FEC FORM 3X	AN	PORT OF RI D DISBURS other Than An Auth	EMENTS	ee	Office Use Only	,
1. NAME OF COMMITTEE (in fi		EC MAILING LABEL PE OR PRINT 🗑	Example:If typing	, type		
	c Policy Committe					
ADDRESS (number and	street)					
Check if differ than previousl reported. (AC	У , і Е І	ESBURG				
2. FEC IDENTIFICAT	ION NUMBER		′ A	STATE		DDE 🔺
C00136531		3. IS RE		IEW N) OR	AMENDED (A)	
X July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Onl	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) Iid-Year on-election	Due On:	20 (M3)		Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) special (12G) in the State Runoff (30R) in the State	of Special (30S)
Type or Print Name of T Signature of Treasurer	Treasurer Ka	0 1 2 0 0 8 and to the best of my know atherine Jenkins Filed by Katherine Jenk	ins	true, correct and co	07 09	2008
Office Use Only					FEC FOI (Rev. 12/2	RM 3X

Image#	28991	382443
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SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

		FEC Form 3X (Rev. 02/2003)		Page 2
V		or Type Committee Name ational Democratic Policy Committe	90	
F	Repor	t Covering the Period: From:	M M D D Y	To:
			COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a)	Cash on Hand January 1 Ž008 Y Y		4626.20
	(b)	Cash on Hand at Begining of Reporting Period	4710.92	
	(c)	Total Receipts (from Line 19)	225.00	450.00
	(d)	Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4935.92	5076.20
7.	Tot	al Disbursements (from Line 31)	144.01	284.29
8.	Rep	sh on Hand at Close of porting Period ptract Line 7 from Line 6(d))	4791.91	4791.91
9.	the	ots and Obligations owed TO committee (Itemize all on ledule C and/or Schedule D)	0.00	
10.	the	ots and Obligations owed BY committee (Itemize all on nedule C and/or Schedule D)	449726.38	

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

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

Image# 28991382444		DETAILED SUMMARY PAGE OF RECEIPTS	
v	FEC Form 3X (Rev. 06/2004) /rite or Type Committee Name National Democratic Policy Committee	90	Page 3
R	eport Covering the Period: From:	M M D D Y	M M 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	0.00	0.00
	(ii) Unitemized	225.00	450.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	225.00	450.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs) (d) Total Contributions (add Lines		
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) D	225.00	450.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
10.	to Federal candidates and Other Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Fund	ls	
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	225.00	450.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	225.00	450.00

Image# 28991382445

DETAILED SUMMARY PAGE

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures (c) Total Operating Expenditures	144.01	284.29
(add 21(a)(i), (a)(ii) and (b)) 🕨	144.01	284.29
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
 Contributions to Federal Candidates/Committees and Other Political Committees 	0.00	0.00
4. Independent Expenditure (use Schedule E)	0.00	0.00
 Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) 	0.00	0.00
(use Schedule F)	0.00	0.00
6. Loan Repayments Made		
 Loans Made Refunds of Contributions To: 	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds(add Lines 28(a), (b), and (c))	0.00	0.00
9. Other Disbursements	0.00	0.00
 Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity 		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
 Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 	144.01	284.29
2. Total Federal Disbursements		

Image# 28991382446

DETAILED SUMMARY PAGE

	III Net Centrikutiene/Onerating		
	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	225.00	450.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	225.00	450.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	144.01	284.29
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	144.01	284.29

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NE NUMBER: only one)	PAGE 6/143
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 2 28c 29 3
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	ic and address of any political			
National Democratic Policy Committee				
Full Name (Last, First, Middle Initial) EFT CORPORATION			Date of Disburser	
Mailing Address 2911 DIXWELL AVE				^D ⁷ ² 0 0 8 ^Y
City HAMDEN	StateZip CodeCT06518		Amount of Each I	Disbursement this Period
Purpose of Disbursement		· · ·		40.00
Candidate Name		Category/ Type		
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		EFT PROCESS	ING FEE
Full Name (Last, First, Middle Initial)			Transaction ID:	01000001801000001
EFT CORPORATION			Date of Disburser	nent
Mailing Address 2911 DIXWELL AVE				
City HAMDEN	State Zip Code CT 06518		Amount of Each I	Disbursement this Period 40.00
Purpose of Disbursement				40.00
Candidate Name		Category/ Type		
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		EFT PROCESS	ING FEE
Full Name (Last, First, Middle Initial) EFT CORPORATION			Transaction ID: Date of Disburser	0100000160100000 ⁻
Mailing Address 2911 DIXWELL AVE				
City HAMDEN	State Zip Code CT 06518		Amount of Each I	Disbursement this Period
Purpose of Disbursement				40.00
Candidate Name		Category/ Type		
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		EFT PROCESS	ING FEE
SUBTOTAL of Disbursements This Page (optional)				120.00
TOTAL This Period (last page this line number only)			120.00
E6AN026			FEC Schedule	B (Form 3X) (Revised (

LOANS

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

PAGE 7 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN001000004
LOAN SOURCE Full Name (Last, First, Middle Initial) HARVEY E. HASCALL - [PERSONAL FUNDS]	Election:
······································	General
Mailing Address 2137 S 1150 EAST	Other (specify)
City BOUNTIFUL State UT	ZIP Code 84010
Original Amount of Loan Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date	Due Interest Rate Secured:
M M D D Y	0 % (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 Guaranteed
City State ZIP Code	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. I	f no Schedule D, carry forward to appropriate line of Summary.
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FE6AN026

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

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- F	OR	LINE	13	OF	ΗC	ונ

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN000002009
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
ALBERT E MC NAIR - [PERSONAL FUNDS]	Primary
	General
Mailing Address 1657 EDDY DR	Other (specify) ▼
City NORTH TONAWANDA State NY ZIP Coo	·
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:
09 24 1984 19841224	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
City State ZIP Code	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to appropriate line of Summary.

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LOANS

Use separate schedule(s) for each category of the Detailed S ry Pag

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ategory of the	
Summary Page	

NAME OF COMMITTEE (In Full)		
National Democratic Policy Committee		
	Transaction ID: LOAN000002886	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:	
ESTHER E. WILSON - [PERSONAL FUNDS]	Primary	
Mailing Address 6241 WARNER #132	☐ Other (specify) ▼	
City HUNTINGTON BEACH State CA ZIP Co	de 92647	
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period	
5000.00	0.00 5000.00	
Date Incurred Date Due	Interest Rate Secured:	
M M D D Y	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 ZID Cada	Guaranteed	
City State ZIP Code	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	America	
	Amount Guaranteed	
City State ZIP Code	Outstanding:	
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)	▶ 5000.00	
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.		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	equie D, carry forward to appropriate line of Summary.	

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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 10 / 143 FOR LINE 13 OF FORM 3X

the FOR LINE IS OF

AME OF COMMITTEE (In Full)	
ational Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) MINEHART EDSEN - [PERSONAL FUNDS]	Transaction ID: LOAN0000003820 Election: Primary General General
Mailing Address 1949 S MANCHESTER AVE SPACE 104	Other (specify) ▼
City ANAHEIM State CA	ZIP Code 92802
Original Amount of Loan Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
700.00	0.00 700.00
TERMS Date Incurred Date I	Due Interest Rate Secured:
M M D D Y	0 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This Page (optional)	700.00
OTALS This Period (last page in this line only)	
	f no Schedule D, carry forward to appropriate line of Summary.

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LOANS

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

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FOR LINE	13 OF	FOR

NAME OF COMMITTEE (In Full)	1
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) MINEHART EDSEN - [PERSONAL FUNDS]	Transaction ID: LOAN0000003823 Election: Primary General
Mailing Address 1949 S MANCHESTER AVE SPACE 104	Other (specify)
City ANAHEIM State CA ZIP Cod	de 92802
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1250.00	0.00 1250.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M D D Y	0 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)	1250.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Sche	edule D. carry forward to appropriate line of Summary.

FE6AN026

NAME OF COMMITTEE (In Full)

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 12/143 FOR LINE 13 OF FORM 3X

category of the		
Summary Page		

Vational Democratic Policy Committee Transaction ID: LOAN0000004982			
LOAN SOURCE Full Name (Last, First, Middle Initial) EUGENE L DRUSELL - [PERSONAL FUNDS]	Election: Primary General		
Mailing Address 1704 SAWYER	Other (specify)		
City WEST COVINA State CA ZIP Co	ode 91790		
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period		
1000.00	0.00 1000.00		
TERMS Date Incurred Date Due	Interest Rate Secured:		
M M D D Y Y Y Y Y Y 19841108 19841108	0 % (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:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
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.			

FE6AN026

LOANS

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

PAGE 13/143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)		
National Democratic Policy Committee		
	Transaction ID: LOAN000004983	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:	
EUGENE L DRUSELL - [PERSONAL FUNDS]	Primary	
	General	
Mailing Address 1704 SAWYER	Other (specify)	
City WEST COVINA State CA ZIP Co	ode 91790	
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period	
1000.00	0.00	
1000.00	0.00 1000.00	
TERMS		
Date Incurred Date Due	Interest Rate Secured:	
M M D D Y Y Y Y		
08 08 1984 19841108	0 % (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:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Matter Address		
Mailing Address	Occupation	
	Amount Guaranteed	
City State ZIP Code	Outstanding:	
Full Name /Last First Middle Initial	, and the second s	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occuration	
Mailing Address	Occupation	
	Amount	
	Amount Guaranteed	
City State ZIP Code	Outstanding:	
	e dicturiarity.	
CURTOTAL C. This Deviad This Devia (anti-an-l)	▶ 1000.00	
SUBTOTALS This Period This Page (optional)	······································	
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	nedule D, carry forward to appropriate line of Summary.	

FE6AN026

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 14/143

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	Transaction ID: LOAN000005986
LOAN SOURCE Full Name (Last, First, Middle Initial) BILL SUEDKAMP - [PERSONAL FUNDS]	Election:
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:
M M D D Y	0 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D, carry forward to appropriate line of Summary.

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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 15 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)		
National Democratic Policy Committee		
Transaction ID: LOAN0000005987 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: BILL SUEDKAMP - [PERSONAL FUNDS] 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:	
M M D D Y	0 % (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:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
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 Sch	edule D, carry forward to appropriate line of Summary.	

FE6AN026

LOANS

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

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or the	1 OIT LITE	
v Page		

AME OF COMMITTEE (In Full)	nmittoo	
ational Democratic Policy Co	mmuee	Transaction ID: LOAN000006929
LOAN SOURCE Full Name (L HENRY C MAYBERRY - [P		Election: Primary General
Mailing Address 8071 E 19TH	1 ST	Other (specify)
City WESTMINSTER	State CA ZIP	Code 92683
Original Amount of Loan	Cumulative Payment	To Date Balance Outstanding at Close of This Period
5	00.00	0.00 500.00
TERMS Date Incurred	Date Due	Interest Rate Secured:
M M 25 198	Y Y Y	0 % (apr) Yes X N
List All Endorsers or Guarantors	(if any) to Loan Source	
Full Name (Last, First, Midd	e Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Midd	e Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Midd	e Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Midd	e Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This Pa	ge (optional)	
OTALS This Period (last page in	his line only)	.00
arry outstanding balance only to L	INE 3. Schedule D, for this line. If no S	chedule D, carry forward to appropriate line of Summary.

