan	Outifulative Tayment	Dalance Outstanding at Close of This Feb
500.00		0.00 500.00
Date Incurred	Date Du	7 7 7 7 7 0 00
10 24 1984	12 24	1984 0.00 % (apr) Yes X
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
2. Full Name (Last, First, Middle Initial)		Outstanding:
2. Full Name (Last, First, Middle Illitial)		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
		Amount
City State	ZIP Code	Guaranteed Outstanding:
JBTOTALS This Period This Page (option	al)	500.00
OTALS This Period (last page in this line	only)	<b>&gt;</b>
arry outstanding halance only to LINE 3	Schedule D for this line	If no Schedule D, carry forward to appropriate line of Summar

### SCHEDULE C (FEC Form 3X)

**LOANS** 

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

OF 144 PAGE 43 FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)		Trar	l nsaction ID : LOAN0000023300
lational Democratic Policy Cor	nmittee	mai	isaction is . LOANOUGE23300
•			
LOAN SOURCE Full Name (Last, First H WYVONNE LANDRY	t, Middle Initial)	[PERSONAL FUNDS]	Election: Primary
TI WI VOINIL LANDRI			General
Mailing Address 18346 COLLINS ST #17	7		Other (specify)
10340 COLLING 31 #17			·
City TARZANA	State CA ZIP Co	ode 91356	
Original Amount of Loan	Cumulative Payment To	Date Bala	ance Outstanding at Close of This Perio
800.00		0.00	800.00
TERMS	D . D		0 1
Date Incurred	Date Due		
10 25 1984	01 25	1985 0.00	9/2 (apr) Yes X No
List All Endorsers or Guarantors (if a			
1. Full Name (Last, First, Middle Initial		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	te ZIP Code	Guaranteed	
		Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	te ZIP Code	Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	te ZIP Code	Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
<b>3</b>			
		Amount	
City Sta	te ZIP Code	Guaranteed Outstanding:	7 7 7
UBTOTALS This Period This Page (optic	onal)		800.00
OTALS This Period (last page in this line	only)		47
arry outstanding balance only to LINE 3	, Schedule D, for this line. If	no Schedule D, carry for	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the

PAGE 44 OF 144

FOR LINE 13 OF FORM 3X

		Detailed Summary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)	•••	Trans	action ID : LOAN0000023612
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 (specify)
City CASPER	State WY ZIP Co	ode 82604	
Original Amount of Loan	Cumulative Payment To		nce Outstanding at Close of This Perio
250.00		0.00	250.00
TERMS			
Date Incurred  10	Date Due	Interest Rate 1985 0.00	Secured:  % (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:	7.1.7.1.7.1
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
UBTOTALS This Period This Page (option	al)		250.00
OTALS This Period (last page in this line	only)	<b>&gt;</b> [	
arry outstanding balance only to LINE 3,	Schedule D. for this line. If	no Schedule D. carry forw	ard to appropriate line of Summary.

Use separate schedule(s) for each category of the

PAGE 45 OF 144

FOR LINE 13 OF FORM 3X

		Detailed Sumn	nary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		•	Transa	ction ID : LOAN0000023623
National Democratic Policy Comn				
LOAN SOURCE Full Name (Last, First, N RONALD A BOWDEN	Middle Initial)	[PERSONAL	FUNDS]	Election:
RONALD A BOWDEN				Primary  General
Mailing Address 46 SOMERSET AVE				Other (specify) ▼
City RIVERSIDE	State RI ZIP Coo	de <sub>02915</sub>		
Original Amount of Loan	Cumulative Payment To		Balanc	e Outstanding at Close of This Period
	Guindianve Tayment 10		Balanc	
1000.00		0.00		1000.00
TERMS  Date Incurred	Date Due	Inte	erest Rate	Secured:
10 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		1985	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employ	yer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:	,	
2. Full Name (Last, First, Middle Initial)		Name of Employ	yer	
Mailing Address		Occupation		
		-		
City State	ZIP Code	Amount Guaranteed		
ony out	2.11 0000	Outstanding:	-	
3. Full Name (Last, First, Middle Initial)		Name of Employ	yer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employ	yer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
<u> </u>		<u> </u>		
SUBTOTALS This Period This Page (optional	1)	<b>&gt;</b>		1000.00
OTALS This Period (last page in this line or	nly)	<b>&gt;</b>		
Carry outstanding balance only to LINE 3, Se	chedule D, for this line. If	no Schedule D, o	carry forwai	rd to appropriate line of Summary.

### SCHEDULE C (FEC Form 3X)

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	mittoo	Trai	nsaction ID : LOAN0000023624
ational Democratic Policy Com	millee		
<b>LOAN SOURCE</b> Full Name (Last, First, BRYCE JONES	Middle Initial)	[PERSONAL FUNDS]	Election: Primary General
Mailing Address 213 W OAKRIDGE DR			Other (specify)
City FARMINGTON	State UT ZIP C	ode 84025	
Original Amount of Loan	Cumulative Payment T		ance Outstanding at Close of This Perio
1000.00		0.00	1000.00
TERMS			
Date Incurred  10 22 1984	Date Duc	e Interest Rat	
List All Endorsers or Guarantors (if any	r) 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:	7.1.7.1.8.1
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
JBTOTALS This Period This Page (option	al)	<b>&gt;</b>	1000.00
OTALS This Period (last page in this line of	only)		
arry outstanding balance only to LINE 3	Schedule D. for this line. I	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 Pag	ge TON LINE 13 OF TONIN 3X
AME OF COMMITTEE (In Full)		Tra	nsaction ID : LOAN0000023627
National Democratic Policy Comm			
LOAN SOURCE Full Name (Last, First, M	iddle Initial)	[PERSONAL FUNDS	T Election:
MRS BRYCE JONES		<b>1</b> . =	Primary
			General
Mailing Address			Other (specify)
Mailing Address 213 W OAKRIDGE DR			Carlot (opeany) 🔻
City FARMINGTON		de 84025	
Original Amount of Loan	Cumulative Payment To	Date Ba	lance Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS  Date Incurred	Date Due	Interest Ra	ate Secured:
M M / D D / Y Y Y Y		V V V	
10 22 1984	01 22	1985 0.0	% (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	
Walling / ladi 000		Codapation	
		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:	9
SUBTOTALS This Period This Page (optional	)	<u></u>	1000.00
TOTALS This Period (last page in this line on	ıly)	<b>&gt;</b>	
Carry outstanding balance only to LINE 3, So	hedule D, for this line. If	no Schedule D, carry fo	rward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

		Detailed Summary Page	FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	•••	Trans	saction ID: LOAN0000023628
ational Democratic Policy Com	mittee		
LOAN SOURCE Full Name (Last, First, MRS DONALD MILLS	Middle Initial)	[PERSONAL FUNDS]	Election: Primary General
Mailing Address 4495 WOODLAWN			Other (specify)
	Ctata	a de	
City BEAUMONT		ode 77703	nce Outstanding at Close of This Peri
Original Amount of Loan	Cumulative Payment To	Dale Bala	rice Outstanding at Close of This Pen
500.00		0.00	500.00
TERMS Date Incurred	Date Due	Interest Rate	Secured:
10 22 1984	10 22 Y	1985 0.00	
List All Endorsers or Guarantors (if any	r) 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:	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
City State  UBTOTALS This Period This Page (option  DTALS This Period (last page in this line of	al)	Guaranteed Outstanding:	500.00
arry outstanding balance only to LINE 3,	Cahadula D. fau Mita III If	no Cohodula D	roud to appropriate the of Occ

### SCHEDULE C (FEC Form 3X)

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Page	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 <sup>-</sup>		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)	<b>&gt;</b>	
arry outstanding balance only to LINE 3	. Schedule D. for this line.	If no Schedule D. carry for	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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		Detailed Su	ımmary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		•	Transac	ction ID : LOAN0000024453
National Democratic Policy Comr				
LOAN SOURCE Full Name (Last, First, N JAMES HOWARD PETERS	Middle Initial)	[PERSON	AL FUNDS]	lection:
JAMES HOWARD PETERS				Primary  General
Mailing Address 2380 GRANADA AVE				Other (specify)
2300 GIVANADA AVE				
City LONG BEACH	State CA ZIP Co	de 90815		
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		Interest Rate	Secured:
M M / D D / Y Y Y Y	M M / D D / Y	YYY	0.00	
11 26 1984	05 26	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		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Emp	olover	
(2023, 1 103, 1 104, 1 104)			<del>)</del>	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Emp	oloyer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed		
		Outstanding:	7	7
4. Full Name (Last, First, Middle Initial)		Name of Emp	oloyer	
Mailing Address		Occupation		
Cih.	7ID Cod-	Amount		
City State	ZIP Code	Guaranteed Outstanding:		
L				
UBTOTALS This Period This Page (optional	ul)	·····	<u> </u>	1000.00
OTALS This Period (last page in this line o	nly)		<b>.</b>	
Carry outstanding balance only to LINE 2.5	Schodulo D. for this line 16	no Cobodule I	D corry forwar	d to appropriate line of Cummani
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no schedule I	ט, carry forwar	u to appropriate lifte of Suffiffary.

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 / Y	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)	<b>&gt;</b>	500.00
OTALS This Period (last page in this line	only)	<b>&gt;</b>	
arry outstanding balance only to LINE 3,	Schedule D. for this line. 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 Suffillary F	age
AME OF COMMITTEE (In Full) National Democratic Policy Comr	nittoo	Т	ransaction ID : LOAN0000025202
•			
LOAN SOURCE Full Name (Last, First, MALMA GUBER	Middle Initial)	[PERSONAL FUND	Election: Primary
ALIMA G OBER			General
Mailing Address 3447 STERNE ST			Other (specify)
City SAN DIEGO	State CA ZIP Co	ode 92106	
Original Amount of Loan	Cumulative Payment To	Date E	Balance Outstanding at Close of This Period
500.00		0.00	500.00
TERMS  Date Incurred	Date Due	Interest F	Rate Secured:
M 11 07 1984	05 / 07 / 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	
		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:	7 7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
UBTOTALS This Period This Page (optiona	ıl)	·	500.00
OTALS This Period (last page in this line o	<u> </u>		
Carry outstanding balance only to LINE 3, S	Schedule D, for this line. If	no Schedule D, carry f	orward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

		Detailed Summary P	Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Т	Transaction ID : LOAN0000026096
National Democratic Policy Comn			
LOAN SOURCE Full Name (Last, First, M GABRIEL DICK	fliddle Initial)	[PERSONAL FUND	DSJ Election: Primary General
Mailing Address BOX 274			Other (specify) ▼
City CARMEL	State CA ZIP Cod	de 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		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 (optional	l)	<b>&gt;</b>	500.00
OTALS This Period (last page in this line or	nly)	<b>&gt;</b>	
Carry outstanding balance only to LINE 3, Se	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

0032658
7
ose of This Pe
750.00
Casumadi
Secured:
Yes X
750.00
41400.00
ne of Summa

**Excluding Loans** 

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

FOR LINE NUMBER: (check only one)

9 **X** 10

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				/   /     /
	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ee		
	A. Full Name (Last, First, Middle Initial) of Debtor AIRBORNE FREIGHT CORP.	Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE		
İ	Mailing Address P O BOX 662			
	City State SEATTLE	Zip Code WA 98111		
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112089
	12.50			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00	,	0.00	12.50
	B. Full Name (Last, First, Middle Initial) of Debtor AMFAC HOTEL	Nature of Debt (Purpose): ROOM RENTAL		
ŀ	Mailing Address P O BOX 1926			
	City State ALBUQUERQUE	Zip Code NM	87119	
	Outstanding Balance Beginning This Period 198.49			Transaction ID : INV6010000112090
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00	,	0.00	198.49
	C. Full Name (Last, First, Middle Initial) of Debtor ARLINGTON HILTON	r or Creditor		Nature of Debt (Purpose): ROOM RENTALS
İ	Mailing Address 2401 EAST LAMAR BOULEVAR	D		
	City ARLINGTON	State TX	Zip Code 76011	
	Outstanding Balance Beginning This Period			Transaction ID: INV6010000112363
	139.00			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00	7	0.00	139.00
1)	SUBTOTALS This Period This Page (optional)			349.99
2)	TOTALS This Period (last page this line number	<u> </u>		
3)	TOTAL OUTSTANDING LOANS from Schedule C	<b>&gt;</b>		
4)	ADD 2) and 3) and carry forward to appropriate I	<b>&gt;</b>		