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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 17/143

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)		
National Democratic Policy Committee		
	Transaction ID: LOAN000007139	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:	
RONALD TAI HO CHOI - [PERSONAL FUNDS]	Primary	
	General	
Mailing Address 35797 BLAIR PL	Other (specify)	
Maining Address 35/9/ BLAIR PL		
City FREMONT State CA ZIP Cod	de 94536	
Original Amount of Loan Cumulative Payment To	Date Data Coustanding at Close of This Period	
500.00	0.00 500.00	
TERMS		
Date Incurred Date Due	Interest Rate Secured:	
0 9 2 8 1 9 8 4 19850928	0 % (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:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
	Amount	
City State ZIP Code	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
J		
	Amount	
City State ZIP Code	Guaranteed	
Oily State ZIF Gute	Outstanding:	
	, and the second	
SUBTOTALS This Period This Page (optional)		
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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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LOANS

Use separate schedule(s) for each category of the Detailed Sum ry Pag

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nmary Page	

NAME OF COMMITTEE (In Full)		
National Democratic Policy Committee		
	Transaction ID: LOAN000009055	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:	
ROBERT C MCKINNEY - [PERSONAL FUNDS]	Primary	
	General	
Mailing Address PO BOX 3245	└── Other (specify) ▼	
City SEAL BEACH State CA ZIP Co	de 90740	
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of Th		
1000.00	0.00 1000.00	
TERMS Date Incurred Date Due	Interest Rate Secured:	
M M D D Y Y Y Y	interest nate Secured.	
1 0 1 9 8 4 19851022	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:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
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.		

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LOANS

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NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
		Tra	ansaction ID: LOAN	0000009557
LOAN SOURCE Full Name (Last, First, Middle Initial) Election:				
ROBERT LOFTUS - [PERSONAL FUNDS			Primary	
			General	
Mailing Address 2446 N SUMMIT			Other (specify	′) ▼
City DECATUR State IL ZIP Code 62526				
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of T		lose of This Period		
1000.00		0.00		1000.00
TERMS Date Incurred	Date Due	Interes	st Rate	Secured:
M M D D Y Y Y Y				
06 05 1984 198	50705	0	% (apr)	Yes X No
List All Endorsers or Guarantors (if any) to Loan S	ource			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		A		
	710.0	Amount		
City State	ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed		
Side Side	ZIF Code	Outstanding:		· · · ·
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		•		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Occupation		
		Amount		
City State	ZIP Code	Guaranteed		
		Outstanding:		
		_		
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TOTALS This Period (last page in this line only)			.00	
Carry outstanding balance only to LINE 3, Schedule I), for this line. If no Sch	dule D, carry forward to a	ppropriate line of Sum	mary.
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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 20 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)		
National Democratic Policy Committee		
LOAN SOURCE Full Name (Last, First, Middle Initial) SCOTT BEARD - [PERSONAL FUNDS]	Transaction ID: LOAN0000010472 Election: Primary General	
Mailing Address 4125 HAWTHORNE	Other (specify)	
City DALLAS State TX ZIP Co	ode 75202	
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period	
1000.00	0.00 1000.00	
TERMS	Interest Data	
Date Incurred Date Due 0 4 0 9 1 9 8 4 19840709	Interest Rate Secured: 0 % (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:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
	Outstanding:	
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TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 21 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)		
National Democratic Policy Committee		
	Transaction ID: LOAN0000010652	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:	
NANCY J STEINER - [PERSONAL FUNDS]	Primary	
	General	
Mailing Address 2809 GREER RD	Other (specify)	
City PALO ALTO State CA ZIP Coo	le 94303	
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period	
1000.00	0.00 1000.00	
TERMO		
TERMS Date Incurred Date Due	Interest Rate Secured:	
12 29 1986 19871212	0 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Matter Address		
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Ad-Wass Address		
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	ooupaiion	
	Amount	
	Amount Guaranteed	
City State ZIP Code	Outstanding:	
	5	
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)		
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.		

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LOANS

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NAME OF COMMITTEE (In Full)		
National Democratic Policy Committee		
	Transaction ID: LOAN0000011262	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:	
RAY BRANDENBERG - [PERSONAL FUNDS]	Primary	
	General	
Mailing Address 1303 AMORETTI	☐ Other (specify) ▼	
City THERMOPOLIS State WY ZIP Cod		
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period	
200.00	0.00 200.00	
TERMS Date Incurred Date Due	Interest Rate Secured:	
05 14 1984 19840814	1800.00 % (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	
	Assessed	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
Maining Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Amount Guaranteed	
City State ZIP Code	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.		

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LOANS

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NAME OF COMMITTEE (In Full)		
National Democratic Policy Committee		
LOAN SOURCE Full Name (Last, First, Middle Initial)	Transaction ID: LOAN0000011993 Election:	
JACKSON B BREEZE - [PERSONAL FUNDS]	Primary	
	General	
Mailing Address 419 QUARTZ ST	Other (specify)	
City REDWOOD CITY State CA ZIP Co	ode 94062	
Original Amount of Loan Cumulative Payment To	o Date Balance Outstanding at Close of This Period	
1000.00	0.00 1000.00	
TERMS Date Incurred Date Due	Interest Rate Secured:	
11 30 1984 19850302	0 % (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:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
SUBTOTALS This Period This Page (optional) 1000.00		
TOTALS This Period (last page in this line only)	.00	
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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LOANS

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NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee Transaction ID: LOAN0000012031			
LOAN SOURCE Full Name (Last, First, Middle Initial) RICHARD ROPER - [PERSONAL FUNDS]	Election: Primary General		
Mailing Address 630 W DUARTE RD #33	Other (specify)		
City MONROVIA State CA ZIP C	ode 91016		
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period		
1000.00	0.00 1000.00		
TERMS Date Incurred Date Due	Interest Rate Secured:		
M M D D Y	0 % (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:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

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LOANS

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NAME OF COMMITTEE (In Full)		
National Democratic Policy Committee		
	Transaction ID: LOAN0000012946	
LOAN SOURCE Full Name (Last, First, Middle Initial) FLOYD T WRIGHT - [PERSONAL FUNDS]	Election:	
	Primary General	
Mailing Address 4207 PATRICIA ST	Other (specify)	
Mailing Address 4207 PATRICIA ST		
City FREMONT State CA ZIP Co	•	
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period	
1000.00	0.00 1000.00	
TERMS		
Date Incurred Date Due	Interest Rate Secured:	
M M D D Y	0 % (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:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
Maning Address		
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Arrent	
	Amount Guaranteed	
City State ZIP Code	Outstanding:	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Correct outstanding balance only to LINE 2. Schodyle D. for this line. If no Schodyle D. some forward to support the st Correction		
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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LOANS

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NAME OF COMMITTEE (In Full)		
National Democratic Policy Committee		
LOAN SOURCE Full Name (Last, First, Middle Initial) MARGARET MAMULA - [PERSONAL FUNDS]	Transaction ID: LOAN0000013379 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 T	o Date Balance Outstanding at Close of This Period	
1000.00	0.00 1000.00	
TERMS Date Incurred Date Due	Interest Rate Secured:	
M M D D Y	0 % (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:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

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LOANS

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NAME OF COMMITTEE (In Full)		
Transaction ID: LOAN0000013410		
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:	
BILL DRAKE - [PERSONAL FUNDS]	Primary	
	General	
Mailing Address RT 4 BOX 126	Other (specify)	
City DEXTER State MO		
Original Amount of Loan Cumulativ	e Payment To Date Balance Outstanding at Close of This Period	
100.00	0.00 100.00	
TERMS Date Incurred	Date Due Interest Rate Secured:	
M M D D Y Y Y Y		
0 6 1 9 1 9 8 4 19840819	0 % (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 Cod	le Guaranteed	
	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Cod	le Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Cod		
	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Cod	e 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.		
carry outstanding balance only to LINE 3, Schedule D, for this line. If to Schedule D, carry forward to appropriate line of Summary.		

LOANS

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ional Demo	ocratic Policy Committee				N000017922
	RCE Full Name (Last, First, N N LYNGE MD - [PERSON/			Transaction ID: LOA Election: Primary General	<u>INUUUUU17823</u>
Mailing Addr	ess 2 S 13TH ST			Other (spec	cify) 🔻
City SAN J	OSSE	State CA ZIP C	Code 95112		
Original A	mount of Loan	Cumulative Payment	To Date	Balance Outstanding a	t Close of This Perio
	1000.00		0.00		1000.00
TERMS	Date Incurred	Date Due		Interest Rate	Secured:
м м 08	D D V Y Y Y 08 1984	19841008	0	% (apr)	Yes X
_ist All Endo	rsers or Guarantors (if any) to L	oan Source			
	ne (Last, First, Middle Initial)		Name of Employ	ver	
Mailing /	Address		Occupation		
City	Stat	e ZIP Code	Amount Guaranteed Outstanding:		
Full Nan	ne (Last, First, Middle Initial)		Name of Employ	/er	
Mailing /	Address		Occupation		
City	Stat	e ZIP Code	Amount Guaranteed Outstanding:		
Full Nan	ne (Last, First, Middle Initial)		Name of Employ	/er	
Mailing /	Address		Occupation		
City	Stat	e ZIP Code	Amount Guaranteed Outstanding:		
Full Nan	ne (Last, First, Middle Initial)		Name of Employ	ver	
Mailing /	Address		Occupation		
City	Stat	e ZIP Code	Amount Guaranteed Outstanding:		
BTOTALS	This Period This Page (optiona	I)	•		1000.00
	Period (last page in this line on	·			.00

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LOANS

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NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN0000018351
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
GREGORY R WOLF - [PERSONAL FUNDS]	Primary
	General
Mailing Address 5258 CARTWRIGHT	Other (specify)
City NORTH HOLLYWOOD State CA ZIP Co	de 91601
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
300.00	0.00 300.00
TERMS Date Incurred Date Due	Interest Rate Secured:
08 14 1984 19841114	0 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	equie D, carry forward to appropriate line of Summary.

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LOANS

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) GREGORY R WOLF - [PERSONAL FUNDS]	Transaction ID: LOAN0000018352
Mailing Address 5258 CARTWRIGHT	Other (specify)
City NORTH HOLLYWOOD State CA ZIP C	ode 91601
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period
100.00	0.00 100.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M D D Y	0 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
	▶ 100.00
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sc	hedule D, carry forward to appropriate line of Summary.

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LOANS

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any Page		

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID: LOAN0000018353
LOAN SOURCE Full Name (Last, First, Middle Initial) GREGORY R WOLF - [PERSONAL FUNDS]	Election: Primary General
Mailing Address 5258 CARTWRIGHT	Other (specify)
City NORTH HOLLYWOOD State CA ZIP Co	de 91601
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
100.00	0.00 100.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M D D Y	0 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)	100.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D, carry forward to appropriate line of Summary.

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LOANS

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
Transaction ID: LOAN0000018611				
LOAN SOURCE Full Name (Last, First, Middle Initial) WILLIAM O MC KAY - [PERSONAL FUNDS]	Election: Primary General			
Mailing Address 4627 W 137TH PL	Other (specify)			
City HAWTHORNE State CA ZIP Cod	de 90250			
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period			
1000.00	0.00 1000.00			
TERMS Date Incurred Date Due	Interest Rate Secured:			
M m D D Y	0 % (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:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
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, for this line.	edule D, carry forward to appropriate line of Summary.			

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NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	Transaction ID: LOAN0000018612
LOAN SOURCE Full Name (Last, First, Middle Initial) ALFRED MONTEROS - [PERSONAL FUNDS]	Election: Primary General
Mailing Address 1210 W PUENTE AVE	Other (specify)
City WEST COVINA State CA ZIP Co	de 91790
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M D D Y	0 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, for this line.	edule D, carry forward to appropriate line of Summary.

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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 34 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
National Democratic Policy Committee		Tra	nsaction ID: LOAN	000018817
LOAN SOURCE Full Name (Last, First, Mide LEONARD K NITZ - [PERSONAL FUNE			Election: Primary General	
Mailing Address 5343 CALLISTER AVE			Other (specify)	▼
City SACRAMENTO	State CA ZIP Coo	de 95819		
Original Amount of Loan	Cumulative Payment To	Date Bala	nce Outstanding at Cl	ose of This Period
1000.00		0.00		1000.00
TERMS Date Incurred	Date Due	Interest	Rate	Secured:
M M D D Y	9841120	0	% (apr)	Yes 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:		
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
				0 0 0 0
SUBTOTALS This Period This Page (optional) .		·····•	<u></u>	1000.00
TOTALS This Period (last page in this line only)		►		.00
Carry outstanding balance only to LINE 3, Schedul	e D, for this line. If no Sche	edule D, carry forward to ap	propriate line of Sumn	nary.

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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 35 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
	Transaction ID: LOAN0000019658			
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:			
WARREN BANDY - [PERSONAL FUNDS]	Primary			
	General			
Mailing Address 934 TAMARACK LN #6	└── Other (specify) ▼			
City SUNNYVALE State CA ZIP Co	•			
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period			
1000.00	0.00 1000.00			
TERMS Date Incurred Date Due	Interest Rate Secured:			
M M D D Y Y Y Y	interest nate Secured.			
0 9 0 6 1 9 8 4 19841206	0 % (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:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	·			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed			
	Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)	1000.00			
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D, carry forward to appropriate line of Summary.			

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LOANS

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee						
LOAN SOURCE Full Name (Last, First, Mi IAN MC CLASHAN - [PERSONAL FU				on ID: LOANO tion: Primary General	000019945	
Mailing Address 245 W LORRAINE ST	APT 121			Other (specify)	¥	
City GLENDALE	State CA ZIP Co	de 91202				
Original Amount of Loan	Cumulative Payment To	Date	Balance Ou	tstanding at Cl	ose of This Pe	riod
1500.00		0.00			1500.00	
TERMS Date Incurred	Date Due		Interest Rate		Secured:	
M M D D Y	19841210		0	% (apr)		(No
List All Endorsers or Guarantors (if any) to Lo	an Source					
Full Name (Last, First, Middle Initial)		Name of Empl	loyer			
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:	0 0 0 0	0 0 0		
Full Name (Last, First, Middle Initial)		Name of Empl	loyer			
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)		Name of Empl	loyer			
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)		Name of Empl	loyer			
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional)			•		1500.00	
TOTALS This Period (last page in this line only)				.00	
Carry outstanding balance only to LINE 3, Sched	dule D, for this line. If no Sche	edule D, carry for	rward to appropriat	te line of Summ	ary.	

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LOANS

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

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NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	Transaction ID: LOAN0000021069
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
LOUIS HARDING - [PERSONAL FUNDS]	Primary
	General
Mailing Address 815 N MADISON	Other (specify) ▼
City PIERRE State SD ZIP Co	
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M D D Y Y Y Y	
09 27 1984 19850327	0 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount
	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	

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LOANS

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

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NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
LOAN COUDCE Full Name (Last First Middle Initial)	Transaction ID: LOAN0000021171
LOAN SOURCE Full Name (Last, First, Middle Initial) MARILYN PEARSON - [PERSONAL FUNDS]	Election:
	General
Mailing Address BB 1	
Mailing Address RR 1	☐ Other (specify) ▼
City SPENCER State IA ZIP Co	ude 51301
Original Amount of Loan Cumulative Payment To	b Date Balance Outstanding at Close of This Period
1000.00	100.00 900.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
M M D D Y	0 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occuration
Maining Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount Guaranteed
City State ZIP Code	Outstanding:
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)	900.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D, carry forward to appropriate line of Summary.

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LOANS

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NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN0000021412
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
MARJORIE CZECZOK - [PERSONAL FUNDS]	Primary
	General
Mailing Address 820 LAKE ST S	☐ Other (specify) ▼
City KIRKLAND State WA ZIP Co	de 98033
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
250.00	50.00 200.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
M M D D Y	0 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last First Middle Latia)	ç
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Amount Guaranteed
	Outstanding:
	·
	▶ 200.00
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to appropriate line of Summary.

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LOANS

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NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	Transaction ID: LOAN0000022667
LOAN SOURCE Full Name (Last, First, Middle Initial) ROBERT A FUDO - [PERSONAL FUNDS]	Election:
Mailing Address 24922 MUIRLANDS SP 36	Other (specify)
City EL TORO State CA ZIP Co	de 92630
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
750.00	0.00 750.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M D D Y	0 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
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)	750.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D, carry forward to appropriate line of Summary.

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LOANS

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	
	Transaction ID: LOAN0000023255
LOAN SOURCE Full Name (Last, First, Middle Initial) KEITH J ORR - [PERSONAL FUNDS]	Election: Primary General
Mailing Address 441 PUERTO PL	Other (specify)
City HAYWARD State CA ZIP Co	de 94541
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M D D Y	0 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)	500.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D, carry forward to appropriate line of Summary.

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LOANS

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

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IAME OF COMMITTEE (In Full) lational Democratic Policy Committee	
	Transaction ID: LOAN0000023300
LOAN SOURCE Full Name (Last, First, Middle Initial) H WYVONNE LANDRY - [PERSONAL FUNDS]	Election: Primary General
Mailing Address 18346 COLLINS ST #17	Other (specify)
City TARZANA State CA ZIP	Code 91356
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period
800.00	0.00 800.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M D D Y	0 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)	800.00
FOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no S	Schedule D, carry forward to appropriate line of Summary.

NAME OF COMMITTEE (In Full)

SCHEDULE C (FEC Form 3X)

LOANS

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ational Democratic Policy Committee			Turnerat		000002612
LOAN SOURCE Full Name (Last, First, Mic JACOB S PAINTER - [PERSONAL FU				i <u>on ID: LOAN</u> ction: Primary General	<u>J000023612</u>
Mailing Address 4371 SUNRISE DR				Other (specify) 🔻
City CASPER	State WY ZIP Co	de 82604			
Original Amount of Loan	Cumulative Payment To	Date	Balance O	utstanding at C	lose of This Period
250.00		0.00			250.00
TERMS Date Incurred	Date Due		Interest Rate		Secured:
M D P Y	19850122		0	% (apr)	Yes X No
List All Endorsers or Guarantors (if any) to Loa	an Source				
Full Name (Last, First, Middle Initial)		Name of Emp	bloyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed	Ū Ū Ū		
		Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emp	oloyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed			
Shy Shate		Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emp	oloyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emp	oloyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
JBTOTALS This Period This Page (optional)					250.00
OTALS This Period (last page in this line only)			•		.00
arry outstanding balance only to LINE 3, Sched	ule D, for this line. If no Sch	edule D, carry fo	orward to appropri	ate line of Sum	mary.
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LOANS

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NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
	Transaction ID: LOAN0000023623		
LOAN SOURCE Full Name (Last, First, Middle Initial) RONALD A BOWDEN - [PERSONAL FUNDS]	Election:		
RONALD A BOWDEN - [PERSONAL FUNDS]	Primary		
Mailing Address 46 SOMERSET AVE	☐ Other (specify) ▼		
City RIVERSIDE State RI ZIP Co	•		
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 Data Conjuradi		
	Interest Rate Secured:		
M M D D Y Y Y Y Y Y 19850122	0 % (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:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address			
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address			
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed		
	Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
	·		
SUBTOTALS This Period This Page (optional)	1000.00		
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D, carry forward to appropriate line of Summary.		

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NAME OF COMMITTEE (In Full)

SCHEDULE C (FEC Form 3X)

LOANS

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

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Summary Page	

National Democratic	Policy Committee			Tran	saction ID: LOAN	100000236;	24
	Full Name (Last, First, N - [PERSONAL FUNI				Election: Primary General		
Mailing Address	213 W OAKRIDGE DR	ł			Other (specif	y) 🔻	
City FARMINGTO	N	State UT ZIP C	ode 84025				
Original Amount o	of Loan	Cumulative Payment T	o Date	Balan	nce Outstanding at (Close of This	Period
	1000.00		0.00			1000.00	
	e Incurred	Date Due		Interest I	Rate	Secured:	
M M 22	D Y Y Y Y 1984	19850122		0	% (apr)	Yes	X No
List All Endorsers or	Guarantors (if any) to L	oan Source					
	t, First, Middle Initial)		Name of Em	ployer			
Mailing Address	3		Occupation				
			Amount			1 1 1	-
City	State	e ZIP Code	Guaranteed Outstanding				
Full Name (Last	t, First, Middle Initial)		Name of Em	ployer			
Mailing Address	3		Occupation				
			Amount				
City	State	e ZIP Code	Guaranteed Outstanding				
Full Name (Last	t, First, Middle Initial)		Name of Em	ployer			
Mailing Address	3		Occupation				
			Amount				
City	State	e ZIP Code	Guaranteed Outstanding				
Full Name (Last	t, First, Middle Initial)		Name of Em	ployer			
Mailing Address	3		Occupation				
			Amount				
City	State	e ZIP Code	Guaranteed Outstanding				
SUBTOTALS This Pe	riod This Page (optiona	l)		►		1000.00	
TOTALS This Period ((last page in this line on	у)		. •		.00)
Carry outstanding bala	nce only to LINE 3, Sche	edule D, for this line. If no Sc	hedule D, carry f	orward to app	ropriate line of Sum	nmary.	

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LOANS

Use separate schedule(s) for each category of the Detailed Sun ry Pag

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) MRS BRYCE JONES - [PERSONAL FUNDS]	Transaction ID: LOAN0000023627 Election: Primary General Primary
Mailing Address 213 W OAKRIDGE DR	Other (specify)
City FARMINGTON State UT	ZIP Code 84025
Original Amount of Loan Cumulativ	Payment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred	Date Due Interest Rate Secured:
M M D D Y Y Y Y Y 19850122	0 % (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 Coc	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Cod	de Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Cod	de Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Cod	de Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	▶ 1000.00
TOTALS This Period (last page in this line only)	.00
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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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 47 / 143 R I INE 13 OF FORM 3X

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ional Democratic Policy Committee	Transaction ID: LOAN000023628 Election: Primary
Mailing Address 4495 WOODLAWN	General Other (specify) ▼
City BEAUMONT State T>	ZIP Code 77703
Original Amount of Loan Cumulat	Payment To Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS Date Incurred	Date Due Interest Rate Secured:
M M Z Z Y Y Y Y Y 10 22 1984 19851022	0 % (apr) Yes X
ist All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Co	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Co	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Co	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Co	Amount Guaranteed Outstanding:
BTOTALS This Period This Page (optional)	
TALS This Period (last page in this line only)	.00

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

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FOR LINE	13 OF	FORM

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	Transaction ID: LOAN0000023683
LOAN SOURCE Full Name (Last, First, Middle Initial) AMY G BRAINARD - [PERSONAL FUNDS]	Election: Primary General
Mailing Address 1202 S GLADYS AVE	Other (specify)
City SAN GABRIEL State CA	ZIP Code 91776
Original Amount of Loan Cumulative	Payment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred	Date Due Interest Rate Secured:
M M D D Y Y Y Y Y Y 19851025	0 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	▶ 1000.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this li	ne. If no Schedule D, carry forward to appropriate line of Summary.

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee					
			Transactio	on ID: LOANC	000024453
LOAN SOURCE Full Name (Last, First, Midd JAMES HOWARD PETERS - [PERSON				tion: Primary General	
Mailing Address 2380 GRANADA AVE				Other (specify)	¥
City LONG BEACH	State CA ZIP Co	de 90815			
Original Amount of Loan	Cumulative Payment To	Date	Balance Ou	itstanding at Cl	ose of This Period
1000.00		0.00			1000.00
TERMS Date Incurred	Date Due		Interest Rate		Secured:
M M 26 1984 1	9850526		0	% (apr)	Yes X No
List All Endorsers or Guarantors (if any) to Loar	Source				
Full Name (Last, First, Middle Initial)		Name of Empl	loyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:		0 0 0	0 0 0
Full Name (Last, First, Middle Initial)		Name of Empl	loyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			0 0 0
Full Name (Last, First, Middle Initial)		Name of Empl	loyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			· · ·
Full Name (Last, First, Middle Initial)		Name of Empl	loyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional) .			•		1000.00
TOTALS This Period (last page in this line only)			•		.00
Carry outstanding balance only to LINE 3, Schedul	e D, for this line. If no Sch	edule D, carry for	rward to appropria	te line of Sumn	nary.