**Excluding Loans** 

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

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

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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):
BANK OF THE COMMONWE	MISC. EXF	PENSE	
Mailing Address PO BOX 32900			
City State	Zip Code		
DETROIT	MI 48232	Tueneest	ID - INIVCO40000440005
Outstanding Balance Beginning This Period 1430.00		Transacti	ion ID : INV6010000112095
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		00	1430.00
			7 1 7 1 1 7 1
B. Full Name (Last, First, Middle Initial) of Debte BELMONT RESTAURANT	or or Creditor	Nature of D ROOM RE	Debt (Purpose): NTALS
Mailing Address 541 LEXINGTON AVE.			
City State	Zip Code		
NEW YORK	NY 10022		
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112096
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.0		110.00
C. Full Name (Last, First, Middle Initial) of Deb BROWN PALACE HOTEL	tor or Creditor	Nature of D ROOM RE	Debt (Purpose): :NTALS
Mailing Address P.O. BOX 1440			
City DENVER	State Zip Code CO 80201		
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112097
273.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.	00	273.00
SUBTOTALS This Period This Page (optional).			1813.00
TOTALS This Period (last page this line number	er only)	>	7
TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>	7
) ADD 2) and 3) and carry forward to appropriat	e line of Summary Page (last page on	ly) ▶	

**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 or Creditor BRUKOFF, BERAS & STEWART,P.C.					Nature of Debt (Purpose): ATTY FEES-ZIEGLER/CONG	
Ī	Mailing Address 3000 TOWN CENTER SUITE 2550					
İ	City State SOUTHFIELD	Zip Code MI 48075				
Ī	Outstanding Balance Beginning This Period			,	Transaction ID : INV6010000112099	
	285.00					
	Amount Incurred This Period  0.00	Pay	ment This Period	0.00	Outstanding Balance at Close of This Period 285.00	
	D. Full Name (Lost First Middle Initial) of Debter	or Craditor			Nature of Daht (Dumana)	
	B. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	or Greditor			Nature of Debt (Purpose): PRESS RELATIONS SERVICE	
İ	Mailing Address P.O. BOX 17726					
	City State WASHINGTON	Zip Code DC	20041			
	Outstanding Balance Beginning This Period 2700.00				Transaction ID : INV6010000111880	
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period	
	0.00		0	0.00	2700.00	
	C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS				Nature of Debt (Purpose): RENT	
	Mailing Address P.O. BOX 17726					
	City WASHINGTON	State DC	Zip Code 20041			
	Outstanding Balance Beginning This Period 64.51			·	Transaction ID : INV6010000111909	
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period	
	0.00		0	0.00	64.51	
1)	SUBTOTALS This Period This Page (optional)			▶	3049.51	
2)	TOTALS This Period (last page this line number of	only)		▶		
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page o	nly)	▶		
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	ее			
•				
A. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor		Nature of I	Debt (Purpose):
CAMPAIGNER PUBLICATIONS	ADVERTI	SING		
Mailing Address P.O. BOX 17726				
City State	Zip Code			
WASHINGTON	DC	20041		
Outstanding Delawar Deniming This Deviced			Transact	tion ID : INV6010000111912
Outstanding Balance Beginning This Period			Trunsaoi	
1567.00				
Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period
0.00			0.00	1567.00
	7	7		
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS			Nature of I ADVERTIS	Debt (Purpose): SING
Mailing Address P.O. BOX 17726				
City State	Zip Code			
WASHINGTON	DC	20041		
Outstanding Balance Beginning This Period			Transac	etion ID : INV6010000111913
60.00				
Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period
0.00		,	0.00	60.00
C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS				Debt (Purpose):
Mailing Address P.O. BOX 17726				
City	State	Zip Code		
WASHINGTON	DC	20041		
Outstanding Balance Beginning This Period			Transac	etion ID : INV6010000111914
7316.85				
	_			
Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period
0.00			0.00	7316.85
SUBTOTALS This Period This Page (optional)				8943.85
2) TOTALS This Period (last page this line number	O(11y)			7
3) TOTAL OUTSTANDING LOANS from Schedule (	C (last page o	nly)	<b>&gt;</b>	7 7 7
4) ADD 2) and 3) and carry forward to appropriate	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): **RENT** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code DC WASHINGTON 20041 Transaction ID: INV6010000111915 Outstanding Balance Beginning This Period 800.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 800.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PHOTOCOPIER USAGE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000111916 250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 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: INV6010000111917 Outstanding Balance Beginning This Period 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1000.00 0.00 2050.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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NAME OF COMMITTEE (In Full)  National Democratic Policy Committee	<del></del>			
A. Full Name (Last, First, Middle Initial) of Debtor  CAMPAIGNER PUBLICATIONS	Nature of D PRESS RE	ebt (Purpose): ELATIONS SERVICE		
Mailing Address P.O. BOX 17726				
City State WASHINGTON	Zip Code DC	20041		
Outstanding Balance Beginning This Period 8170.00			Transacti	on ID : INV6010000111918
Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
0.00		,	0.00	8170.00
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS			Nature of D ADVERTIS	Debt (Purpose): BING
Mailing Address P.O. BOX 17726				
City State WASHINGTON	Zip Code DC	20041		
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000111919
Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
0.00	,	(	0.00	1310.00
C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS				Pebt (Purpose): PTIONS PURCHASE
Mailing Address P.O. BOX 17726				
City WASHINGTON	State DC	Zip Code 20041		
Outstanding Balance Beginning This Period 11948.30			Transact	tion ID : INV6010000111920
Amount Incurred This Period	Pay	ment This Period		ng Balance at Close of This Period
0.00			0.00	11948.30
1) SUBTOTALS This Period This Page (optional)			<b>&gt;</b>	21428.30
2) TOTALS This Period (last page this line number	only)		<b>&gt;</b>	, , , , ,
3) TOTAL OUTSTANDING LOANS from Schedule (	C (last page or	nly)	>	, ,
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page o	only) ►	7

**Excluding Loans** 

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	e			
	A. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS			Nature RENT	of Debt (Purpose):
	Mailing Address P.O. BOX 17726				
	City State WASHINGTON	Zip Code DC	20041		
	Outstanding Balance Beginning This Period 800.00	_	_	Trans	saction ID: INV6010000111921
	Amount Incurred This Period 0.00	Payı	ment This Period	Outst	tanding Balance at Close of This Period 800.00
	B. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	r Creditor			of Debt (Purpose): OCOPIER USAGE
ļ	Mailing Address P.O. BOX 17726	Zin Codo			
	City State WASHINGTON	Zip Code DC	20041		
	Outstanding Balance Beginning This Period 250.00			Trar	nsaction ID : INV6010000111922
	Amount Incurred This Period	Payı	ment This Period	Outst	anding Balance at Close of This Period
	0.00		0	0.00	250.00
	C. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS				of Debt (Purpose): COMMUNICATIONS
	Mailing Address P.O. BOX 17726				
Ì	City WASHINGTON	State DC	Zip Code 20041		
	Outstanding Balance Beginning This Period			Trar	nsaction ID : INV6010000111923
	Amount Incurred This Period 0.00	Payı	ment This Period	Outst	anding Balance at Close of This Period 1000.00
1)	SUBTOTALS This Period This Page (optional)			<b>&gt;</b>	2050.00
2)	TOTALS This Period (last page this line number of	nly)		<u>}</u>	7 7
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ıly)	>	7
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summa	ry Page (last page o	only) 🕨	

**Excluding Loans** 

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

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

**Excluding Loans** 

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

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NAME OF COMMITTEE (In F National Democration	,	e			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  CAMPAIGNER PUBLICATIONS					of Debt (Purpose): CRIPTIONS PURCHASE
Mailing Address P.O. BO	X 17726				
City State WASHINGTON		Zip Code DC	20041		
Outstanding Balance Be	ginning This Period		20041	Trans	saction ID : INV6010000111927
	5852.00				
Amount Incurred		Pay	ment This Period		anding Balance at Close of This Period 5852.00
	0.00	7		0.00	
B. Full Name (Last, First, CAMPAIGNER	Middle Initial) of Debtor of PUBLICATIONS	or Creditor			of Debt (Purpose): CRIPTIONS PURCHASE
Mailing Address P.O. BO	X 17726				
City State WASHINGTON		Zip Code DC	20041		
Outstanding Balance Be	ginning This Period 13773.65			Trar	nsaction ID : INV6010000112054
Amount Incurred	This Period	Pay	ment This Period	Outst	anding Balance at Close of This Period
	0.00	7		0.00	13773.65
C. Full Name (Last, First, CAMPAIGNER	Middle Initial) of Debtor PUBLICATIONS				of Debt (Purpose): RTISING
Mailing Address P.O. BO	X 17726				
City WASHINGTON		State DC	Zip Code 20041		
Outstanding Balance Be				Trar	nsaction ID : INV6010000112055
Amount Incurred	302.50 This Period	Pay	ment This Period	Outst	anding Balance at Close of This Period
	0.00			0.00	302.50
1) SUBTOTALS This Period	This Page (optional)			<b>)</b>	19928.15
2) TOTALS This Period (las	t page this line number of	only)		<u>}</u>	
3) TOTAL OUTSTANDING I	OANS from Schedule C	(last page or	nly)	▶	
4) ADD 2) and 3) and carry	forward to appropriate li	ne of Summa	ary Page (last page	only) ▶	

**Excluding Loans** 

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	E OF COMMITTEE (In Full) tional Democratic Policy Committe	е			
А	. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS		Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE		
М	lailing Address P.O. BOX 17726				
	ity State VASHINGTON	Zip Code DC	20041		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112056
	7910.00				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		(	0.00	7910.00
В	. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	or Creditor			Nature of Debt (Purpose): ADVERTISING
M	lailing Address P.O. BOX 17726				
С	ity State	Zip Code			
W	VASHINGTON	DC	20041		
	Outstanding Balance Beginning This Period				Transaction ID: INV6010000112057
	40.00				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00	,	C	0.00	40.00
С	CAMPAIGNER PUBLICATIONS				Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
M	lailing Address P.O. BOX 17726				
	ity VASHINGTON	State DC	Zip Code 20041		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112058
	7989.60				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	7989.60
1) 5	SUBTOTALS This Period This Page (optional)			<b>&gt;</b>	15939.60
2) 7	2) TOTALS This Period (last page this line number only)				
3) 1	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4)	ADD 2) and 3) and carry forward to appropriate li	ine of Summa	ıry Page (last page o	only) 🕨	

**Excluding Loans** 

(Use separate schedule(s) for each

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **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** 

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MTG PLANNING FEES & EXPNS CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION State Zip Code **NEW YORK** 10101 Transaction ID: INV6010000112275 Outstanding Balance Beginning This Period 1529.35 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1529.35 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** 10101 NY Outstanding Balance Beginning This Period Transaction ID: INV6010000112281 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: INV6010000112282 Outstanding Balance Beginning This Period 9834.85 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 9834.85 0.00 13978.55 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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NAME OF COMM National De	MITTEE (In Full) emocratic Policy Committee	ee			
	(Last, First, Middle Initial) of Debtor	Nature o MTG PI	f Debt (Purpose): _ANNING FEES & EXPNS		
CAUCUS DISTRIBUTORS INC.					
Mailing Addres	SS PO BOX 748  RADIO CITY STATION				
City	State	Zip Code			
NEW YORK		NY	10101		
Outstanding	g Balance Beginning This Period			Transa	action ID : INV6010000112283
	235.00				
Amo	ount Incurred This Period	Pay	ment This Period	Outsta	nding Balance at Close of This Period
	0.00	,	,	0.00	235.00
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.					of Debt (Purpose): DFFICE RENT
Mailing Addres	SS PO BOX 748  RADIO CITY STATION				
City	State	Zip Code			
NEW YORK		NY	10101		
Outstanding	g Balance Beginning This Period			Trans	action ID : INV6010000112284
	2614.35			0	" D
Amo	ount Incurred This Period	Pay	ment This Period		nding Balance at Close of This Period
	0.00		7	0.00	2614.35
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.					of Debt (Purpose): FC TELEPHONE USAGE
Mailing Addres	PO BOX 748  RADIO CITY STATION				
City	KADIO OITI OTATION	State	Zip Code		
NEW YORK		NY	10101		
Outstanding	g Balance Beginning This Period			Trans	action ID : INV6010000112285
	7844.75				
Amo	ount Incurred This Period	Pay	ment This Period	Outsta	nding Balance at Close of This Period
	0.00			0.00	7844.75
1) SUBTOTALS	This Period This Page (optional)			<u>+</u>	10694.10
2) TOTALS This Period (last page this line number only)					7
3) TOTAL OUT	STANDING LOANS from Schedule (	<b>&gt;</b>	, , , , , ,		
4) ADD 2) and	3) and carry forward to appropriate	line of Summa	ry Page (last page o	only) 🕨	