FE6AN026

LOANS

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

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category or the	-
Summary Page	

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN0000024908
LOAN SOURCE Full Name (Last, First, Middle Initial) LARS THELANDER - [PERSONAL FUNDS]	Election:
LANS THELANDER - [FENSONAL FUNDS]	Primary
	General
Mailing Address 14 MOUNT CASTLE PL	└── Other (specify) ▼
City JOHNSON CITY State TN ZIP Co	
Original Amount of Loan Cumulative Payment To	b Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS Data lagurrad	Interact Data Sociuradi
Date Incurred Date Due	Interest Rate Secured:
1 1 0 2 1 9 8 4 1 19850202	0 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Our star
	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
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)	▶ 500.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D, carry forward to appropriate line of Summary.

FE6AN026

LOANS

Use separate schedule(s) for each category of the Detailed Sum iry Pag

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jory of the	 ~	•	
mary Page			

NAME OF COMMITTEE (In Full) National Democratic Policy Committee			Turnerati		0000025000
LOAN SOURCE Full Name (Last, First, Middle ALMA G UBER - [PERSONAL FUNDS]	ə Initial)		Elec	on ID: LOAN(tion: Primary General	000025202
Mailing Address 3447 STERNE ST				Other (specify)	•
City SAN DIEGO	State CA ZIP Cod	de 92106			
Original Amount of Loan	Cumulative Payment To	Date	Balance Ou	utstanding at C	ose of This Period
500.00		0.00			500.00
TERMS Date Incurred	Date Due		Interest Rate		Secured:
M M D D Y Y Y Y	850507	()	% (apr)	Yes X N
List All Endorsers or Guarantors (if any) to Loan	Source				
Full Name (Last, First, Middle Initial)		Name of Emplo	yer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emplo	yer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:		U U U	
Full Name (Last, First, Middle Initial)		Name of Emplo	yer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emplo	yer		
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)					500.00
TOTALS This Period (last page in this line only)		(.00
Carry outstanding balance only to LINE 3, Schedule	D, for this line. If no Sche	edule D, carry forv	vard to appropria	te line of Sumr	nary.

FE6AN026

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 52/143

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
	Transaction ID: LOAN0000026096			
LOAN SOURCE Full Name (Last, First, Middle Initial) GABRIEL DICK - [PERSONAL FUNDS]	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 Balance Outstanding at Close of This Period			
500.00	0.00 500.00			
TERMS	laterrat Data			
Date Incurred Date Due 1 1 0 1 9 8 4 19841230	Interest Rate Secured: 0 % (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:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
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)	500.00			
TOTALS This Period (last page in this line only) .00				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

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

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NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN0000032658
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
JOHN PRICE - [PERSONAL FUNDS]	Primary
	General
Mailing Address 101 S COTTAGE RD	Other (specify)
City STERLING State VA ZIP Co	de 22170
Original Amount of Loan Cumulative Payment To	
750.00	0.00 750.00
TERMS Date Incurred Date Due	Interact Data Sociurad
Date Incurred Date Due	Interest Rate Secured:
0 5 ^m 2 0 1 9 8 5 1 19860520	0 % (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
City State ZIP Code	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	-
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Tuil Marile (Last, First, Midule Initial)	
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Least First Middle Initial)	C C
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)	750.00
TOTALS This Period (last page in this line only)	▲ 41400.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, for this line.	edule D, carry forward to appropriate line of Summary.

FE6AN026

SCHEDULE D (FEC Fo	vrm 3X)			PAGE 54 / 143
			(Use separa schedule(s	
DEBTS AND OBLIGAT	IONS		for each	(check only one) 9
Excluding Loans			numbered lir	ne) X 10
NAME OF COMMITTEE (In National Democratic Poli	,			
National Democratic For	loy oonninittee			
A. Full Name (Last, First AIRBORNE FREIGHT		or Creditor		e of Debt (Purpose): RESS PACKAGE SERVICE
Mailing Address POB	OX 662			
City SEATTLE	State WA	ZIP Code 98111		
Outstanding Balance B	eginning This Period			Transaction ID: INV6010000112089
	12.50			
		Decement This Deviad	0.14	
Amount Incurre	a This Period	Payment This Period	Outst	tanding Balance at Close of This Period
	0.00	0.00		12.50
B. Full Name (Last, First AMFAC HOTEL	, Middle Initial) of Debtor	or Creditor		e of Debt (Purpose): M RENTAL
Mailing Address POB	OX 1926			
City	State	ZIP Code		
ALBUQUERQUE	NM	87119		
Outstanding Balance B	eginning This Period			Transaction ID: INV6010000112090
	198.49			
Amount Incurre	d This Period	Payment This Period	Outst	tanding Balance at Close of This Period
	0.00	0.00		198.49
C. Full Name (Last, First ARLINGTON HILTON		or Creditor		e of Debt (Purpose): M RENTALS
Mailing Address 2401	EAST LAMAR BOUL	EVARD		
City	State	ZIP Code		
ARLINGTON	TX	76011		
Outstanding Balance B	eginning This Period			Transaction ID: INV6010000112363
	139.00			
Amount Incurre	d This Period	Payment This Period	Outst	tanding Balance at Close of This Period
	0.00	0.00		139.00
1) SUBTOTALS This Peri	od This Page (optional)			349.99
,				
		only)		
3) TOTAL OUTSTANDING		ile C (last page only)		
4) ADD 2) and 3) and carr	y forward to appropriate I	ine of Summary Page (last page only		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 55 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)		,	X 10
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debt AUDIO VISUAL CENTER	or or Creditor		Debt (Purpose): ENT RENTAL
Mailing Address 235 NORTH BROAD STR	REET		
City State PHILADELPHIA PA	ZIP Code 19107		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000112091
25.00			
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	0.00		25.00
B. Full Name (Last, First, Middle Initial) of Debt AUDIO VISUAL HEADQUARTERS COR			Debt (Purpose): ENT RENTAL
Mailing Address 361 NORTH OAK STREE	T		
City State INGLEWOOD CA	ZIP Code 90301		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000112092
11.08			
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	0.00		11.08
C. Full Name (Last, First, Middle Initial) of Debt AVW AUDIO VISUAL INC	or or Creditor		Debt (Purpose): ENT RENTAL
Mailing Address 1372 WYCLIFF AVE			
City State DALLAS TX	ZIP Code 75207		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000112093
65.64			
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	0.00		65.64
1) SUBTOTALS This Period This Page (optional)			101.72
2) TOTALS This Period (last page this line numbe	r only)	•	
3) TOTAL OUTSTANDING LOANS from Scher	dule C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)		

SCHEDULE D (FEC Form 3X)	Γ	(Use separate	PAGE 56 / 143
		schedule(s)	
EBTS AND OBLIGATIONS		for each numbered line)	(check only one) 9 X 10
Excluding Loans NAME OF COMMITTEE (In Full)			X 10
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Deb BANK OF THE COMMONWEALTH	tor or Creditor	Nature of D MISC. EX	lebt (Purpose): PENSE
Mailing Address PO BOX 32900			
City State DETROIT MI	ZIP Code 48232		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112095
1430.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
		Custand	
0.00	0.00		1430.00
B. Full Name (Last, First, Middle Initial) of Deb BELMONT RESTAURANT	tor or Creditor	Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address 541 LEXINGTON AVE.			
City State NEW YORK NY	ZIP Code 10022		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112096
110.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		110.00
	0.00		110.00
C. Full Name (Last, First, Middle Initial) of Deb BROWN PALACE HOTEL	tor or Creditor	Nature of D ROOM R	lebt (Purpose): ENTALS
Mailing Address P.O. BOX 1440			
City State	ZIP Code		
DENVER CO	80201		
Outstanding Balance Beginning This Period		Tra	nsaction 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
1) SUBTOTALS This Period This Page (optiona)		1813.00
2) TOTALS This Period (last page this line numb	,	•	
3) TOTAL OUTSTANDING LOANS from Sche	dule C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropria	e line of Summary Page (last page only)	•	

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 57 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)		,	X 10
National Democratic Policy Committee	e		
A. Full Name (Last, First, Middle Initial) of BRUKOFF, BERAS & STEWART, F			0ebt (Purpose): ES-ZIEGLER/CONG
Mailing Address 3000 TOWN CENT SUITE 2550	ER		
City State SOUTHFIELD MI	ZIP Code 48075		
Outstanding Balance Beginning This P	Period	Tra	nsaction ID: INV6010000112099
285.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		285.00
B. Full Name (Last, First, Middle Initial) of CAMPAIGNER PUBLICATIONS	of Debtor or Creditor		Debt (Purpose): RELATIONS SERVICE
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This P	Period	Tra	nsaction ID: INV6010000111880
2700.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		2700.00
C. Full Name (Last, First, Middle Initial) of CAMPAIGNER PUBLICATIONS	of Debtor or Creditor	Nature of D RENT	Debt (Purpose):
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This P	Period	Tra	nsaction ID: INV6010000111909
64.51			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		64.51
1) SUBTOTALS This Period This Page (o	ptional)		3049.51
	number only)	•	
3) TOTAL OUTSTANDING LOANS from	n Schedule C (last page only)	•	
4) ADD 2) and 3) and carry forward to app	ropriate line of Summary Page (last page only) >	

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 58 / 143
DEBTS AND OBLIGATIONS			
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS	or or Creditor	Nature of D ADVERTI	ebt (Purpose): SING
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000111912
1567.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		1567.00
B. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS	or or Creditor	Nature of D ADVERTI	ebt (Purpose): ISING
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000111913
60.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		60.00
C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS	or or Creditor		ebt (Purpose): IPTIONS PURCHASE
Mailing Address P.O. BOX 17726			
City State	ZIP Code		
WASHINGTON DC	20041		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000111914
7316.85			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		7316.85
1) SUBTOTALS This Period This Page (optional)			8943.85
2) TOTALS This Period (last page this line number			
	lule C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate			

SCHEDULE D (FEC Form 3X)		(1150	separate	PAGE 59 / 143
		sch	edule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS			or each bered line)	(check only one) 9 X 10
Excluding Loans NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor		Nature of D RENT	lebt (Purpose):
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111915
800.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
			Cubland	
0.00	0.00			800.00
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor			lebt (Purpose): OPIER USAGE
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111916
250.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			250.00
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor			ebt (Purpose): MMUNICATIONS
Mailing Address P.O. BOX 17726				
City State	ZIP Code			
WASHINGTON DC	20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111917
1000.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			1000.00
1) SUPTOTALS This David This David (anti-rat)				2050.00
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page this line number o	nly)			
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate line	ne of Summary Page (last page only))		

SCHEDULE D (FEC Form 3X)		(Use	separate	PAGE 60 / 143
DEBTS AND OBLIGATIONS		sch	edule(s)	
Excluding Loans			or each bered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor			9ebt (Purpose): RELATIONS SERVICE
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111918
8170.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00	-		8170.00
	0.00			0170.00
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor		Nature of D ADVERTI	9ebt (Purpose): SING
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111919
1310.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			1310.00
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor			bebt (Purpose): IPTIONS PURCHASE
Mailing Address P.O. BOX 17726				
City State	ZIP Code			
WASHINGTON DC	20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111920
11948.30				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00	U I		11948.30
1) SUBTOTALS This Period This Page (optional)		₽	•	21428.30
2) TOTALS This Period (last page this line number of		,		
	e C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate li		r) Þ		