**Excluding Loans** 

(Use separate schedule(s) for each

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION State Zip Code **NEW YORK** 10101 Transaction ID: INV6010000112286 Outstanding Balance Beginning This Period 2614.35 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2614.35 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** NY 10101 Outstanding Balance Beginning This Period Transaction ID: INV6010000112287 5250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 5250.00 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: INV6010000112288 Outstanding Balance Beginning This Period 1151.71 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1151.71 0.00 9016.06 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each

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NAME OF COMMITTEE (In Full)  National Democratic Policy Committee							
A. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC	Nature of E FIELD OF	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			Transact	ion ID : INV6010000112289			
2614.35	Pay	mant This Pariod	Outstand	ing Palance at Class of This Pariod			
Amount Incurred This Period  0.00	Гау	ment This Period	0.00	ing Balance at Close of This Period 2614.35			
B. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.		Debt (Purpose): CTELEPHONE USAGE					
Mailing Address PO BOX 748  RADIO CITY STATION	7'- Oada						
City State NEW YORK	Zip Code NY	10101					
Outstanding Balance Beginning This Period 2296.00			Transac	tion ID : INV6010000112290			
Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period			
0.00	,		0.00	2296.00			
C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC		Debt (Purpose): C TELEPHONE USAGE					
Mailing Address PO BOX 748  RADIO CITY STATION		<del>-</del>					
City NEW YORK	State NY	Zip Code 10101					
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112291			
Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period			
0.00			0.00	10085.00			
1) SUBTOTALS This Period This Page (optional)			<b>&gt;</b>	14995.35			
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 Summa	ry Page (last page o	only) 🕨				

**Excluding Loans** 

(Use separate schedule(s) for each

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 **RADIO CITY STATION** State Zip Code **NEW YORK** 10101 Transaction ID: INV6010000112292 Outstanding Balance Beginning This Period 2200.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2200.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** 10101 NY Outstanding Balance Beginning This Period Transaction ID: INV6010000112293 2000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): 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: INV6010000112294 Outstanding Balance Beginning This Period 9170.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 9170.00 0.00 13370.00 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

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT 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** 

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

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

**Excluding Loans** 

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

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	ee		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  CITICORP			Nature of Debt (Purpose): MISC. EXPENSES	
	Mailing Address CCSI COLLECTION DEPARTMENT P.O. BOX C5216			
	City State MELVILLE	Zip Code NY	11750	
	Outstanding Balance Beginning This Period			Transaction ID: INV6010000112302
	760.00  Amount Incurred This Period	Pav	ment This Period	Outstanding Balance at Close of This Period
	0.00	,	0.00	
	B. Full Name (Last, First, Middle Initial) of Debtor CLIFFORD B KOENIG	or Creditor		Nature of Debt (Purpose): TRAVEL AND LODGING
	Mailing Address 7195 COOPER SPUR ROAD			
	City State MT HOOD/PARKDALE	Zip Code OR	97041	
	Outstanding Balance Beginning This Period 556.76			Transaction ID : INV6010000112378
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	
	C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL	r or Creditor		Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address 123 E. POST RD. (RT 22)			
	City WHITE PLAINS	State NY	Zip Code 10610	
	Outstanding Balance Beginning This Period 120.00			Transaction ID : INV6010000112303
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.0	0 120.00
1)	SUBTOTALS This Period This Page (optional)			1436.76
2)	TOTALS This Period (last page this line number	only)		<u> </u>
3)	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			<u> </u>
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  COACHMAN INN & RESTAURANT  Mailing Address 10 JACKSON DRIVE				Nature of Debt (Purpose): ROOM RENTALS	
Outstanding Balance Beginning Th	nis Period			Transaction ID : INV6010000112304	
1:	50.00				
Amount Incurred This Period	od	Payment This Period		Outstanding Balance at Close of This Period	
	0.00	7	0.00	150.00	
B. Full Name (Last, First, Middle Init DALE ANDERSON'S	ial) of Debtor or Creditor	r		Nature of Debt (Purpose): ROOM RENTALS	
Mailing Address 7041 FIRST AVE.					
City State	Zip Co				
SCOTTSDALE	AZ	85251			
Outstanding Balance Beginning Th	nis Period			Transaction ID : INV6010000112308	
23	38.50				
Amount Incurred This Perio	od	Payment This Period		Outstanding Balance at Close of This Period	
	0.00		0.00	238.50	
C. Full Name (Last, First, Middle In DAVID JAY, ESQ.	tial) of Debtor or Credito	or		Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES	
Mailing Address ATTORNEY AT LA	W				
120 DELAWARE A	VENUE, STE 100 State	Zip Code			
BUFFALO	NY	14202			
Outstanding Balance Beginning Th	nis Period			Transaction ID : INV6010000112373	
3	06.35				
Amount Incurred This Period	od	Payment This Period		Outstanding Balance at Close of This Period	
	0.00	, , , , , , ,	0.00	306.35	
1) SUBTOTALS This Period This Page	e (optional)		<b>&gt;</b>	694.85	
2) TOTALS This Period (last page this	line number only)		<b>&gt;</b>		
3) TOTAL OUTSTANDING LOANS fro	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): **POSTAGE** DAVID KILBUR Mailing Address 1901 NORIEGA #5 State Zip Code SAN FRANCISCO 94122 Transaction ID: INV6010000112376 Outstanding Balance Beginning This Period 194.93 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 194.93 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTAL** DOUBLEWOOD INN BEST WESTERN Mailing Address 3333 13TH AVE. SOUTH City State Zip Code **FARGO** ND 58103 Outstanding Balance Beginning This Period Transaction ID: INV6010000113252 36.40 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 36.40 0.00 0.00 C. 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 Zip Code City State DREXEL HILL 19026 PA Transaction ID: INV6010000114470 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 0.00 431.33 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

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): FLD OFFC TELEPHONE USAGE EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 State Zip Code DREXEL HILL 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 0.00 915.00 0.00 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** 19026 PΑ Outstanding Balance Beginning This Period Transaction ID: INV6010000114472 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): FLD OFFC TELEPHONE USAGE EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 City State Zip Code DREXEL HILL 19026 PA Transaction ID: INV6010000114473 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 or Creditor  EASTERN STATES DISTRIBUTORS  Mailing Address P.O. BOX 268			Nature of Debt (Purpose): FIELD OFFICE RENT	
	City State Zip Code DREXEL HILL PA 19026				
	Outstanding Balance Beginning This Period		19026	Transaction ID : INV6010000114474	
	200.00 Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	200.00	
E	3. Full Name (Last, First, Middle Initial) of Debtor of EASTERN STATES DISTRIBUTO			Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE	
	Mailing Address P.O. BOX 268				
- 1	City State  DREXEL HILL	Zip Code PA	19026		
	Outstanding Balance Beginning This Period 915.00			Transaction ID : INV6010000114475	
	Amount Incurred This Period  0.00	Pay	ment This Period 0.00	Outstanding Balance at Close of This Period 915.00	
C	C. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBUT			Nature of Debt (Purpose): RENT	
N	Mailing Address P.O. BOX 268				
	Dity DREXEL HILL	State PA	Zip Code 19026		
	Outstanding Balance Beginning This Period 200.00			Transaction ID: INV6010000114476	
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period	
	0.00	7	0.00	200.00	
1)	SUBTOTALS This Period This Page (optional)		<b>)</b>	1315.00	
2)	TOTALS This Period (last page this line number of	only)			
	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4)	ADD 2) and 3) and carry forward to appropriate li	ine of Summa	ry Page (last page only)		

**Excluding Loans** 

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

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IAME OF COMMITTEE (In Full) National Democratic Policy Committ	tee	
A. Full Name (Last, First, Middle Initial) of Debte EASTERN STATES DISTRIBU	Nature of Debt (Purpose): TELEPHONE USAGE	
Mailing Address P.O. BOX 268	-	
City State DREXEL HILL	Zip Code PA 19026	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000114477
915.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	915.00
B. Full Name (Last, First, Middle Initial) of Debto EDGEWATER INN	or or Creditor	Nature of Debt (Purpose): ROOM RENTAL
Mailing Address PIER 67		
City State SEATTLE	Zip Code	
	WA 98121	
Outstanding Balance Beginning This Period 205.00		Transaction ID : INV6010000113744
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	205.00
C. Full Name (Last, First, Middle Initial) of Debt EDWARD CORPUS	or or Creditor	Nature of Debt (Purpose): PRINTING
Mailing Address 1339 MARYLAND ST. APT. 1		
City LOS ANGELES	State Zip Code CA 90017	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112307
22.95  Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	22.95
) SUBTOTALS This Period This Page (optional)	·····	1142.95
2) TOTALS This Period (last page this line numbe	r only)	
b) TOTAL OUTSTANDING LOANS from Schedule		
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

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

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

**Excluding Loans** 

(Use separate schedule(s) for each

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NAME OF COMMITTEE (In Full)  National Democratic Policy Committee	ее			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  EVELYN LANTZ			Nature of I PRINTING	Debt (Purpose): G
Mailing Address 1826 NORIEGA STREET				
City State SAN FRANCISCO	Zip Code CA	94122		
Outstanding Balance Beginning This Period 60.98			Transact	tion ID : INV6010000112386
Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period
0.00		,	0.00	60.98
B. Full Name (Last, First, Middle Initial) of Debtor EXECUTIVE HOTEL & SPA	or Creditor			Debt (Purpose): ROOM RENTAL
Mailing Address 1055 FIRST AVE.	7: 0 1			
City State SAN DIEGO	Zip Code CA	92101		
Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000114372
Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period
0.00		,	0.00	100.00
C. Full Name (Last, First, Middle Initial) of Debto EXECUTIVE RED CARPET INI			Nature of I ROOM RE	Debt (Purpose): ENTALS
Mailing Address 4020 SOUTHWEST FREEWAY				
City HOUSTON	State TX	Zip Code 77027		
Outstanding Balance Beginning This Period 22.00			Transac	etion ID : INV6010000112317
Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period
0.00		7	0.00	22.00
1) SUBTOTALS This Period This Page (optional)			<b>&gt;</b>	182.98
2) TOTALS This Period (last page this line number	only)			, , , , , ,
3) TOTAL OUTSTANDING LOANS from Schedule (	TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate	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): EXPRESS PACKAGE SERVICE FEDERAL EXPRESS Mailing Address PO BOX 727, DEPT. A State Zip Code TN **MEMPHIS** 38194 Transaction ID: INV6010000112318 Outstanding Balance Beginning This Period 275.97 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 275.97 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE FEDERAL EXPRESS Mailing Address PO BOX 727, DEPT. A City State Zip Code **MEMPHIS** TN 38194 Outstanding Balance Beginning This Period Transaction ID: INV6010000112319 14.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 14.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL-TARPLEY/SENATE FERRANTE TRAVEL CENTER Mailing Address 135 BROAD AVENUE City State Zip Code PALISADES PARK 07650 NJ Transaction ID: INV6010000113745 Outstanding Balance Beginning This Period 254.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 254.00 0.00 543.97 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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

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	IE OF COMMITTEE (In Full) tional Democratic Policy Committe	ее			
A	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FERRANTE TRAVEL CENTER			Nature of Debt (Purpose): TRAVEL-TARPLEY/SENATE	
N	Mailing Address 135 BROAD AVENUE				
	Dity State PALISADES PARK	Zip Code NJ			
	Outstanding Balance Beginning This Period	110	07650	Transaction ID : INV6010000113746	
	57.00				
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period	
	0.00	,	0.00	57.00	
E	B. Full Name (Last, First, Middle Initial) of Debtor FUSION ENERGY FOUNDATION			Nature of Debt (Purpose): LIST PURCHASE	
N	Mailing Address 250 W 57TH ST. STE.1711				
	Dity State NEW YORK	Zip Code NY	10019		
	Outstanding Balance Beginning This Period			Transaction ID: INV6010000112327	
	4439.10				
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	4439.10	
C	C. Full Name (Last, First, Middle Initial) of Debto HENRY MCBRIDE	r or Creditor		Nature of Debt (Purpose): MISC. EXPENSE	
N	Mailing Address C/O HENRY'S AUTO PARTS				
C	91 SO WHITE HORSE PIKE	State	Zip Code	_	
	BERLIN	NJ	08009		
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112396	
	233.00  Amount Incurred This Period	Pav	ment This Period	Outstanding Balance at Close of This Period	
	0.00	1 dy	0.00	233.00	
		,			
1)	SUBTOTALS This Period This Page (optional)			4729.10	
2)	TOTALS This Period (last page this line number	only)		<u> </u>	
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)			<u> </u>	
4)	ADD 2) and 3) and carry forward to appropriate	·			

**Excluding Loans** 

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

PAGE FOR LINE NUMBER: (check only one)

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

**Excluding Loans** 

(Use separate schedule(s) for each

PAGE FOR LINE NUMBER: (check only one)

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **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 Outstanding Balance at Close of This Period Amount Incurred This Period Payment 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