SCHEDULE D (FEC Form 3X)		(Use	separate	PAGE 61 / 143
DEBTS AND OBLIGATIONS		sch	edule(s)	
Excluding Loans			r each bered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)		Į		
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	r Creditor		Nature of D RENT	ebt (Purpose):
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111921
800.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			800.00
B. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	r Creditor			ebt (Purpose): OPIER USAGE
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111922
250.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			250.00
C. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	r Creditor			ebt (Purpose): MMUNICATIONS
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111923
1000.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00	•		1000.00
1) SUBTOTALS This Period This Page (optional)		•	•	2050.00
2) TOTALS This Period (last page this line number or		`		
	C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only))		

SCHEDULE D (FEC Form 3X)		(Lise s	separate	PAGE 62 / 143
DEBTS AND OBLIGATIONS			edule(s)	FOR LINE NUMBER:
Excluding Loans			each ered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	or Creditor			ebt (Purpose): ELATIONS SERVICE
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111924
8170.00				
Amount Incurred This Period	Payment 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 of CAMPAIGNER PUBLICATIONS	or Creditor		Nature of D ADVERTI	ebt (Purpose): SING
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111925
150.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			150.00
C. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	or Creditor		Nature of D ADVERTI	ebt (Purpose): SING
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111926
30.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			30.00
		•		8350.00
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page this line number of	nly)	>		
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	>		
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only))		

SCHEDULE D (FEC Form 3X)		(Lise	separate	PAGE 63 / 143
DEBTS AND OBLIGATIONS		sch	nedule(s)	
			or each bered line)	(check only one) 9 X 10
Excluding Loans NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor			lebt (Purpose): IPTIONS PURCHASE
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111927
5852.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
		V	Cutotandi	
0.00	0.00	_		5852.00
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor			ebt (Purpose): IPTIONS PURCHASE
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112054
13773.65				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00	1		13773.65
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor		Nature of D ADVERTI	ebt (Purpose): SING
Mailing Address P.O. BOX 17726				
City State	ZIP Code			
WASHINGTON DC	20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112055
302.50				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			302.50
1) SUBTOTALS This Period This Page (optional)		I		19928.15
2) TOTALS This Period (last page this line number o		,		
		;		
)		
	e C (last page only)) J		

SCHEDULE D (FEC Form 3X)		(1 150	separate	PAGE 64 / 143
DEBTS AND OBLIGATIONS		sche	edule(s)	
Excluding Loans			r each bered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			,	X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	or Creditor			lebt (Purpose): IPTIONS PURCHASE
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112056
7910.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			7910.00
B. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	or Creditor		Nature of D ADVERTI	ebt (Purpose): SING
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112057
40.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			40.00
C. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	or Creditor			lebt (Purpose): IPTIONS PURCHASE
Mailing Address P.O. BOX 17726				
City State	ZIP Code			
WASHINGTON DC	20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112058
7989.60				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			7989.60
1) SUBTOTALS This Period This Page (optional)		►		15939.60
2) TOTALS This Period (last page this line number of	nly)	•		
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only	/) •		

SCHEDULE D (FEC Form 3X)		(Use sepa	rate	PAGE 65 / 143
DEBTS AND OBLIGATIONS		schedule	e(s)	FOR LINE NUMBER:
Excluding Loans		for eacl numbered		(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			,	
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor	Natu REN		bt (Purpose):
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tran	saction ID: INV6010000112059
800.00				
Amount Incurred This Period	Payment This Period	Out	tstanding	g Balance at Close of This Period
0.00	0.00			800.00
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor			bt (Purpose): MUNICATIONS
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tran	saction ID: INV6010000112060
1000.00				
Amount Incurred This Period	Payment This Period	Out	tstanding	g Balance at Close of This Period
0.00	0.00			1000.00
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor	Natu REN		bt (Purpose):
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tran	saction ID: INV6010000112061
800.00				
Amount Incurred This Period	Payment This Period	Out	tstanding	g Balance at Close of This Period
0.00	0.00			800.00
1) SUBTOTALS This Period This Page (optional)		►		2600.00
2) TOTALS This Period (last page this line number o	nly)	_ ▶ [
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only) •	1 1	

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 66 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)		,	X 10
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Deb CAMPAIGNER PUBLICATIONS	tor or Creditor		lebt (Purpose): MMUNICATIONS
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112062
1000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		1000.00
B. Full Name (Last, First, Middle Initial) of Deb CAMPAIGNER PUBLICATIONS	tor or Creditor	Nature of D RENT	lebt (Purpose):
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112063
800.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		800.00
	0.00		000.00
C. Full Name (Last, First, Middle Initial) of Deb CAMPAIGNER PUBLICATIONS	tor or Creditor		lebt (Purpose): MMUNICATIONS
Mailing Address P.O. BOX 17726			
City State	ZIP Code		
WASHINGTON DC	20041		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112064
1000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		1000.00
1) SUBTOTALS This Period This Page (optiona	I)		2800.00
2) TOTALS This Period (last page this line numb		•	
3) TOTAL OUTSTANDING LOANS from Sche	edule C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropria	te line of Summary Page (last page only)	•	

	Form 3Y)		(Llas soparata	PAGE 67 / 143
-	SCHEDULE D (FEC Form 3X)		(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIG	ATIONS		for each	(check only one) 9
Excluding Loans	<i>4</i> = 10		numbered line	X 10
NAME OF COMMITTEE National Democratic I	. ,			
	olicy committee			
	First, Middle Initial) of Debtor	or Creditor		Debt (Purpose):
CAPITOL PLAZA			ROOM	RENTALS
Mailing Address 2/1	WEST STATE STREE	т		
	SWEDI STATE SITIEL	1		
City TRENTON	State NJ	ZIP Code 08608		
	ce Beginning This Period		т	ransaction ID: INV6010000112103
	93.10			
A mount inco		Doumant This Deried	Outotor	ding Balance et Class of This Devied
Amount Incl	urred This Period	Payment This Period	Outstar	ding Balance at Close of This Period
	0.00	0.00		93.10
B Full Name (Last F	First, Middle Initial) of Debtor	or Creditor	Nature of	⁻ Debt (Purpose):
CAPITOL PLAZA				RENTALS
Mailing Address HC				
City	<u>) J STREET</u> State	ZIP Code		
SACRRAMENTO	CA	95814		
Outstanding Balance	ce Beginning This Period		т	ransaction ID: INV6010000112102
0 0 0 0	15.78			
Amount Inci	urred This Period	Payment This Period	Outstar	ding Balance at Close of This Period
	0.00	0.00		15.78
C. Full Name (Last. F	First, Middle Initial) of Debtor	or Creditor	Nature of	Debt (Purpose):
CAUCUS DISTRIB				FC TELEPHONE USAGE
Mailing Address PC	DIO CITY STATION			
City	State	ZIP Code		
NEW YORK	NY	10101		
Outstanding Balance	ce Beginning This Period		т	ransaction ID: INV6010000112274
	8023.57			
Amount Inci	urred This Period	Payment This Period	Outstar	ding Balance at Close of This Period
	0.00	0.00		8023.57
1) SUBTOTALS This F	Period This Page (optional)			8132.45
2) TOTALS This Period	(last page this line number of	only)		
		// 10 7 /		
3) TOTAL OUTSTAND	NG LOANS from Schedu	le C (last page only)		
4) ADD 2) and 3) and 0	carry forward to appropriate li	ine of Summary Page (last page only) 🕨	
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SCHEDULE D (FEC Form 3)	0		(1)50	separate	PAGE 68 / 143
	-)		sch	nedule(s)	
DEBTS AND OBLIGATIONS				or each bered line)	(check only one) 9 X 10
Excluding Loans NAME OF COMMITTEE (In Full)					X 10
National Democratic Policy Col	nmittee				
A. Full Name (Last, First, Middle	Initial) of Debtor or	Creditor		Nature of D	ebt (Purpose):
CAUCUS DISTRIBUTORS I					NNING FEES & EXPNS
Mailing Address PO BOX 748 RADIO CITY					
City Sta NEW YORK N		ZIP Code 10101			
Outstanding Balance Beginnin	g This Period			Tra	nsaction ID: INV6010000112275
152	9.35				
Amount Incurred This F	Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			1529.35
B. Full Name (Last, First, Middle CAUCUS DISTRIBUTORS I		Creditor			lebt (Purpose): FFICE RENT
Mailing Address PO BOX 748 RADIO CITY City Sta	STATION	ZIP Code			
NEW YORK N		10101			
Outstanding Balance Beginnin	g This Period			Tra	nsaction ID: INV6010000112281
261	4.35				
Amount Incurred This F	Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			2614.35
C. Full Name (Last, First, Middle CAUCUS DISTRIBUTORS I		Creditor			ebt (Purpose): C TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY					
City Sta		ZIP Code 10101			
Outstanding Balance Beginnin				Tra	nsaction ID: INV6010000112282
983	4.85				
Amount Incurred This F	Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			9834.85
					13978.55
1) SUBTOTALS This Period This					
2) TOTALS This Period (last page		y)			
3) TOTAL OUTSTANDING LOANS	from Schedule	C (last page only))		
4) ADD 2) and 3) and carry forwar	d to appropriate line	of Summary Page (last page only)		

SCHEDULE D (FEC Form 3X)		(Use separat	PAGE 69 / 143
		schedule(s)) FOR LINE NUMBER:
DEBTS AND OBLIGATIONS Excluding Loans		for each numbered lin	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			· / IU
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor	Nature MTG F	of Debt (Purpose): PLANNING FEES & EXPNS
Mailing Address PO BOX 748 RADIO CITY STATION			
City State NEW YORK NY	ZIP Code 10101		
Outstanding Balance Beginning This Period			Transaction ID: INV6010000112283
235.00			
Amount Incurred This Period	Payment This Period	Outst	anding Balance at Close of This Period
0.00	0.00		235.00
B. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor		of Debt (Purpose): OFFICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION City State NEW YORK NY	ZIP Code 10101		
Outstanding Balance Beginning This Period			Transaction ID: INV6010000112284
2614.35			
Amount Incurred This Period	Payment This Period	Outst	anding Balance at Close of This Period
0.00	0.00		2614.35
C. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor		of Debt (Purpose): DFFC TELEPHONE USAGE
Mailing Address PO BOX 748			
RADIO CITY STATION City State	ZIP Code		
NEW YORK NY	10101		
Outstanding Balance Beginning This Period			Transaction ID: INV6010000112285
7844.75			
Amount Incurred This Period	Payment This Period	Outsta	anding Balance at Close of This Period
0.00	0.00		7844.75
1) SUBTOTALS This Period This Page (optional)		•	10694.10
2) TOTALS This Period (last page this line number of			
	e C (last page only)	→	
4) ADD 2) and 3) and carry forward to appropriate lin) •	

SCHEDULE D (FEC Form 3X)		(Use sepa	PAGE 70	/ 143
DEBTS AND OBLIGATIONS		schedule	(s) FOR LINE NUMBE	
Excluding Loans		for eacl numbered		9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		e of Debt (Purpose): D OFFICE RENT	
Mailing Address PO BOX 748 RADIO CITY STATION				
City State NEW YORK NY	ZIP Code 10101			
Outstanding Balance Beginning This Period			Transaction ID: INV601	0000112286
2614.35				
Amount Incurred This Period	Payment This Period	Out	standing Balance at Close of	This Period
0.00	0.00		2	2614.35
B. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		e of Debt (Purpose): OFFC TELEPHONE US	AGE
Mailing Address PO BOX 748 RADIO CITY STATION City State NEW YORK NY	ZIP Code 10101			
Outstanding Balance Beginning This Period			Transaction ID: INV601	0000112287
5250.00				0000112207
Amount Incurred This Period	Payment This Period	Out	standing Balance at Close of	This Period
0.00	0.00		5	5250.00
C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		re of Debt (Purpose): PLANNING FEES & EX	(PNS
Mailing Address PO BOX 748 RADIO CITY STATION				
City State NEW YORK NY	ZIP Code 10101			
Outstanding Balance Beginning This Period			Transaction ID: INV601	0000112288
Amount Incurred This Period	Deumeent This Deviad	0.4	standing Balance at Close of	This Deviad
	Payment This Period			
0.00	0.00		1	151.71
1) SUBTOTALS This Period This Page (optional)			9016.	06
2) TOTALS This Period (last page this line number o	nly)	_ • _		
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	_ • _		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only)		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 71 / 143
DEBTS AND OBLIGATIONS			FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	r or Creditor		Debt (Purpose): FFICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION			
City State NEW YORK NY	ZIP Code 10101		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112289
2614.35			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		2614.35
B. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	r or Creditor		Debt (Purpose): C TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION			
City State NEW YORK NY	ZIP Code 10101		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112290
2296.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		2296.00
C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		Debt (Purpose): C TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION			
City State	ZIP Code		
NEW YORK NY	10101		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112291
10085.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		10085.00
1) SUBTOTALS This Period This Page (optional)			14995.35
2) TOTALS This Period (last page this line number	only)	•	
3) TOTAL OUTSTANDING LOANS from Schedu	ıle C (last page only)	>	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only) ►	

SCHEDULE D (FEC Form 3X)		(Use sepa	rate	PAGE 72 / 143
DEBTS AND OBLIGATIONS	DEBTS AND OBLIGATIONS		· /	R LINE NUMBER: eck only one) 9
Excluding Loans		for each numbered		X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor or Credite CAUCUS DISTRIBUTORS INC.	pr		re of Debt (P .D OFFICE	
Mailing Address PO BOX 748 RADIO CITY STATION				
CityStateZIP (NEW YORKNY1010				
Outstanding Balance Beginning This Period			Transacti	ion ID: INV6010000112292
2200.00				
Amount Incurred This Period	Payment This Period	Out	standing Bal	ance at Close of This Period
0.00	0.00			2200.00
B. Full Name (Last, First, Middle Initial) of Debtor or Credite CAUCUS DISTRIBUTORS INC.	pr		re of Debt (P D OFFICE	
Mailing Address PO BOX 748 RADIO CITY STATION City State NEW YORK NY				
Outstanding Balance Beginning This Period			Transact	ion ID: INV6010000112293
2000.00				
Amount Incurred This Period	Payment This Period	Out	standing Bal	ance at Close of This Period
0.00	0.00			2000.00
C. Full Name (Last, First, Middle Initial) of Debtor or Credite CAUCUS DISTRIBUTORS INC.	Dr		re of Debt (P OFFC TEI	'urpose): LEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION				
City State ZIP C NEW YORK NY 1010				
Outstanding Balance Beginning This Period 9170.00			Transacti	ion ID: INV6010000112294
Amount Incurred This Period	Payment This Period	Out	standing Bal	ance at Close of This Period
0.00	0.00			9170.00
				13370.00
1) SUBTOTALS This Period This Page (optional)			0 0 0	
2) TOTALS This Period (last page this line number only)			0 0 0	· · · · · · · · ·
 3) TOTAL OUTSTANDING LOANS from Schedule C (last 4) ADD 2) and 3) and carry forward to appropriate line of Sur 	page only)	—	· · ·	

SCHEDULE D (FEC Form 3X)		(LISE)	separate	PAGE 73 / 143
DEBTS AND OBLIGATIONS		sche	edule(s)	FOR LINE NUMBER:
			r each ered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)		Tianio		X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor c CAUCUS DISTRIBUTORS INC.	or Creditor			ebt (Purpose): FFICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION				
City State NEW YORK NY	ZIP Code 10101			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112295
2000.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
		v	Outstandi	
0.00	0.00			2000.00
B. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor			ebt (Purpose): C TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION City State NEW YORK NY	ZIP Code 10101			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112296
9170.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			9170.00
C. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor			ebt (Purpose): NNING FEES & EXPNS
Mailing Address PO BOX 748 RADIO CITY STATION				
City State	ZIP Code			
NEW YORK NY	10101			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112297
2144.91				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			2144.91
1) SUBTOTALS This Period This Page (optional)		•		13314.91
2) TOTALS This Period (last page this line number or		►		
	e C (last page only)	`		
4) ADD 2) and 3) and carry forward to appropriate lin) ►		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 74 / 143
DEBTS AND OBLIGATIONS		schedule(s)	
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor	Nature of D ADJUST	Debt (Purpose): 1986 TEL USAGE CHG
Mailing Address PO BOX 748 RADIO CITY STATION			
City State NEW YORK NY	ZIP Code 10101		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112298
18135.97			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		18135.97
			10133.97
B. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor	Nature of D RENT	Debt (Purpose):
Mailing Address PO BOX 748 RADIO CITY STATION			
City State NEW YORK NY	ZIP Code 10101		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112299
2000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		2000.00
C. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor		0ebt (Purpose): DNE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION			
City State	ZIP Code		
NEW YORK NY	10101		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112300
9170.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		9170.00
1) SUBTOTALS This Period This Page (optional)			29305.97
2) TOTALS This Period (last page this line number of	nly)		
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate lir	ne of Summary Page (last page only)		

SCHEDULE D (FEC Form 3X)		(Use	separate	PAGE 75 / 143	
DEBTS AND OBLIGATIONS		sch	edule(s)		
Excluding Loans			r each bered line)	(check only one) 9 X 10	
NAME OF COMMITTEE (In Full)		L			
National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor CITICORP	or Creditor		Nature of D MISC. EX	lebt (Purpose): IPENSES	
Mailing Address CCSI COLLECTION DEPA P.O. BOX C5216	RTMENT				
City State MELVILLE NY	ZIP Code 11750				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112302	
760.00					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			760.00	
B. Full Name (Last, First, Middle Initial) of Debtor CLIFFORD B KOENIG	or Creditor			lebt (Purpose): AND LODGING	
Mailing Address 7195 COOPER SPUR ROA	D				
City State MT HOOD/PARKDALE OR	ZIP Code 97041				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112378	
556.76					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			556.76	
C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS	
Mailing Address 123 E. POST RD. (RT 22)					
City State WHITE PLAINS NY	ZIP Code 10610				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112303	
120.00					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			120.00	
1) SUBTOTALS This Period This Page (optional)		▶		1436.76	
2) TOTALS This Period (last page this line number o	nly)	•			
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	•			
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only)			

SCHEDULE D (FEC Form 3X)		(1 100	(Use separate PAGE 76 / 143		
DEBTS AND OBLIGATIONS		sche	dule(s)	FOR LINE NUMBER:	
Excluding Loans			each ered line)	(check only one) 9 X 10	
NAME OF COMMITTEE (In Full)			,		
National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor COACHMAN INN & RESTAURANT	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS	
Mailing Address 10 JACKSON DRIVE					
City State CRANFORD NJ	ZIP Code 07016				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112304	
150.00					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			150.00	
0.00	0.00			130.00	
B. Full Name (Last, First, Middle Initial) of Debtor DALE ANDERSON'S	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS	
Mailing Address 7041 FIRST AVE.					
City State SCOTTSDALE AZ	ZIP Code 85251				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112308	
238.50					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			238.50	
C. Full Name (Last, First, Middle Initial) of Debtor DAVID JAY, ESQ.	or Creditor			ebt (Purpose): EY FEES & EXPENSES	
Mailing Address ATTORNEY AT LAW 120 DELAWARE AVENUE	STE 100				
City State	ZIP Code				
BUFFALO NY	14202				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112373	
306.35					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			306.35	
1) SUBTOTALS This Period This Page (optional)		►		694.85	
2) TOTALS This Period (last page this line number of		•			
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	•			
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page only))			

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 77 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
		for each numbered line)	(check only one) 9 X 10
Excluding Loans NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor DAVID KILBUR	or Creditor	Nature of E POSTAG	Debt (Purpose): iE
Mailing Address 1901 NORIEGA #5			
City State SAN FRANCISCO CA	ZIP Code 94122		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000112376
194.93			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		194.93
B. Full Name (Last, First, Middle Initial) of Debtor DOUBLEWOOD INN BEST WESTERN	or Creditor	Nature of E ROOM R	Debt (Purpose): ENTAL
Mailing Address 3333 13TH AVE. SOUTH			
City State FARGO ND	ZIP Code 58103		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000113252
36.40			
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
0.00	0.00		36.40
C. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBUTORS	or Creditor		Debt (Purpose): FFICE RENT
Mailing Address P.O. BOX 268			
City State DREXEL HILL PA	ZIP Code 19026		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000114470
200.00			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		200.00
1) SUBTOTALS This Period This Page (optional)			431.33
2) TOTALS This Period (last page this line number of	only)		
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page only) •	

SCHEDULE D (FEC Form 3X)		(1150	separate	PAGE 78 / 143
DEBTS AND OBLIGATIONS		sch	edule(s)	FOR LINE NUMBER:
			or each bered line)	(check only one) 9 X 10
Excluding Loans NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of EASTERN STATES DISTRIBUTORS	or Creditor			ebt (Purpose): C TELEPHONE USAGE
Mailing Address P.O. BOX 268				
City State DREXEL HILL PA	ZIP Code 19026			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114471
915.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			915.00
B. Full Name (Last, First, Middle Initial) of Debtor of EASTERN STATES DISTRIBUTORS	or Creditor			ebt (Purpose): FFICE RENT
Mailing Address P.O. BOX 268				
City State DREXEL HILL PA	ZIP Code 19026			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114472
200.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			200.00
C. Full Name (Last, First, Middle Initial) of Debtor c EASTERN STATES DISTRIBUTORS	or Creditor			bebt (Purpose): C TELEPHONE USAGE
Mailing Address P.O. BOX 268				
City State DREXEL HILL PA	ZIP Code 19026			
Outstanding Balance Beginning This Period		1	Tra	nsaction ID: INV6010000114473
915.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			915.00
1) SUBTOTALS This Period This Page (optional)		•	•	2030.00
2) TOTALS This Period (last page this line number or)		
	C (last page only)	,		
4) ADD 2) and 3) and carry forward to appropriate lin)		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 79 / 143
· · ·		schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each numbered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)			X 10
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBUTORS	or Creditor		Debt (Purpose): FFICE RENT
Mailing Address P.O. BOX 268			
City State DREXEL HILL PA	ZIP Code 19026		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000114474
200.00			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		200.00
B. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBUTORS	or Creditor		Debt (Purpose): C TELEPHONE USAGE
Mailing Address P.O. BOX 268			
City State DREXEL HILL PA	ZIP Code 19026		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000114475
915.00			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		915.00
C. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBUTORS	or Creditor	Nature of I RENT	Debt (Purpose):
Mailing Address P.O. BOX 268			
City State DREXEL HILL PA	ZIP Code 19026		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000114476
200.00			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		200.00
1) SUBTOTALS This Period This Page (optional)			1315.00
2) TOTALS This Period (last page this line number of	only)	•	
3) TOTAL OUTSTANDING LOANS from Schedu	lle C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page only) ►	

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 80 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
		for each numbered line)	(check only one) 9 X 10
Excluding Loans NAME OF COMMITTEE (In Full)		,	
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debt EASTERN STATES DISTRIBUTORS	or or Creditor		Debt (Purpose): ONE USAGE
Mailing Address P.O. BOX 268			
City State DREXEL HILL PA	ZIP Code 19026		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000114477
915.00			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
			915.00
0.00	0.00		915.00
B. Full Name (Last, First, Middle Initial) of Debt EDGEWATER INN	or or Creditor	Nature of I ROOM R	Debt (Purpose): RENTAL
Mailing Address PIER 67			
City State SEATTLE WA	ZIP Code 98121		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000113744
205.00			
Amount Incurred This Period	Payment This Period	Outstand	ing 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 I PRINTIN	Debt (Purpose): G
Mailing Address 1339 MARYLAND ST. AF	ሻ. 1		
City State	ZIP Code		
LOS ANGELES CA	90017		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000112307
22.95			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		22.95
1) SUBTOTALS This Period This Page (optional			1142.95
2) TOTALS This Period (last page this line number	r only)	•	
3) TOTAL OUTSTANDING LOANS from Sche	dule C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)) ►	