PAGE 88 OF 144 FOR LINE NUMBER: (check only one)

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AME OF COMMITTEE (In Full) National Democratic Policy Commi	ttee		
A. Full Name (Last, First, Middle Initial) of Del	otor or Creditor	Nature of Debt (Purp	oose):
HOLIDAY INN COLISEUM	ROOM RENTALS		
Mailing Address 440 WEST 57TH STREET			
City State NEW YORK	Zip Code NY 10019		
Outstanding Balance Beginning This Period		Transaction ID : IN	IV6010000112345
224.00			
224.00			
Amount Incurred This Period	Payment This Period	Outstanding Baland	ce at Close of This Period
0.00	0	.00	224.00
B. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of Debt (Purp	pose):
HOLIDAY INN CONCORD		ROOM RENTALS	,
Mailing Address 1050 BURNETT AVE.			
City State	Zip Code		
CONCORD	CA 94520		
Outstanding Balance Beginning This Period		Transaction ID : I	NV6010000112346
97.24			
Amount Incurred This Period	Payment This Period	Outstanding Baland	ce at Close of This Period
0.00		00	97.24
C. Full Name (Last, First, Middle Initial) of Del HOLIDAY INN DOWNTOWN	otor or Creditor	Nature of Debt (Purp ROOM RENTALS	pose):
Mailing Address 1015 ELM STREET			
City	State Zip Code		
DALLAS	TX 75202		
Outstanding Balance Beginning This Period		Transaction ID : I	NV6010000112347
52.00			
Amount Incurred This Period	Payment This Period	Outstanding Baland	ce at Close of This Period
0.00		.00	52.00
SUBTOTALS This Period This Page (optional)		>	373.24
) TOTALS This Period (last page this line numb	per only)	>	. ,
) TOTAL OUTSTANDING LOANS from Schedu	e C (last page only)	▶	. ,
) ADD 2) and 3) and carry forward to appropria	te line of Summary Page (last page or	nly) ▶	

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

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AME OF COMMITTEE (In Full)	·**	•	•	
National Democratic Policy Comm	illee			
A. Full Name (Last, First, Middle Initial) of De	btor or Creditor		Nature of Debt (Pur ROOM RENTALS	pose):
HOLIDAY INN ERIE			ROOWINENTALO	
Mailing Address 8040 PERRY HWY.				
City State	Zip Code		_	
ERIE	PA 165	09		
Outstanding Balance Beginning This Period			Transaction ID : II	NV6010000112348
47.70				
Amount Incurred This Period	Payment Thi	s Period	Outstanding Balan	ce at Close of This Period
0.00		0.00		47.70
B. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		Nature of Debt (Pur	pose):
HOLIDAY INN HAUPPAUGE			ROOM RENTALS	
Mailing Address				
City State	Zip Code		-	
HAUPPAUGE	NY 117	88		
Outstanding Balance Beginning This Period			Transaction ID :	INV6010000112349
60.00				
Amount Incurred This Period	Payment This	s Period	Outstanding Balan	ce at Close of This Period
0.00		0.00	,	60.00
C. Full Name (Last, First, Middle Initial) of De HOLIDAY INN KENILWORTH			Nature of Debt (Pur ROOM RENTALS	pose):
Mailing Address BLVD. & SOUTH 31ST ST.				
City	State Zip Co		-	
KENILWORTH	NJ 0703	3		
Outstanding Balance Beginning This Period			Transaction ID :	INV6010000112352
45.00				
Amount Incurred This Period	Payment This	s Period	Outstanding Balan	ce at Close of This Period
0.00	, , , ,	0.00		45.00
) SUBTOTALS This Period This Page (optional	)			152.70
) TOTALS This Period (last page this line numl	per only)	<b>&gt;</b>		.,
) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	<b>&gt;</b>	7	7
) ADD 2) and 3) and carry forward to appropria	ate line of Summary Page	(last page only) ▶		

**Excluding Loans** 

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

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

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					/
	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	ее			
	A. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN NORWALK	Nature of Debt (Purpose): ROOM RENTALS			
İ	Mailing Address 789 CONNECTICUT AVENUE				
City State NORWALK		Zip Code CT 06854			
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112356
	90.00				
	Amount Incurred This Period	Pa	yment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	90.00
•	B. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN OF LAMAR	or Creditor			Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address RD #2 EXIT 25 INTERSTATE 80	<u> </u>			
ŀ	City State	Zip Code			
	MILL HALL	PA	17751		
ĺ	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112353
	52.78				
		_			
	Amount Incurred This Period	Pa	yment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	52.78
ĺ	C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN OF NEWTON	r or Creditor			Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address P.O. BOX 4305				
ŀ	City	State	Zip Code		
-	BOSTON	MA	02211		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112355
	90.00				
	Amount Incurred This Period	Pa	yment This Period		Outstanding Balance at Close of This Period
	0.00	,		0.00	90.00
1)	SUBTOTALS This Period This Page (optional)			▶	232.78
2)	TOTALS This Period (last page this line number	only)		<b>&gt;</b>	
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)			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** HOLIDAY INN OF RICHMOND BELLS Mailing Address 4303 COMMERCE RD. City State Zip Code RICHMOND 23234 Transaction ID: INV6010000112358 Outstanding Balance Beginning This Period 157.30 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 157.30 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN OF WILLMAR Mailing Address P.O. BOX 1157 City State Zip Code WILLMAR 56201 MN Outstanding Balance Beginning This Period Transaction ID: INV6010000112362 45.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 45.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN PROVIDENCE RI Mailing Address 21 ATWELLS AVENUE City State Zip Code **PROVIDENCE** 02903 RΙ Transaction ID: INV6010000112357 Outstanding Balance Beginning This Period 75.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 75.00 0.00 277.30 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**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 Commit	tee					
A. Full Name (Last, First, Middle Initial) of Debtem HOLIDAY INN ROCHESTER-	Nature of Debt (Purpose): ROOM RENTALS					
Mailing Address 911 BROOKS AVENUE	Mailing Address 911 BROOKS AVENUE					
City State ROCHESTER	Zip Code NY 14624					
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112359				
50.00						
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period				
0.00	0.00	50.00				
B. Full Name (Last, First, Middle Initial) of Debto	or 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	Payment This Period	Outstanding Balance at Close of This Period				
0.00	0.00	50.00				
C. Full Name (Last, First, Middle Initial) of Deb HOLIDAY INN SCHENECTAD		Nature of Debt (Purpose): ROOM RENTALS				
Mailing Address DOWNTOWN  100 NOTT TERRACE & FRAN						
City SCHENECTADY	State Zip Code NY 12305					
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112361				
45.00	Downsont This Davied	Outstanding Palama at Olses of This Pariod				
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period 45.00				
0.00	0.00	43.00				
1) SUBTOTALS This Period This Page (optional).		145.00				
2) TOTALS This Period (last page this line number	er only)	7 7 7				
3) TOTAL OUTSTANDING LOANS from Schedule	TOTAL OUTSTANDING LOANS from Schedule C (last page only)					
4) ADD 2) and 3) and carry forward to appropriate						

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(Use separate schedule(s) for each

PAGE 93 OF 144 FOR LINE NUMBER: (check only one)

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Excluding Loans			numbered line)	<b>X</b> 10
NAME OF COMMITTEE (In Full)  National Democratic Policy Committee	e			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of De	ebt (Purpose):
HOLIDAY INN-AIRPORT/NORT	ROOM REI	NTALS		
Mailing Address 4545 N. LINDBURGH BLVD.				
City State	Zip Code			
BRIDGETON	МО	63044		
Outstanding Balance Beginning This Period			Transaction	on ID : INV6010000112354
79.22				
Amount Incurred This Period	Pavm	ent This Period	Outstandir	ng Balance at Close of This Period
	T dylli		-	
0.00		0.	.00	79.22
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Do	ebt (Purpose):
HOOVER BROTHERS, INC.	o. G. Gano.		EQUIPMEN	
Ma Para Address				
Mailing Address P.O. BOX 728				
City State	Zip Code			
TEMPLE	TX	76503		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112369
33.90				
Amount Incurred This Period	Pavm	ent This Period	Outstandin	ng Balance at Close of This Period
	. ayın			33.90
0.00		0.	00	33.90
C. Full Name (Last, First, Middle Initial) of Debto HOWARD JOHNSON'S	r or Creditor		Nature of De ROOM REI	ebt (Purpose): NTALS
Mailing Address P.O. BOX 3045				
City	State	Zip Code		
BOSTON	MA	02107		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112365
102.92				
Amount Incurred This Period	Paym	ent This Period	Outstandin	ng Balance at Close of This Period
	rayılı			
0.00		0	.00	102.92
1) SUBTOTALS This Period This Page (optional)			▶	216.04
2) TOTALS This Period (last page this line number	only)		>	<u></u>
3) TOTAL OUTSTANDING LOANS from Schedule (	C (last page only	·)	>	7
4) ADD 2) and 3) and carry forward to appropriate	line of Summary	Page (last page or	nly) ▶	

**Excluding Loans** 

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

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> 9 **X** 10

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): 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 CA 94306 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)

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  JACK TAR HOTEL		Nature of Debt (Purpose): ROOM RENTALS		
	Mailing Address VAN NESS GEARY				
ł	City State	Zip Code			
	SAN FRANCISCO	CA	94101		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112372
	16.40				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		. 0	0.00	16.40
ł	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Nature of Debt (Purpose):
	JERRY LITTON MEMORIAL FU	ND			LITERATURE
	Mailing Address PO BOX 220				
ŀ	City State	Zip Code			
	CHILLICOTHE	MO	64601		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112390
	10.00				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		0	0.00	10.00
	, , , , ,	7			
	C. Full Name (Last, First, Middle Initial) of Debtor KAREN BRUBAKER	or Creditor			Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address 1516 VINEWOOD #207				
Ì	City	State	Zip Code		
	DETROIT	MI	48216		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112098
	59.03				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		0	0.00	59.03
		7			
1)	SUBTOTALS This Period This Page (optional)			<b>&gt;</b>	85.43
2)	TOTALS This Period (last page this line number	only)		<b>&gt;</b>	2
3)	TOTAL OUTSTANDING LOANS from Schedule C	▶			
4)	ADD 2) and 3) and carry forward to appropriate I				

**Excluding Loans** 

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

PAGE FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EQUIPMENT RENTAL** KING COLE PROJECTION SERVICE Mailing Address 36-16 29TH STREET State Zip Code NY LONG ISLAND CITY 11106 Transaction ID: INV6010000112377 Outstanding Balance Beginning This Period 84.95 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 84.95 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUB. NOT ENTERED IN 1987 KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115120 45071.87 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 45071.87 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115123 Outstanding Balance Beginning This Period 1649.60 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1649.60 0.00 46806.42 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 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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	OF COMMITTEE (In Full) Onal Democratic Policy Committe	ее		
A.	Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	r or Creditor		Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mai	iling Address RT. 1, BOX 22			
City		Zip Code		
	ERLING	VA	22170	Transaction ID : INV6010000115207
	Outstanding Balance Beginning This Period 1349.80			Transaction ID . INVOVIOUS 173207
11	Amount Incurred This Period	Pav	ment This Period	Outstanding Balance at Close of This Period
[	0.00	,		1349.80
	Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
	KMW PUBLISHING CO.			SUBSCRIPTIONS PURCHASE
Mai	iling Address RT. 1, BOX 22			
City		Zip Code		
	ERLING	VA	22170	
	Dutstanding Balance Beginning This Period			Transaction ID : INV6010000115362
11	1000.00			
- Li	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
11	0.00		0.	.00 1000.00
C.	Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	r or Creditor		Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mai	iling Address RT. 1, BOX 22			
City	/	State	Zip Code	
ST	ERLING	VA	22170	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000115364
	1410.40			
H.	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00	-	0.	0.00 1410.40
1) SL	JBTOTALS This Period This Page (optional)			> 3760.20
2) TC	OTALS This Period (last page this line number	only)		<b>&gt;</b>
3) TC	OTAL OUTSTANDING LOANS from Schedule	C (last page or	nly)	>
4) AE	DD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page on	nly) ▶

**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): 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) ▶

**Excluding Loans** 

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

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	E OF COMMITTEE (In Full) tional Democratic Policy Committe	ее		
А	KMW PUBLISHING CO.	r or Creditor		Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
N	Mailing Address RT. 1, BOX 22			
- 1	City State	Zip Code		
	STERLING	VA	22170	Transaction ID : INV6010000115372
	Outstanding Balance Beginning This Period 119.75			Transaction ID . INVOITOGOTT3372
	Amount Incurred This Period	Pov	ment This Period	Outstanding Polance at Class of This Pariod
	0.00	Fay	0.00	Outstanding Balance at Close of This Period  119.75
	0.00	7	0.00	115,73
В	8. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor		Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
N	Mailing Address RT. 1, BOX 22			
- 1	City State	Zip Code		
	STERLING	VA	22170	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000115375
	185.10  Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00	1 ay	0.00	
	7		3.00	
C	Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	r or Creditor		Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
N	Mailing Address RT. 1, BOX 22			
Ι.	Dity	State	Zip Code	
-	STERLING	VA	22170	Tana and an ID INVOICEMENT TO THE TANA AND T
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000115377
	81.00  Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00	ı ay	0.00	
	7			
1) :	SUBTOTALS This Period This Page (optional)			385.85
2)	TOTALS This Period (last page this line number	only)		<b>&gt;</b>
3)	TOTAL OUTSTANDING LOANS from Schedule	C (last page or	nly)	·
4)	ADD 2) and 3) and carry forward to appropriate	line of Summa	ry Page (last page only	) >

**Excluding Loans** 

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

FOR LINE NUMBER: (check only one)

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					/
	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ee			
	A. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	r or Creditor			Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
	Mailing Address RT. 1, BOX 22				
	City State STERLING	Zip Code VA	22170		
	Outstanding Balance Beginning This Period 62.35				Transaction ID : INV6010000115378
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance 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			Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
	Mailing Address RT. 1, BOX 22				
	City State STERLING	Zip Code VA	22170		
	Outstanding Balance Beginning This Period 42.10				Transaction ID : INV6010000115379
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		,	0.00	42.10
	C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	or or Creditor			Nature of Debt (Purpose): SUBUCRITOINS PURCHASE
	Mailing Address RT. 1, BOX 22				
	City STERLING	State VA	Zip Code 22170		
	Outstanding Balance Beginning This Period 51.10				Transaction ID : INV6010000115380
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	51.10
1)	SUBTOTALS This Period This Page (optional)			▶	155.55
2)	TOTALS This Period (last page this line number	only)		<b>&gt;</b>	
3)	TOTAL OUTSTANDING LOANS from Schedule	▶			
4)	ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page o	only) ►	

**Excluding Loans** 

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

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					/
	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	ee			
	A. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	r or Creditor			Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
	Mailing Address RT. 1, BOX 22				
	City State STERLING	Zip Code VA	22170		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000115381
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00	,	(	0.00	13.45
	B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASES
	Mailing Address RT. 1, BOX 22				
	City State STERLING	Zip Code VA	22170		
	Outstanding Balance Beginning This Period 4567.27				Transaction ID : INV6010000115383
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		(	0.00	4567.27
	C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	or 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 : INV6010000115384
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00	,		0.00	19.20
1)	SUBTOTALS This Period This Page (optional)			<b>&gt;</b>	4599.92
2)	TOTALS This Period (last page this line number	only)		<b>&gt;</b>	
3)	TOTAL OUTSTANDING LOANS from Schedule	C (last page o	nly)	▶	
4)	ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page o	only) <b>&gt;</b>	

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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excluding Loans	cluding Loans				
NAME OF COMMITTEE (In Full)  National Democratic Policy Commit	tee		•		
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor				ebt (Purpose): TIONS PURCHASE
KMW PUBLISHING CO.	KMW PUBLISHING CO.				
Mailing Address RT. 1, BOX 22					
City State	Zip Code				
STERLING	VA	22170			
Outstanding Balance Beginning This Period				Transactio	on ID : INV6010000115385
25.34					
Amount Incurred This Period	Pa	yment This Period		Outstandin	g Balance at Close of This Period
7.11.04.11.11.10.11.10.11.10.11		,			
0.00			0.00		25.34
,	,	,			,
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor				ebt (Purpose):
KMW PUBLISHING CO.				SUBSCRIP	TIONS PURCHASE
Mailing Address RT. 1, BOX 22					
City State	Zip Code				
STERLING	VA	22170			
Outstanding Balance Beginning This Period				Transacti	on ID : INV6010000115386
Catolanamy Data.ioo Dogiming Time Forest				Transaoti	
397.04					
Amount Incurred This Period	Pa	yment This Period		Outstandin	g Balance at Close of This Period
		,			
0.00			0.00		397.04
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor				ebt (Purpose):
KMW PUBLISHING CO.				SUBSCRIP	TIONS PURCHASE
Mailing Address RT. 1, BOX 22					
City	State	Zip Code			
STERLING		2170			
STERLING	VA	22170			
Outstanding Balance Beginning This Period				Transacti	on ID : INV6010000115387
33.88					
33.00					
Amount Incurred This Period	Pa	yment This Period		Outstandin	g Balance at Close of This Period
0.00			0.00		33.88
0.00			0.00		00.00
					456.26
1) SUBTOTALS This Period This Page (optional)					450.20
O) TOTALO Tela Davidad (III a militaria			_		
2) TOTALS This Period (last page this line number	r only)				7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	nly)	······· <b>&gt;</b>	-	, , , , , , , , , , , , , , , , , , , ,
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)					7-1-7-1-8-1

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115388 Outstanding Balance Beginning This Period 101.14 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 101.14 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115410 121.51 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 121.51 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115422 Outstanding Balance Beginning This Period 25.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 25.00 0.00 247.65 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) ▶

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full)  National Democratic Policy Committ	ee		
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of D	Debt (Purpose):
KMW PUBLISHING CO.	SUBSCRI	PTIONS PURCHASE	
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period	22110	Transacti	ion ID : INV6010000115444
1125.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	C	0.00	1125.00
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	r 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			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0	.00	800.00
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Debt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City STERLING	State Zip Code VA 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
) SUBTOTALS This Period This Page (optional)			1937.75
2) TOTALS This Period (last page this line number	only)	<b>&gt;</b>	<u></u>
t) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		7
ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page o	nly) ▶	

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

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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**Excluding Loans** numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PRUCHASES KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115472 Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 50.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115481 3734.90 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 3734.90 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115482 Outstanding Balance Beginning This Period 199.25 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 199 25 0.00 3984.15

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

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full)  National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debto	Nature of SUBSCR	Debt (Purpose): IPTIONS PURCHASE		
Mailing Address RT. 1, BOX 22				
City State Zip Code STERLING VA 22170				
Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000115483
2030.98				
Amount Incurred This Period	Payment This Period		Outstan	ding Balance at Close of This Period
0.00			0.00	2030.98
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.		Debt (Purpose): IPTIONS PURCHASE		
Mailing Address RT. 1, BOX 22				
City State STERLING	Zip Code VA	22170		
Outstanding Balance Beginning This Period			Transa	ction ID: INV6010000115484
25.00				
Amount Incurred This Period	Pay	ment This Period	Outstan	ding Balance at Close of This Period
0.00		,	0.00	25.00
C. Full Name (Last, First, Middle Initial) of Debto		Debt (Purpose): RIPTION PURCHASE		
Mailing Address RT. 1, BOX 22				
City STERLING	State VA	Zip Code 22170		
Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000115486
10.00				
Amount Incurred This Period Payment This Period			ding Balance at Close of This Period	
0.00			0.00	10.00
1) SUBTOTALS This Period This Page (optional)			<u>}</u>	2065.98
2) TOTALS This Period (last page this line number	<u>}</u>	, , , , , , , , , , , , , , , , , , , ,		
3) TOTAL OUTSTANDING LOANS from Schedule	>	7 . 7		
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ry Page (last page o	only) ▶	, , , , , , , , ,

**Excluding Loans** 

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PAGE 108 OF 144 FOR LINE NUMBER: (check only one)

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Lacidding Loans			numbered line)	X   10
NAME OF COMMITTEE (In Full)  National Democratic Policy Committ	ee			
A. Full Name (Last, First, Middle Initial) of Debto		Debt (Purpose): PTION PURCHASE		
Mailing Address RT. 1, BOX 22				
City State Zip Code STERLING VA 22170				
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000115487
25.00			0	
Amount Incurred This Period  0.00	Pay	ment This Period	0.00	ing Balance at Close of This Period 25.00
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.		Debt (Purpose): PTION PURCHASE		
Mailing Address RT. 1, BOX 22				
City State STERLING	Zip Code VA	22170		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000115488
25.00				
Amount Incurred This Period	Pay	ment This Period		ing Balance at Close of This Period
0.00			0.00	25.00
C. Full Name (Last, First, Middle Initial) of Debto		Debt (Purpose): PTION PURCHASE		
Mailing Address RT. 1, BOX 22				
City STERLING	State VA	Zip Code 22170		
Outstanding Balance Beginning This Period 50.00			Transac	tion ID : INV6010000115489
Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period
0.00			0.00	50.00
1) SUBTOTALS This Period This Page (optional)			}	100.00
2) TOTALS This Period (last page this line number	<b>&gt;</b>	7		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	nly)	<b>&gt;</b>	, , , , , ,
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page o	only) 🕨	7

**Excluding Loans** 

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NAME OF COMMITTEE (In Full)  National Democratic Policy (	Committee			
A. Full Name (Last, First, Middle Initi KMW PUBLISHING CO			Nature of De PURCHASE	ebt (Purpose): ES OF SUBSCRITIONS
Mailing Address RT. 1, BOX 22				
City State STERLING	Zip Code VA	22170		
Outstanding Balance Beginning Thi	s Period 5.00		Transactio	on ID : INV6010000115490
Amount Incurred This Period	d Pa	yment This Period	Outstandin	g Balance at Close of This Period
	0.00	7	0.00	25.00
B. Full Name (Last, First, Middle Initial KMW PUBLISHING CO				ebt (Purpose): TION PURCHASES
Mailing Address RT. 1, BOX 22				
City State STERLING	Zip Code VA	22170		
Outstanding Balance Beginning Thi	s Period 5.00		Transacti	on ID : INV6010000115491
Amount Incurred This Period	d Pa	yment This Period	Outstandin	g Balance at Close of This Period
	0.00		0.00	25.00
C. Full Name (Last, First, Middle Init KREINGOLD DATA SE				ebt (Purpose): R SERVICES
Mailing Address STE. 5D, 119 PAYS	ON AVE.			
City NEW YORK	State NY	Zip Code 10034		
Outstanding Balance Beginning Thi	s Period 6.53		Transacti	on ID : INV6010000112384
Amount Incurred This Period	d Pa	yment This Period	Outstandin	g Balance at Close of This Period
	0.00		0.00	2156.53
1) SUBTOTALS This Period This Page	(optional)		}	2206.53
2) TOTALS This Period (last page this	line number only)			7
3) TOTAL OUTSTANDING LOANS from	n Schedule C (last page c	only)	>	7
4) ADD 2) and 3) and carry forward to	appropriate line of Summa	ary Page (last page	only) ▶	

**Excluding Loans** 

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

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	ME OF COMMITTEE (In Full)  ational Democratic Policy Committee	ee		
	A. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor		Nature of Debt (Purpose):
	KVAR-FM	MEDIA-RADIO		
	Mailing Address TEXAS LOTAS CORP.			
	8400 DAPAPOINT ST. 535			
	City State	Zip Code		
	SAN ANTONIO	TX	78229	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112385
	544.00			
	Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
	0.00	1 1 7	0.00	544.00
	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
	LOS ANGELES LABOR COMMI			FLD OFC RENT AND PHONE
	Mailing Address 711 S. VERMONT AVE. #207			
	City State	Zip Code		
	LOS ANGELES	CA	90005	
	Outstanding Balance Beginning This Period			Transaction ID: INV6010000112391
	21277.77			
	Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	21277.77
	0.00		0.00	
	C. Full Name (Last, First, Middle Initial) of Debtor LOUIS JOLIET RENAISSANCE			Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address 214 NORTH OTTAWA STREET			
	City	State	Zip Code	
	JOLIET	IL	60431	
	Outstanding Balance Beginning This Period			Transaction ID: INV6010000112393
	38.21			
	Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
		1 0		
	0.00	1 7	0.00	30.21
1)	SUBTOTALS This Period This Page (optional)			21859.98
2)	TOTALS This Period (last page this line number	only)		<b>&gt;</b>
3)	TOTAL OUTSTANDING LOANS from Schedule C	C (last page o	nly)	<b>&gt;</b>
4)	ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page only)	<b>&gt;</b>