SCHEDULE D (FEC For	rm 3X)		(Lise	separate	PAGE 81 / 143	
DEBTS AND OBLIGATI	-		sche	edule(s)	FOR LINE NUMBER:	
Excluding Loans				r each ered line)	(check only one) 9 X 10	
NAME OF COMMITTEE (In F						
National Democratic Polic	cy Committee					
A. Full Name (Last, First, EMERY WORLDWIDE		or Creditor			ebt (Purpose): S PACKAGE SERVICE	
Mailing Address P.O. B	OX 100					
City BALTIMORE	State MD	ZIP Code 21277				
Outstanding Balance Be	eginning This Period			Tra	nsaction ID: INV6010000112315	
	11.50					
Amount Incurred	This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			11.50	
B. Full Name (Last, First, ERIE HILTON HOTEL		or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS	
Mailing Address C/O M 2 EAS	ETROPOLITAN HO					
City BALTIMORE	State MD	ZIP Code 21202				
Outstanding Balance Be	ginning This Period			Tra	nsaction ID: INV6010000112364	
	37.10					
Amount Incurred	This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			37.10	
C. Full Name (Last, First, ERNEST BAALS	Middle Initial) of Debtor	or Creditor			ebt (Purpose): AND LODGING	
Mailing Address 826 GA	RWOOD ROAD					
City ERIAL	State NJ	ZIP Code 08081				
Outstanding Balance Be	ginning This Period			Tra	nsaction ID: INV6010000112094	
	206.00					
Amount Incurred	This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			206.00	
1) SUBTOTALS This Porto	d This Page (ontional)		•		254.60	
		only)	—.			
3) TOTAL OUTSTANDING I		le C (last page only)				
		ine of Summary Page (last page only	—.			

SCHEDULE D (FEC Form 3X)		(Use	PAGE 82 / 143	
DEBTS AND OBLIGATIONS		sch	edule(s)	FOR LINE NUMBER:
			r each bered line)	(check only one) 9 X 10
Excluding Loans NAME OF COMMITTEE (In Full)			,	∧ 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor c EVELYN LANTZ	or Creditor		Nature of D PRINTING	lebt (Purpose): G
Mailing Address 1826 NORIEGA STREET				
City State SAN FRANCISCO CA	ZIP Code 94122			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112386
60.98			-	
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
			Outstandi	
0.00	0.00			60.98
B. Full Name (Last, First, Middle Initial) of Debtor of EXECUTIVE HOTEL & SPA	or Creditor			ebt (Purpose): B ROOM RENTAL
Mailing Address 1055 FIRST AVE.				
City State SAN DIEGO CA	ZIP Code 92101			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114372
100.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			100.00
C. Full Name (Last, First, Middle Initial) of Debtor of EXECUTIVE RED CARPET INNS	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 4020 SOUTHWEST FREEV	VAY			
City State HOUSTON TX	ZIP Code 77027			
	11021			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112317
22.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			22.00
1) SUBTOTALS This Period This Page (optional)		▶		182.98
2) TOTALS This Period (last page this line number or	nly)	,		
	C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate lin)		

SCHEDULE D (FEC F	orm 3X)		(Use	(Use separate PAGE 83 / 14	
DEBTS AND OBLIGAT			sch	nedule(s)	FOR LINE NUMBER:
Excluding Loans				or each bered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In	Full)				
National Democratic Po	licy Committee				
A. Full Name (Last, Firs FEDERAL EXPRESS	t, Middle Initial) of Debtor	or Creditor			ebt (Purpose): S PACKAGE SERVICE
Mailing Address PO B	OX 727, DEPT. A				
City MEMPHIS	State TN	ZIP Code 38194			
Outstanding Balance I	Beginning This Period			Tra	nsaction ID: INV6010000112318
	275.97				
Amount Incurre	ed This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			275.97
B. Full Name (Last, Firs FEDERAL EXPRESS	t, Middle Initial) of Debtor	or Creditor			ebt (Purpose): S PACKAGE SERVICE
Mailing Address PO B	OX 727, DEPT. A				
City MEMPHIS	State TN	ZIP Code 38194			
Outstanding Balance I				Tra	nsaction ID: INV6010000112319
	14.00				
Amount Incurre	ed This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			14.00
C. Full Name (Last, Firs FERRANTE TRAVEL	t, Middle Initial) of Debtor CENTER	or Creditor			ebt (Purpose): TARPLEY/SENATE
Mailing Address 135 E	BROAD AVENUE				
City PALISADES PARK	State NJ	ZIP Code 07650			
Outstanding Balance I	Beginning This Period			Tra	nsaction ID: INV6010000113745
	254.00				
Amount Incurre	ed This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			254.00
1) SUBTOTALS This Per	iod This Page (optional)		J		543.97
		only)	;		
3) TOTAL OUTSTANDING		le C (last page only)	;		
4) ADD 2) and 3) and car	ry forward to appropriate li	ne of Summary Page (last page only	r) D		

SCHEDULE D (FEC Form 3X)		(Use	separate	PAGE 84 / 143
DEBTS AND OBLIGATIONS		sch	nedule(s)	
Excluding Loans			or each bered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)		1		
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor o FERRANTE TRAVEL CENTER	r Creditor			ebt (Purpose): TARPLEY/SENATE
Mailing Address 135 BROAD AVENUE				
City State PALISADES PARK NJ	ZIP Code 07650			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000113746
57.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			57.00
B. Full Name (Last, First, Middle Initial) of Debtor o FUSION ENERGY FOUNDATION	r Creditor		Nature of D LIST PUF	lebt (Purpose): RCHASE
Mailing Address 250 W 57TH ST. STE.1711				
City State NEW YORK NY	ZIP Code 10019			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112327
4439.10				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			4439.10
C. Full Name (Last, First, Middle Initial) of Debtor o HENRY MCBRIDE	r Creditor		Nature of D MISC. EX	ebt (Purpose): PENSE
Mailing Address C/O HENRY'S AUTO PARTS 91 SO WHITE HORSE PIKE				
City State	ZIP Code			
BERLIN NJ	08009			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112396
233.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			233.00
1) SUBTOTALS This Period This Page (optional)		Þ		4729.10
2) TOTALS This Period (last page this line number on		—.		
	C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate lin		<u> </u>		

SCHEDULE D (FEC	Form 3X)		(Use separate	PAGE 85 / 143
-			schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIG	ATION5		for each numbered line)	(check only one) 9
Excluding Loans	(In Full)			X 10
National Democratic				
A. Full Name (Last, HOLIDAY INN	First, Middle Initial) of Debtor	or Creditor		Debt (Purpose): RENTALS
Mailing Address 16	14 CENTRAL AVENUE			
City ALBANY	State NY	ZIP Code 12205		
Outstanding Balan	ce Beginning This Period		Т	ransaction ID: INV6010000112341
	40.00			
Amount Inc	urred This Period	Payment This Period	Outstand	ding Balance at Close of This Period
	0.00	0.00		40.00
B. Full Name (Last, HOLIDAY INN & H	First, Middle Initial) of Debtor IOLIDOME	or Creditor		Debt (Purpose): RENTALS
Mailing Address 15	01 FREEWAY BLVD.			
City MINNEAPOLIS	State MN	ZIP Code 55430		
Outstanding Balan	ce Beginning This Period		т	ransaction ID: INV6010000112996
	42.00			
Amount Inc	urred This Period	Payment This Period	Outstand	ding Balance at Close of This Period
	0.00	0.00		42.00
C. Full Name (Last, HOLIDAY INN AIF	First, Middle Initial) of Debtor RPORT 2	or Creditor		Debt (Purpose): RENTALS
Mailing Address 54	01 GREEN VALLEY DRI	VE		
City BLOOMINGTON	State MN	ZIP Code 55437		
Outstanding Balan	ce Beginning This Period		Ті	ransaction ID: INV6010000112340
	157.50			
Amount Inc	urred This Period	Payment This Period	Outstand	ding Balance at Close of This Period
	0.00	0.00		157.50
				220 50
1) SUBTOTALS This	Period This Page (optional)			239.50
2) TOTALS This Period	d (last page this line number c	nly)	_►	· · · · · · · · · · ·
3) TOTAL OUTSTAND	ING LOANS from Schedu	le C (last page only)		
4) ADD 2) and 3) and	carry forward to appropriate li	ne of Summary Page (last page only)		

SCHEDULE D (FEC Form 3X)		(Use	separate	PAGE 86 / 143
DEBTS AND OBLIGATIONS		sche	edule(s)	FOR LINE NUMBER:
Excluding Loans			r each ered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			,	X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of HOLIDAY INN CHEEKTOWAGA	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 609 DINGENS ST.				
City State CHEEKTOWAGA NY	ZIP Code 14206			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112342
23.15				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balanco at Cloco of This Poriod
		-	Outstandi	ng Balance at Close of This Period
0.00	0.00			23.15
B. Full Name (Last, First, Middle Initial) of Debtor of HOLIDAY INN CHERRY HILL	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address RTE 70 & SAYRE AVENUE				
City State CHERRY HILL NJ	ZIP Code 08034			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112343
50.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			50.00
C. Full Name (Last, First, Middle Initial) of Debtor of HOLIDAY INN CHICO	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 685 MANZANITA COURT				
City State CHICO CA	ZIP Code 95926			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112344
45.00				
Amount Incurred This Period	Payment This Period		Quitatandi	ng Balance at Close of This Period
		-	Outstandi	
0.00	0.00			45.00
1) SUBTOTALS This Period This Page (optional)		►		118.15
2) TOTALS This Period (last page this line number of	nly)	•		
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate lir	ne of Summary Page (last page only)) ►		

SCHEDULE D (FEC Form 3X)			separate	PAGE 87 / 143
DEBTS AND OBLIGATIONS		sche	dule(s)	FOR LINE NUMBER:
Excluding Loans			each ered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			,	
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN COLISEUM	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 440 WEST 57TH STREET				
City State NEW YORK NY	ZIP Code 10019			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112345
224.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00	-		224.00
	0.00			224.00
B. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN CONCORD	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 1050 BURNETT AVE.				
City State CONCORD CA	ZIP Code 94520			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112346
97.24				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			97.24
C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN DOWNTOWN	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address 1015 ELM STREET				
City State	ZIP Code			
DALLAS TX	75202			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112347
52.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			52.00
1) SUBTOTALS This Period This Page (optional)		►		373.24
2) TOTALS This Period (last page this line number o		>		
	e C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only)		

SCHEDULE D (FEC For	rm 3X)		(LISP	separate	PAGE 88 / 143
DEBTS AND OBLIGATI	-		sch	edule(s)	FOR LINE NUMBER:
Excluding Loans	ONS			r each bered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In F	Full)				
National Democratic Polic	,				
A. Full Name (Last, First, HOLIDAY INN ERIE	Middle Initial) of Debtor	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address 8040 F	PERRY HWY.				
City ERIE	State PA	ZIP Code 16509			
Outstanding Balance Be				Tra	nsaction ID: INV6010000112348
	47.70				
Amount Incurred	I This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			47.70
B. Full Name (Last, First, HOLIDAY INN HAUPP		or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address .					
City HAUPPAUGE	State NY	ZIP Code 11788			
Outstanding Balance Be	eginning This Period			Tra	nsaction ID: INV6010000112349
	60.00				
Amount Incurred	This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			60.00
C. Full Name (Last, First, HOLIDAY INN KENILV		or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address BLVD.	& SOUTH 31ST ST.				
City KENILWORTH	State NJ	ZIP Code 07033			
Outstanding Balance Be	eginning This Period			Tra	nsaction ID: INV6010000112352
	45.00				
Amount Incurred	This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			45.00
					0 0 0 0 <u>0 0 0 0</u>
1) SUBTOTALS This Perio	d This Page (optional)		►		152.70
2) TOTALS This Period (las	t page this line number c	only)	►		
3) TOTAL OUTSTANDING I	LOANS from Schedu	le C (last page only)	•		
4) ADD 2) and 3) and carry	forward to appropriate li	ne of Summary Page (last page only	/)		