**Excluding Loans** 

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

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	е				
	A. Full Name (Last, First, Middle Initial) of Debtor  MARK CALNEY	or Creditor		Nat PF	ure of Debt (Purpo RINTING	ose):
	Mailing Address 269 E. NEWTON ST.					
	City State SEATTLE	Zip Code WA	98102			
	Outstanding Balance Beginning This Period 205.80			T	ransaction ID : IN	V6010000112101
	Amount Incurred This Period	Pay	ment This Period	0	utstanding Balance	e at Close of This Period
	0.00		,	0.00	,	205.80
	B. Full Name (Last, First, Middle Initial) of Debtor of MARRIOT HOTEL PITTSBURGH				ure of Debt (Purpo OOM RENTALS	ose):
	Mailing Address 101 MALL BLVD.					
	City State MONROEVILLE	Zip Code PA	15146			
	Outstanding Balance Beginning This Period 227.73			٦	Fransaction ID : IN	IV6010000112395
	Amount Incurred This Period	Pay	ment This Period	0	utstanding Balance	e at Close of This Period
	0.00		(	0.00		227.73
	C. Full Name (Last, First, Middle Initial) of Debtor MARRIOTT - SANTA CLARA	or Creditor			ure of Debt (Purpo DOM RENTALS	ose):
	Mailing Address GREAT AMERICAN PARKWAY					
	City SANTA CLARA	State CA	Zip Code 95054			
	Outstanding Balance Beginning This Period 24.50			٦	Fransaction ID : IN	IV6010000112997
	Amount Incurred This Period	Pay	ment This Period	0	utstanding Balance	e at Close of This Period
	0.00			0.00		24.50
1)	SUBTOTALS This Period This Page (optional)			}		458.03
2)	TOTALS This Period (last page this line number o	nly)		<u></u>		
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page o	nly)			,
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summa	ary Page (last page o	only) ▶		

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Excluding Loans			numbered line)	X 10	
NAME OF COMMITTEE (In Full)  National Democratic Policy Committe	е				
A. Full Name (Last, First, Middle Initial) of Debtor MARTY SIMON	or Creditor		Nature of D FREIGHT	Nature of Debt (Purpose): FREIGHT AND POSTAGE	
Mailing Address 2971 W 8TH ST. #111					
City State LOS ANGELES	Zip Code CA	96402			
Outstanding Balance Beginning This Period			Transacti	ion ID : INV6010000112907	
Amount Incurred This Period	Payme	nt This Period	Outstandi	ng Balance at Close of This Period	
0.00		0.	.00	154.47	
B. Full Name (Last, First, Middle Initial) of Debtor of MC GUINESS & WILLIAMS	or Creditor			Debt (Purpose): Y EXPENSES	
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 City State	Zip Code				
WASHINGTON	DC DC	20005			
Outstanding Balance Beginning This Period 446.69			Transac	tion ID : INV6010000114180	
Amount Incurred This Period	Payme	nt This Period	Outstandi	ng Balance at Close of This Period 446.69	
0.00		U.	00	440.03	
C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	or Creditor			Debt (Purpose): Y FEES & EXPENSES	
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200					
City WASHINGTON	State DC	Zip Code 20005			
Outstanding Balance Beginning This Period 626.32			Transac	tion ID : INV6010000114182	
Amount Incurred This Period	Payme	nt This Period	Outstandi	ng 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 of	only)		•	7	
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only)		>	7	
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary	Page (last page or	nly) ▶		

**Excluding Loans** 

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	e			
,	A. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	or Creditor		Nature of E ATTORNE	Debt (Purpose): EY FEES & EXPENSES
	Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200				
	City State WASHINGTON	Zip Code DC	20005		
	Outstanding Balance Beginning This Period 800.00			Transact	ion ID : INV6010000114183
	Amount Incurred This Period	Payı	ment This Period	Outstand	ing Balance at Close of This Period
					7
	B. Full Name (Last, First, Middle Initial) of Debtor of MC GUINESS & WILLIAMS	or Creditor			Debt (Purpose): EY FEES & EXPENSES
L	Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 City State	7in Codo			
- 1	City State WASHINGTON	Zip Code DC	20005		
	Outstanding Balance Beginning This Period 3179.29			Transac	tion ID : INV6010000114184
	Amount Incurred This Period	Payı	ment This Period	Outstand	ing Balance at Close of This Period
	0.00		0	0.00	3179.29
(	C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	or Creditor			Debt (Purpose): EY EXPENSES
L	Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200				
	City WASHINGTON	State DC	Zip Code 20005		
	Outstanding Balance Beginning This Period 3.32			Transac	tion ID : INV6010000114185
	Amount Incurred This Period	Payı	ment This Period	Outstand	ing Balance at Close of This Period
	0.00		(	0.00	3.32
1)	SUBTOTALS This Period This Page (optional)			<b>&gt;</b>	3982.61
2)	TOTALS This Period (last page this line number o	only)			
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	<b>&gt;</b>	, ,
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summar	y Page (last page o	nly) ▶	

**Excluding Loans** 

(Use separate schedule(s) for each

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTORNEY 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)

PAGE 115 OF 144 FOR LINE NUMBER: (check only one)

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					/	
	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ee				
	A. Full Name (Last, First, Middle Initial) of Debto MEDIAWIRE	r or Creditor			Nature of Debt (Purpose): PRS REL DIST-ELDER/USS	
	Mailing Address 117 SOUTH 17TH ST. SUITE 210					
	City State PHILADELPHIA	Zip Code PA	19103			
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112398	
	65.00  Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period	od
	0.00	,	,	0.00	65.00	
	B. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE	or Creditor			Nature of Debt (Purpose): PRS REL DIST-DOUGLAS/GOV	
	Mailing Address 117 SOUTH 17TH ST.  SUITE 210  City State	Zip Code				
	PHILADELPHIA	PA	19103			
	Outstanding Balance Beginning This Period 35.00				Transaction ID : INV6010000112399	
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period	bd
	0.00			0.00	35.00	J
	C. Full Name (Last, First, Middle Initial) of Debto MELVIN S. NASH	r or Creditor			Nature of Debt (Purpose): ATTORNEY 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 Perio	od
	0.00		,	0.00	2354.40	
1)	SUBTOTALS This Period This Page (optional)			<b>&gt;</b>	2454.40	]
2)	TOTALS This Period (last page this line number	only)		·····•		]
3)	TOTAL OUTSTANDING LOANS from Schedule	C (last page or	nly)	<b>&gt;</b>		]
4)	ADD 2) and 3) and carry forward to appropriate	line of Summa	ry Page (last page	only) ►		

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(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full)  National Democratic Policy C	Committee		
A. Full Name (Last, First, Middle Initial MELVIN S. NASH	I) of Debtor or Creditor	Nature of ATTORNI	Debt (Purpose): EY FEES & EXPENSES
Mailing Address 204 WASHINGTON A	AVENUE, N.E.		
City State	Zip Code		
MARIETTA	GA 30060		
Outstanding Balance Beginning This	-	Transac	tion ID : INV6010000114255
Amount Incurred This Period	Payment This Perio	od Outstand	ing Balance at Close of This Period
0	.00	0.00	1496.91
B. Full Name (Last, First, Middle Initial MICHAEL FRANK, ESQ			Debt (Purpose): ES-WINTER/CONG
Mailing Address 434 SPITZER BLDG			
City State TOLEDO	Zip Code OH 43604		
Outstanding Balance Beginning This	Period	Transac	ction ID : INV6010000112321
400			· - · · · · · · · · · · · · · · · · · ·
Amount Incurred This Period	Payment This Perio	od Outstand	ling Balance at Close of This Period
	.00	0.00	400.00
C. Full Name (Last, First, Middle Initial MICHAEL HODGEKISS		Nature of I PRINTING	Debt (Purpose): G
Mailing Address 1265 48TH AVE.			
City SAN FRANCISCO	State Zip Code CA 94122		
Outstanding Balance Beginning This	Period	Transac	etion ID : INV6010000112368
127		od Outstand	line Dalance at Class of This Davied
Amount Incurred This Period	Payment This Perio		ling Balance at Close of This Period
C	.00	0.00	127.20
1) SUBTOTALS This Period This Page (	optional)	<u> </u>	2024.11
2) TOTALS This Period (last page this li	ne number only)	<b>&gt;</b>	
3) TOTAL OUTSTANDING LOANS from	Schedule C (last page only)	<b>&gt;</b>	, ,
4) ADD 2) and 3) and carry forward to a	appropriate line of Summary Page (last p	age 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 Debte NEW BENJAMIN FRANKLIN H Mailing Address 304 W 58TH ST.	Nature of Debt (Purpose): LITERATURE PURCHASE	
City State	Zip Code	
NEW YORK	NY 10019	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112400
176.50		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	176.50
B. Full Name (Last, First, Middle Initial) of Debto NEW HAMPSHIRE HIGHWAY  Mailing Address FT. EDDY ROAD		Nature of Debt (Purpose): ROOM RENTALS
City State CONCORD	Zip Code NH 03301	
Outstanding Balance Beginning This Period 75.20		Transaction ID : INV6010000112401
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	75.20
C. Full Name (Last, First, Middle Initial) of Debt NEW SOLIDARITY INT'L PRE		Nature of Debt (Purpose): ADVERTISING
Mailing Address 304 W. 58TH ST. 5TH FL.		
City	State Zip Code	
NEW YORK	NY 10019	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112402
540.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	540.00
SUBTOTALS This Period This Page (optional)	<b>&gt;</b>	791.70
TOTALS This Period (last page this line number		
TOTAL OUTSTANDING LOANS from Schedule	7	
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

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): **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).....

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

**Excluding Loans** 

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTAL** PROVIDENCE MARRIOTT INN Mailing Address CHARLES & ORMS STREETS State Zip Code **PROVIDENCE** 02904 Transaction ID: INV6010000113747 Outstanding Balance Beginning This Period 125.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 125.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ACCOUNTING & DP SERVICE PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** 22075 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000112654 1700.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 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).....

**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 Debt	Nature of Debt (Purpose):	
PUBLICATION & GENERAL M	MANAGEMENT & DP SERVICE	
Mailing Address P.O. BOX 836		
City State	Zip Code	_
LEESBURG	VA 22075	
	220.0	Transaction ID : INV6010000112657
Outstanding Balance Beginning This Period		Transaction ID . INVOOTOOOT 12037
3000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00		
0.00	0.00	3000.00
B. Full Name (Last, First, Middle Initial) of Debto	r or Craditar	Notice of Dobt (Discoso)
PUBLICATION & GENERAL M		Nature of Debt (Purpose): MANAGEMENT & DP SERVICES
PUBLICATION & GENERAL IN	GIVI I .	WWW.GEMENT GBT GENTIGES
Mailing Address P.O. BOX 836		-
1 .O. BOX 650		
City State	Zip Code	1
LEESBURG	VA 22075	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112658
2000.00		
3000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00		3000.00
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of Debt (Purpose):
PUBLICATION & GENERAL M	MANAGEMENT & DP SERIVCES	
Mailing Address P.O. BOX 836		
0.1	Olate Zin Onde	
City LEESBURG	State Zip Code VA 22075	
LEESBURG	VA 22073	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112661
3000.00		
Amount Inquired This Period	Payment This Pariod	Outstanding Ralance at Class of This Pariod
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	3000.00
		, ,
) SUBTOTALS This Period This Page (optional)		9000.00
2) TOTALS This Period (last page this line numbe		
3) TOTAL OUTSTANDING LOANS from Schedule		
J TOTAL OUTSTANDING LOANS HOTE SCHEDULE	(iasi page offiy)	
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)	
., =, and e, and carry forward to appropriate	3. Carrillary 1 ago (last page offly)	

**Excluding Loans** 

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NAME OF COMMITTEE (In Full)  National Democratic Policy Committee	ee		
A. Full Name (Last, First, Middle Initial) of Debte	Nature of Debt (Purp MANAGEMENT & D	ose): P SREVICES	
PUBLICATION & GENERAL M			
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transaction ID : IN	V6010000112662
3000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balanc	e at Close of This Period
0.00	0.00		3000.00
B. Full Name (Last, First, Middle Initial) of Debto PUBLICATION & GENERAL MO		Nature of Debt (Purp MANAGEMENT & DI	
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transaction ID: IN	NV6010000112666
3000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balanc	e at Close of This Period
0.00	0.00		3000.00
C. Full Name (Last, First, Middle Initial) of Debte PUBLICATION & GENERAL M		Nature of Debt (Purp MANAGEMENT &DF	
Mailing Address P.O. BOX 836			
City	State Zip Code VA 22075		
Outstanding Balance Beginning This Period		Transaction ID : IN	NV6010000112667
Amount Incurred This Period	Payment This Period	Outstanding Balanc	e at Close of This Period
0.00	0.00		3000.00
5.50	0.00		000.00
1) SUBTOTALS This Period This Page (optional)		<b>•</b>	9000.00
2) TOTALS This Period (last page this line number	only)	<u> </u>	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	<b>)</b>	,
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	<b>•</b>	

**Excluding Loans** 

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	OF COMMITTEE (In Full) onal Democratic Policy Committee	ее			
A.	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.				Nature of Debt (Purpose): MANAGEMENT & DP SERVICES
Ма	Mailing Address P.O. BOX 836				
City	y State ESBURG	Zip Code VA	22075		
(	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112668
l l	3000.00  Amount Incurred This Period	Pa	yment This Period		Outstanding Balance at Close of This Period
	0.00	,	0	0.00	3000.00
	Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MG				Nature of Debt (Purpose): MANAGEMENT & DP SERVICES
Ма	iling Address P.O. BOX 836				
City	y State ESBURG	Zip Code VA	22075		
	Outstanding Balance Beginning This Period 3000.00				Transaction ID: INV6010000112669
	Amount Incurred This Period	Pa	yment This Period		Outstanding Balance at Close of This Period
H	0.00		0.	0.00	3000.00
C.	Full Name (Last, First, Middle Initial) of Debto PUBLICATION & GENERAL MO				Nature of Debt (Purpose): MANAGEMENT & DP SERVICES
Ма	iling Address P.O. BOX 836				
City	y ESBURG	State VA	Zip Code 22075		
	Outstanding Balance Beginning This Period 3000.00				Transaction ID : INV6010000112670
	Amount Incurred This Period	Pa	yment This Period		Outstanding Balance at Close of This Period
	0.00		0	0.00	3000.00
1) SI	UBTOTALS This Period This Page (optional)			<b>&gt;</b>	9000.00
2) TO	2) TOTALS This Period (last page this line number only)			<b>&gt;</b>	, , , , , ,
3) TO	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	ee		
A. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor	Nature of D	ebt (Purpose):
PUBLICATION & GENERAL MGMT.			MENT &DP SÉRVICE
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112671
3000.00			
Amount learned This David	Decreased This Devised	Outstandi	on Dolomoo at Class of This Dowing
Amount Incurred This Period	Payment This Period	Outstandii	ng Balance at Close of This Period
0.00		0.00	3000.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		ebt (Purpose):
PUBLICATION & GENERAL MG	GMT.	MANAGEN	IENT &D P SERVICES
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112672
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	3000.00
C. Full Name (Last, First, Middle Initial) of Debto	r or Craditar	Noture of D	obt (Duragoo)
PUBLICATION & GENERAL MO			ebt (Purpose): MENT &DP SERVICES
Mailing Address P.O. BOX 836			
City	State Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112673
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	rayment mis renou		
0.00		0.00	3000.00
SUBTOTALS This Period This Page (optional)			9000.00
2) TOTALS This Period (last page this line number	only)		, , , , , , , ,
3) TOTAL OUTSTANDING LOANS from Schedule (	C (last page only)	<b>&gt;</b>	, ,
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page	e only) ▶	

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NAME OF COMMITTEE (In Full)  National Democratic Policy Committee	ee		
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		ebt (Purpose):
PUBLICATION & GENERAL MGMT.			ENT &DP SERVICES
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112674
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	T dyment This T chod		
0.00		0.00	3000.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):
PUBLICATION & GENERAL MG			IENT & DP SERVICES
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112675
3000.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	7 1 7 1	0.00	3000.00
C. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MO			ebt (Purpose): MENT & DP SERVICES
Mailing Address P.O. BOX 836			
City	State Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112676
3000.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
	Taymont This Tenda		
0.00	7 7	0.00	3000.00
1) SUBTOTALS This Period This Page (optional)		<u>+</u>	9000.00
2) TOTALS This Period (last page this line number	only)	<u></u>	5
3) TOTAL OUTSTANDING LOANS from Schedule 0	C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate	ine of Summary Page (last page	e only) ▶	

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FOR LINE NUMBER: (check only one)

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AME OF COMMITTEE (In Full)				
National Democratic Policy Commi	ttee			
A. Full Name (Last, First, Middle Initial) of Del	otor or Creditor	Nature of Deb	t (Purpose): NT & DP SERVICE	
PUBLICATION & GENERAL	PUBLICATION & GENERAL MGMT.			
Mailing Address				
Mailing Address P.O. BOX 836				
City State	Zip Code			
LEESBURG	VA 22075			
Outstanding Balance Beginning This Period		Transaction	ID: INV6010000112677	
3000.00				
Amount Incurred This Period	Payment This Period	Outstanding	Balance at Close of This Period	
0.00		0.00	3000.00	
0.00		ـــا لــــ	1500.00	
B. Full Name (Last, First, Middle Initial) of Deb		Nature of Deb		
PUROLATOR COURIER COR	RP.	EXPRESS PA	ACKAGE SERVICE	
Mailing Address 3333 NEW HYDE PARK ROA	n.			
City State	Zip Code NY 11042			
NEW HYDE PARK	NY 11042			
Outstanding Balance Beginning This Period		Transactio	n ID : INV6010000112891	
55.10				
Amount Incurred This Period	Payment This Period	Outstanding	Balance at Close of This Period	
0.00		0.00	55.10	
			,	
C. Full Name (Last, First, Middle Initial) of De	btor or Creditor	Nature of Deb		
QUALITY INN ALBANY		NOOM REIVI	ALO .	
Mailing Address 1-3 WATERVLIET AVE.				
City	State Zip Code			
ALBANY	State Zip Code NY 12206			
Outstanding Balance Beginning This Period		Transaction	n ID : INV6010000112892	
		Transastio		
43.45				
Amount Incurred This Period	Payment This Period	Outstanding	Balance at Close of This Period	
0.00		0.00	43.45	
) SUBTOTALS This Period This Page (optional)			3098.55	
, COLICIALO TINO I CHOM TINO I Age (Optional)				
) TOTALS This Period (last page this line numb	per only)	>	, , , , , , , , , , , , , , , , , , , ,	
TOTAL OUTSTANDING LOANS from Schodu	le C (last page only)			
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) ADD 2) and 3) and carry forward to appropria	te 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 Debtor or Creditor  RAMADA INN CASPER			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address PO BOX 2917			
City State CASPER	Zip Code WY	82602	
Outstanding Balance Beginning This Period			Transaction ID : INV6010000112893
108.85			
Amount Incurred This Period	Payı	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	108.85
B. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor		Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 9636 NATURAL BRIDGE RD.			
City State ST. LOUIS	Zip Code MO	63134	
Outstanding Balance Beginning This Period 52.31			Transaction ID : INV6010000112894
Amount Incurred This Period	Payı	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	52.31
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 3645 N. PAN AM EXPRESSWA	·Υ		
City SAN ANTONIO	State TX	Zip Code 78219	
Outstanding Balance Beginning This Period			Transaction ID : INV6010000112897
60.00			
Amount Incurred This Period	Payı	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	60.00
1) SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	221.16
2) TOTALS This Period (last page this line number	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 Summar	ry 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 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 Debto	Nature of Debt (Purpose):	
ROBERT COLE	ROOM RENTALS	
Mailing Address	_	
Mailing Address 4119 W. BELLEPLAINE #2W		
City State	Zip Code	
CHICAGO	IL 60641	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112305
1243.95		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1243.95
B. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor	Nature of Debt (Purpose):
ROBERT KAY		TRAVEL AND LODGING
Mailing Address 22-49 38TH ST.		
City State	Zip Code	_
ASTORIA	NY 11105	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112375
19.74		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	19.74
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose):
ROGER HAM	ROOM RENTALS	
Mailing Address		
Mailing Address 2 PINEHURST		
City	State Zip Code	
NEW YORK CITY	NY 10033	
Outstanding Balance Beginning This Period		Transaction ID: INV6010000112330
207.82		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	207.82
0.00	0.00	201.02
SUBTOTALS This Period This Page (optional)		1471.51
TOTALS This Period (last page this line number		
TOTAL OUTSTANDING LOANS from Schedule		
ADD 2) and 3) and carry forward to appropriate		
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(Use separate schedule(s)

PAGE 130 OF 144 FOR LINE NUMBER: (check only one)

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AME OF COMMITTEE (In Full)  National Democratic Policy Committe	ee		
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Debt (Purpose):
RONALD KOKINDA	CONSULT	ING	
Mailing Address 36-5 FORT EVANS ROAD, NE			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000114750
524.50			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0	.00	524.50
B. Full Name (Last, First, Middle Initial) of Debtor (RONALD KOKINDA	or Creditor	Nature of E CONSULT	Debt (Purpose): ING
Mailing Address 36-5 FORT EVANS ROAD, NE			
City State LEESBURG	Zip Code VA 22075		
Outstanding Balance Beginning This Period		Transac	tion ID : INV6010000114756
1600.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		.00	1600.00
C. Full Name (Last, First, Middle Initial) of Debtor SAFEWAY PRINTING	or Creditor	Nature of D PRINTING	Debt (Purpose):
Mailing Address 3276 WEST 6TH ST.			
City LOS ANGELES	State Zip Code CA 90020		
Outstanding Balance Beginning This Period		Transac	tion ID : INV6010000112901
300.38			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	300.38
0.00	7 7		3
) SUBTOTALS This Period This Page (optional)		>	2424.88
) TOTALS This Period (last page this line number of	only)	>	7
) TOTAL OUTSTANDING LOANS from Schedule C	C (last page only)	>	7
) ADD 2) and 3) and carry forward to appropriate	ine of Summary 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): **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

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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 De ATTORNEY	ebt (Purpose): 'FEES		
Mailing Address 210 COMMERCIAL STREET				
City State BOSTON	Zip Code MA	02109		
Outstanding Balance Beginning This Period			Transactio	on ID : INV6010000113750
712.50  Amount Incurred This Period	Paym	ent This Period	Outstandin	g 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 De ROOM REN	ebt (Purpose): ITALS
Mailing Address 1823 OLD RED TRAIL				
City State MANDAN	Zip Code ND	58554		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112903
46.12  Amount Incurred This Period	Paym	ent This Period	Outstandin	g Balance at Close of This Period
0.00		0	.00	46.12
C. Full Name (Last, First, Middle Initial) of Debto				ebt (Purpose): SCOTT/CONG
Mailing Address 50 NORTH THIRD STREET				
City COLUMBUS	State OH	Zip Code 43215		
Outstanding Balance Beginning This Period 50.00			Transacti	on ID : INV6010000112906
Amount Incurred This Period	Paym	ent This Period	Outstandin	g Balance at Close of This Period
0.00	,	(	0.00	50.00
1) SUBTOTALS This Period This Page (optional)			}	808.62
2) TOTALS This Period (last page this line number	only)		>	7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only	v)	>	7
4) ADD 2) and 3) and carry forward to appropriate	nly) ▶	, , , , , , , , , , , , , , , , , , , ,		

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

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AME OF COMMITTEE (In Full)			\forall \cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot
National Democratic Policy Committe	ee		
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of De	ebt (Purpose):
SOLOMON, FOLEY & MORAN		ATTY FEE:	L. BOYLE/CONG
,			
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING			
City State	Zip Code		
DETROIT	MI 48226		
Outstanding Balance Beginning This Period		Transactio	on ID : INV6010000112908
538.45			
Amount Incurred This Period	Payment This Period	Outstandin	g Balance at Close of This Period
0.00		0.00	538.45
0.00			000.40
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		ebt (Purpose):
SOLOMON, FOLEY & MORAN		ATTY FEE:	S. CROCKER/CONG
Mailing Address ATTORNEYS AT LAW			
2280 PENOBSCOT BUILDING			
City State	Zip Code		
DETROIT	MI 48226		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112909
538.45			
Amount Incurred This Period	Payment This Period	Outstandin	g Balance at Close of This Period
0.00	(	0.00	538.45
, , , ,	7		9 9
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		ebt (Purpose):
SOLOMON, FOLEY & MORAN		ATTY FEE:	M. DEAN/USS
Mailing Address ATTORNEYS AT LAW			
2280 PENOBSCOT BUILDING			
City DETROIT	State Zip Code MI 48226		
	1011 40220		ID 1011/004000440040
Outstanding Balance Beginning This Period		ransacti	on ID : INV6010000112910
538.46			
Amount Incurred This Period	Payment This Period	Outstandin	g Balance at Close of This Period
0.00	(	0.00	538.46
	7 1 7		7
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			1615.36
) SUBTOTALS This Period This Page (optional)			1010.00
TOTALS This Period (last page this line number	only)	>	
· · ·			
) TOTAL OUTSTANDING LOANS from Schedule C	C (last page only)		7
) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page o	nly) ▶	

**Excluding Loans** 

(Use separate schedule(s) for each

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEE: S. JOHNSON/CONG SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** 48226 Transaction ID: INV6010000112911 Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 538.46 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEE: E.SEFCOVIC/CONG SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** 48226 MI Outstanding Balance Beginning This Period Transaction ID: INV6010000112912 538.46 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 538.46 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEE: G SHEPPARD/CONG SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** 48226 MI Transaction ID: INV6010000112913 Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 538.46 0.00 1615.38 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).....

**Excluding Loans** 

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

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	OF COMMITTEE (In Full)  ional Democratic Policy Committe	е				
A.	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN				Nature of Debt (Purpose): ATTY FEE: H. SHORE/CONG	
Ма	ailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING					
Cit DE		Zip Code MI	48226			
	Outstanding Balance Beginning This Period				Transaction ID : INV601000	00112914
	538.46  Amount Incurred This Period	Payr	ment This Period		Outstanding Balance at Clo	se of This Period
	0.00	,		0.00		538.46
B.	Full Name (Last, First, Middle Initial) of Debtor of SOLOMON, FOLEY & MORAN	or Creditor			Nature of Debt (Purpose): ATTY FEE: J. STAMPS/CON	G
Cit	ailing Address ATTORNEYS AT LAW  2280 PENOBSCOT BUILDING  by State  ETROIT	Zip Code MI	48226			
	Outstanding Balance Beginning This Period 538.46				Transaction ID : INV60100	000112915
	Amount Incurred This Period 0.00	Payr	ment This Period	0.00	Outstanding Balance at Clo	se of This Period
				0.00		000.10
C.	Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor			Nature of Debt (Purpose): ATTY FEE: J. VAUGHN/CON	NG
Cit		State	Zip Code			
	ETROIT Outstanding Balance Beginning This Period	MI	48226		Transaction ID : INV60100	000112916
	538.46  Amount Incurred This Period	Payr	ment This Period		Outstanding Balance at Clo	se of This Period
	0.00			0.00		538.46
1) S	UBTOTALS This Period This Page (optional)					1615.38
2) T	OTALS This Period (last page this line number of	only)		<b>&gt;</b>	, , ,	
3) T	OTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)			
4) A	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)					

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEE: O. WALKER/CONG SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** 48226 Transaction ID: INV6010000112917 Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 538.46 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City State Zip Code **BALTIMORE** 21227 MD Outstanding Balance Beginning This Period Transaction ID: INV6010000114478 915.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 915.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City State Zip Code **BALTIMORE** 21227 MD Transaction ID: INV6010000114479 Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 200.00 0.00 1653.46 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 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	Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE			
	Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD				
	City State BALTIMORE	Zip Code MD	21227		
	Outstanding Balance Beginning This Period 915.00			Transaction ID: INV60	10000114480
	Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at	Close of This Period
	0.00		0.00		915.00
	B. Full Name (Last, First, Middle Initial) of Debtor of SOUTHEAST POLITICAL LITER			Nature of Debt (Purpose) FIELD OFFICE RENT	·
	Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD	7: 0 1			
	City State BALTIMORE	Zip Code MD	21227		
	Outstanding Balance Beginning This Period 200.00			Transaction ID : INV60	010000114481
	Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at	Close of This Period
	0.00		0.00		200.00
	C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITER			Nature of Debt (Purpose) TELEPHONE USAGE	:
	Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD				
	City BALTIMORE	State MD	Zip Code 21227		
	Outstanding Balance Beginning This Period 915.00			Transaction ID: INV60	010000114482
	Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at	Close of This Period
	0.00		0.00		915.00
1)	SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	, ,	2030.00
2)	TOTALS This Period (last page this line number of	only)	<b>&gt;</b>		
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page only	y) <b>&gt;</b>		,
4)	ADD 2) and 3) and carry forward to appropriate li	ine of Summary	Page (last page only)		

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **RENT** SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD State Zip Code **BALTIMORE** 21227 Transaction ID: INV6010000114483 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): **PRINTING** STATE OF CALIFORNIA Mailing Address OFFICE OF STATE PRINTING LEGISLATIVE BILL ROOM City State Zip Code **SACRAMENTO** CA 95814 Outstanding Balance Beginning This Period Transaction ID: INV6010000112389 53.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 53.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** STATLER BUFFALO Mailing Address 107 DELAWARE AVENUE City State Zip Code **BUFFALO** 14202 NY Transaction ID: INV6010000112918 Outstanding Balance Beginning This Period 85.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 85.00 0.00 338.00 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	ee			
	A. Full Name (Last, First, Middle Initial) of Debto SYRACUSE AIRPORT INN	Nature o ROOM	Nature of Debt (Purpose): ROOM RENTALS		
	Mailing Address HANCOCK AIRPORT				
	City State NORTH SYRACUSE	Zip Code NY	13212		
Outstanding Balance Beginning This Period				Transa	action ID : INV6010000112921
	19.00				
	Amount Incurred This Period	Pay	ment This Period	Outsta	nding Balance at Close of This Period
	0.00		0.	00	19.00
	B. Full Name (Last, First, Middle Initial) of Debtor TED HERBERT	or Creditor			of Debt (Purpose): EES & EXP-GA DEM SL
	Mailing Address 142 FOREST AVENUE N.E.				
	City State MARIETTA	Zip Code GA	30060		
İ	Outstanding Balance Beginning This Period			Trans	action ID : INV6010000114387
	1088.20			ITalis	action iD . INV0010000114307
	Amount Incurred This Period	Pay	ment This Period	Outsta	nding Balance at Close of This Period
	0.00	,	0.	00	1088.20
	C. Full Name (Last, First, Middle Initial) of Debto TED HERBERT	or or Creditor			of Debt (Purpose): SEES & EXP-GA DEM SL
	Mailing Address 142 FOREST AVENUE N.E.				
	City MARIETTA	State GA	Zip Code 30060		
	Outstanding Balance Beginning This Period			Trans	action ID : INV6010000114393
	800.00				
	Amount Incurred This Period	Pay	ment This Period	Outsta	nding Balance at Close of This Period
	0.00		0.	00	800.00
1)	SUBTOTALS This Period This Page (optional)			>	1907.20
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	ıly) ▶			

**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 or Creditor THE CHANCELLOR HOTEL			Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address 1501 SOUTH NEIL STREET			
	City State CHAMPAIGN	Zip Code IL 61820		
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112301
	25.00			
	Amount Incurred This Period	Payment This P	eriod	Outstanding Balance at Close of This Period
	0.00	7	0.00	25.00
	B. Full Name (Last, First, Middle Initial) of Debtor THE COLONNADE	or Creditor		Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address 120 HUNTINGTON AVENUE			_
	City State BOSTON	Zip Code MA 02116		
	Outstanding Balance Beginning This Period 75.00			Transaction ID: INV6010000112306
	Amount Incurred This Period	Payment This P	eriod	Outstanding Balance at Close of This Period
	0.00		0.00	75.00
•	C. Full Name (Last, First, Middle Initial) of Debtor THE PRESS CLUB OF HOUST		Nature of Debt (Purpose): ROOM RENTALS	
	Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE			
	City HOUSTON	State Zip Code TX 77002		
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112890
	25.00			
	Amount Incurred This Period	Payment This P	eriod	Outstanding Balance at Close of This Period
	0.00		0.00	25.00
1)	SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	125.00
2)	2) TOTALS This Period (last page this line number only)			
3)	TOTAL OUTSTANDING LOANS from Schedule C			
4)	ADD 2) and 3) and carry forward to appropriate I			

**Excluding Loans** 

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

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ee		
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  TONI JENNINGS			Nature of Debt (Purpose): POSTAGE
	Mailing Address 2414 13TH AVE. SO. #104			
	City State SEATTLE	Zip Code WA 98144		
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112374
	30.15			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.0	30.15
•	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor TREAT CATERERS			Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address 50 PARK PLACE			
	City State NEWARK	Zip Code NJ	07101	
	NEWARK	INJ	07101	
	Outstanding Balance Beginning This Period 100.00			Transaction ID : INV6010000112922
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00	,	0.0	100.00
	C. Full Name (Last, First, Middle Initial) of Debto TUTTLES RESTAURANT	Nature of Debt (Purpose): ROOM RENTALS		
İ	Mailing Address (C/O GILBERT ROBINSON COL			
	P.O. BOX 16000 City KANSAS CITY	State MO	Zip Code 64112	
	Outstanding Balance Beginning This Period			Transaction ID: INV6010000112923
	50.00			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.0	50.00
1)	SUBTOTALS This Period This Page (optional)			▶ 180.15
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	(y) <b>▶</b>		

**Excluding Loans** 

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

FOR LINE NUMBER: (check only one)

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	Juding Louno			numbered line)	X   10	
	AME OF COMMITTEE (In Full) Iational Democratic Policy Committe	:e				
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor VITA OBERSCHNEIDER			Nature of I ROOM RE	Nature of Debt (Purpose): ROOM RENTALS	
	Mailing Address 544 OAK HILL RD.					
	City State ELGIN	Zip Code IL	60120			
	Outstanding Balance Beginning This Period	Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112404	
	149.16					
	Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period	
	0.00		(	0.00	149.16	
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WESTBOROUGH PLAZA HOTEL				Debt (Purpose): B ROOM RENTAL	
	Mailing Address 5 TURNPIKE ROAD					
	City State WESTBOROUGH	Zip Code MA	01581			
	Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000114249	
	54.25			mansac	3.001115 : 11440010000114243	
	Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period	
	0.00		C	0.00	54.25	
	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WESTERN UNION INTERNATIONAL				Debt (Purpose): DNE	
	Mailing Address BOX 6022 CHRUCH ST. STA.					
	City NEW YORK	State NY	Zip Code 10008			
	Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000112926	
	Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period	
	0.00		(	0.00	18.42	
1)	SUBTOTALS This Period This Page (optional)				221.83	
2)	TOTALS This Period (last page this line number of	only)		}	· · · · · · · · · · · · · · · · · · ·	
3)	TOTAL OUTSTANDING LOANS from Schedule C	Clast page or	ıly)	>		
4)	ADD 2) and 3) and carry forward to appropriate I	line of Summa	ry Page (last page o	only) ▶		

**Excluding Loans** 

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

PAGE 143 OF 144 FOR LINE NUMBER: (check only one)

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					7   10	
	ME OF COMMITTEE (In Full)  ational Democratic Policy Committee	ee				
	A. Full Name (Last, First, Middle Initial) of Debto WORLDCOMP	r or Creditor		N	ature of Debt (Purpose): "YPE SETTING	
	Mailing Address 722 EAST MARKET STREET					
	City State LEESBURG	Zip Code VA	22075			
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112983	
	741.67					
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period	
	0.00		0	0.00	741.67	
ı	B. Full Name (Last, First, Middle Initial) of Debtor WORLDCOMP	or Creditor			ature of Debt (Purpose): YPE & ART	
	Mailing Address 722 EAST MARKET STREET					
	City State	Zip Code				
	LEESBURG	VA	22075			
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112988	
	926.37					
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period	
		ı ay				
	0.00		0.	0.00	926.37	
	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WORLDCOMP  Mailing Address 722 EAST MARKET STREET				Nature of Debt (Purpose): TYPE & ART	
	City	State	Zip Code			
	LEESBURG	VA	22075			
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112992	
	71.58					
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period	
	0.00		0	0.00	71.58	
1)	SUBTOTALS This Period This Page (optional)			▶	1739.62	
2)	TOTALS This Period (last page this line number	only)		<b>&gt;</b>		
3)	B) TOTAL OUTSTANDING LOANS from Schedule C (last page only)					
4)	4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)					

**Excluding Loans** 

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

FOR LINE NUMBER: (check only one)

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ee					
	A. Full Name (Last, First, Middle Initial) of Debto WORLDCOMP	or or Creditor			Nature of Debt (Purpose): TYPE SETTING		
	Mailing Address 722 EAST MARKET STREET						
	City State LEESBURG	Zip Code VA 22075					
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112993		
	50.00						
	Amount Incurred This Period	Pa	ment This Period		Outstanding Balance at Close of This Period		
	0.00		(	0.00	50.00		
i	B. Full Name (Last, First, Middle Initial) of Debtor YMCA SYRACUSE	or Creditor			Nature of Debt (Purpose): ROOM RENTALS		
	Mailing Address 340 MONTGOMERY STREET						
ł	City State	Zip Code					
	SYRACUSE	NY	13202				
Outstanding Balance Beginning This Period 25.00					Transaction ID : INV6010000112994		
	Amount Incurred This Period	Pa	ment This Period		Outstanding Balance at Close of This Period		
	0.00		,	0.00	25.00		
ı	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ZELLER & LETICA INC.  Mailing Address 15 E. 26TH ST.				Nature of Debt (Purpose): MAILING LABELS-SUB LISTS		
	City NEW YORK	State NY	Zip Code 10010				
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112995		
	57.84  Amount Incurred This Period	Por	ment This Period		Outstanding Balance at Close of This Period		
	0.00	ra		0.00	57.84		
	0.00			0.00	37.04		
1)	SUBTOTALS This Period This Page (optional)			▶	132.84		
2)	TOTALS This Period (last page this line number	only)			408326.38		
3)	) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				41400.00		
4)	ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page o	only) ▶	449726.38		