SCHEDULE D (FEC Form 3X)		(Use s	separate	PAGE 89 / 143
DEBTS AND OBLIGATIONS		sche	edule(s)	FOR LINE NUMBER:
Excluding Loans			ered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			,	
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN NORWALK	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 789 CONNECTICUT AVEN	IUE			
City State NORWALK CT	ZIP Code 06854			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112356
90.00				
			.	
Amount Incurred This Period	Payment This Period		Outstandi	ng 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 D ROOM RI	ebt (Purpose): ENTALS
Mailing Address RD #2 EXIT 25 INTERSTA	TE 80			
City State MILL HALL PA	ZIP Code 17751			
Outstanding Balance Beginning This Period		·	Tra	nsaction ID: INV6010000112353
52.78				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			52.78
C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN OF NEWTON	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address P.O. BOX 4305				
City State	ZIP Code			
BOSTON MA	02211			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112355
90.00				
Amount Incurred This Period	Payment This Period		Outetandii	ng Balance at Close of This Period
			Outstandin	
0.00	0.00			90.00
1) SUBTOTALS This Period This Page (optional)		►		232.78
2) TOTALS This Period (last page this line number of	only)	>		
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	►		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only)) •		

SCHEDULE D (FE	C Form 3X)		(Lise s	eparate	PAGE 90 / 143
DEBTS AND OBLI			scheo	dule(s)	FOR LINE NUMBER:
	GATIONS			each red line)	(check only one) 9
Excluding Loans	E (In Full)		nambo		X 10
National Democratio	. ,				
	, First, Middle Initial) of Debtor F RICHMOND BELLS	or Creditor		lature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 4	303 COMMERCE RD.				
City RICHMOND	State VA	ZIP Code 23234			
Outstanding Bala	nce Beginning This Period			Tra	nsaction ID: INV601000011235
0 0 0 0	157.30				
Amount In	curred This Period	Payment This Period		Outstandii	ng Balance at Close of This Period
	0.00	0.00	-		157.30
	0.00	0.00			157.50
B. Full Name (Last HOLIDAY INN O	, First, Middle Initial) of Debtor F WILLMAR	or Creditor		lature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address P	P.O. BOX 1157				
City WILLMAR	State MN	ZIP Code 56201			
Outstanding Bala	nce Beginning This Period			Tra	nsaction ID: INV601000011236
	45.00				
Amount In	curred This Period	Payment This Period		Outstandii	ng Balance at Close of This Period
	0.00	0.00			45.00
C. Full Name (Last HOLIDAY INN PI	, First, Middle Initial) of Debtor ROVIDENCE RI	or Creditor		lature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 2	1 ATWELLS AVENUE				
City PROVIDENCE	State RI	ZIP Code 02903			
Outstanding Bala	nce Beginning This Period			Tra	nsaction ID: INV601000011235
	75.00				
Amount In	curred This Period	Payment This Period		Outetandii	ng Balance at Close of This Period
	0.00	0.00			75.00
			•		277.30
		nly)	`		
3) TOTAL OUTSTAN		le C (last page only)			
	a carry forward to appropriate in	ne or ourninary r age (last page Offy)	, -		

SCHEDULE D (FEC Form 3X)		(LISP	separate	PAGE 91 / 143
DEBTS AND OBLIGATIONS		sch	edule(s)	
			r each bered line)	(check only one) 9 X 10
Excluding Loans NAME OF COMMITTEE (In Full)			,	
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of HOLIDAY INN ROCHESTER-AIRPORT	r Creditor		Nature of D ROOM R	lebt (Purpose): ENTALS
Mailing Address 911 BROOKS AVENUE				
City State ROCHESTER NY	ZIP Code 14624			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112359
50.00				
Amount Incurred This Period	Payment This Period		Outotoodi	ng Palanaa at Class of This Pariod
			Ouistandi	ng Balance at Close of This Period
0.00	0.00			50.00
B. Full Name (Last, First, Middle Initial) of Debtor of HOLIDAY INN ROCKVILLE	r Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address 173 SUNRISE HWY.				
City State ROCKVILLE. L.I. NY	ZIP Code 11570			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112360
50.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			50.00
C. Full Name (Last, First, Middle Initial) of Debtor of HOLIDAY INN SCHENECTADY	r Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address DOWNTOWN 100 NOTT TERRACE & FR/				
City State	ZIP Code			
SCHENECTADY NY	12305			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112361
45.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			45.00
1) SUBTOTALS This Period This Page (optional)		►		145.00
2) TOTALS This Period (last page this line number or		,	•	
	C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate lin)		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 92 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			× 10
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN-AIRPORT/NORTH	or or Creditor	Nature of D ROOM R	vebt (Purpose): ENTALS
Mailing Address 4545 N. LINDBURGH BL	VD.		
City State BRIDGETON MO	ZIP Code 63044		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112354
79.22			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
		Outstand	
0.00	0.00		79.22
B. Full Name (Last, First, Middle Initial) of Debto HOOVER BROTHERS, INC.	or or Creditor		ebt (Purpose): ENT RENTAL
Mailing Address P.O. BOX 728			
City State TEMPLE TX	ZIP Code 76503		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112369
33.90			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		33.90
C. Full Name (Last, First, Middle Initial) of Debto HOWARD JOHNSON'S	or or Creditor	Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address P.O. BOX 3045			
City State BOSTON MA	ZIP Code 02107		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112365
102.92			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		102.92
1) SUBTOTALS This Period This Page (optional)			216.04
2) TOTALS This Period (last page this line number	r only)		
3) TOTAL OUTSTANDING LOANS from Schee	dule C (last page only)	>	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)		

SCHEDULE D (FEC	Form 3Y		(1.10.0	accercta	PAGE 93 / 143	
-	-			e separate nedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIG	ATIONS		fc	or each ((check only one) 9	
Excluding Loans			num	bered line)	X 10	
NAME OF COMMITTEE						
National Democratic F	folicy Committee					
	irst, Middle Initial) of Debtor				ebt (Purpose): IRECTORY PURCHASE	
	5 WISCONSIN AVENU ITE 1200N	E				
City	State	ZIP Code				
BETHESDA	MD	20814				
Outstanding Balanc	e Beginning This Period			Tra	nsaction ID: INV6010000112370	
	88.04					
Amount Incu	rred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			88.04	
HYATT PALO ALTO	irst, Middle Initial) of Debtor	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS	
City PALO ALTO	State CA	ZIP Code 94306				
Outstanding Balanc	e Beginning This Period			Tra	nsaction ID: INV6010000112371	
	58.43					
Amount Incu	rred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			58.43	
C. Full Name (Last F	irst, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):	
IVON BUCHANON					CARD MERCHANT DISC	
Mailing Address 423	BL UNIVERSITY BOULE	VARD				
City	State	ZIP Code				
DALLAS	ТХ	75205				
Outstanding Balanc	e Beginning This Period			Tra	nsaction ID: INV6010000112100	
	1000.00					
Amount la co	rred This Period	Doumont This Deviced		Outstand	na Palanaa at Class of This Davied	
Amount Incu	ineu mis Perioa	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			1000.00	
1) SUBTOTALS This P	Period This Page (optional)		J		1146.47	
2) TOTALS This Period	(last page this line number o	nly)	,			
3) TOTAL OUTSTANDI	NG LOANS from Schedu	le C (last page only))			
4) ADD 2) and 3) and c	arry forward to appropriate li	ne of Summary Page (last page only	') D			

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 94 / 143	
		schedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		for each numbered line)	(check only one) 9	
Excluding Loans NAME OF COMMITTEE (In Full)			X 10	
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor JACK TAR HOTEL	or Creditor		Debt (Purpose): RENTALS	
Mailing Address VAN NESS GEARY				
City State SAN FRANCISCO CA	ZIP Code 94101			
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000112372	
16.40				
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period	
0.00	0.00		16.40	
B. Full Name (Last, First, Middle Initial) of Debtor JERRY LITTON MEMORIAL FUND	or Creditor	Nature of I LITERAT	Debt (Purpose): TURE	
Mailing Address PO BOX 220				
City State CHILLICOTHE MO	ZIP Code 64601			
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000112390	
10.00				
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period	
0.00	0.00		10.00	
C. Full Name (Last, First, Middle Initial) of Debtor KAREN BRUBAKER	or Creditor		Debt (Purpose): RENTALS	
Mailing Address 1516 VINEWOOD #207				
City State DETROIT MI	ZIP Code 48216			
Outstanding Balance Beginning This Period		Tr	ansaction ID: INV6010000112098	
59.03		110		
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period	
0.00	0.00		59.03	
1) SUBTOTALS This Period This Page (optional)			85.43	
2) TOTALS This Period (last page this line number of	only)	•		
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only)		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 95 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
		for each numbered line)	(check only one) 9 X 10
Excluding Loans NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debt KING COLE PROJECTION SERVICE	or or Creditor		Debt (Purpose): ENT RENTAL
Mailing Address 36-16 29TH STREET			
City State LONG ISLAND CITY NY	ZIP Code 11106		
Outstanding Balance Beginning This Period		Tra	Insaction ID: INV6010000112377
84.95			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
		Cutstand	
0.00	0.00		84.95
B. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO.	or or Creditor		Debt (Purpose): T ENTERED IN 1987
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This Period		Tra	Insaction ID: INV6010000115120
45071.87			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		45071.87
C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO.	or or Creditor		Debt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State	ZIP Code		
STERLING VA	22170		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000115123
1649.60			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		1649.60
1) SUBTOTALS This Period This Page (optional)			46806.42
2) TOTALS This Period (last page this line numbe	r only)	▶	
	dule C (last page only)	►	
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)) ►	

SCHEDULE D (FEC Form 3X)		(Use	separate	PAGE 96 / 143
DEBTS AND OBLIGATIONS		sch	edule(s)	
Excluding Loans			r each bered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)		1		· · · · · ·
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			vebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115207
1349.80				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			1349.80
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115362
1000.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			1000.00
C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			lebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115364
1410.40				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			1410.40
1) SUBTOTALS This Period This Page (optional)		•		3760.20
 2) TOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number of the state of the state		,		
	ile C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate I		r) >		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 97 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
		for each numbered line)	(check only one) 9 X 10
Excluding Loans NAME OF COMMITTEE (In Full)		,	
National Democratic Policy Committe	ee		
A. Full Name (Last, First, Middle Initial) KMW PUBLISHING CO.	of Debtor or Creditor		Debt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This	Period	Tra	insaction ID: INV6010000115365
1350.85			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		1350.85
B. Full Name (Last, First, Middle Initial) KMW PUBLISHING CO.	of Debtor or Creditor		Debt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This	Period	Tra	nsaction ID: INV6010000115368
554.90			
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period
0.00	0.00		554.90
C. Full Name (Last, First, Middle Initial) KMW PUBLISHING CO.	of Debtor or Creditor		Debt (Purpose): IPTIONS PURCAHSE
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This	Period	Tra	nsaction ID: INV6010000115371
239.90			
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
0.00	0.00		239.90
1) SUBTOTALS This Period This Page (optional)		2145.65
2) TOTALS This Period (last page this line	e number only)		
3) TOTAL OUTSTANDING LOANS fro	m Schedule C (last page only)	•	
4) ADD 2) and 3) and carry forward to ap	propriate line of Summary Page (last page only	/) ►	

SCHEDULE D (FEC Form 3X)		(Use :	separate	PAGE 98 / 143
DEBTS AND OBLIGATIONS		sche	schedule(s) FOR LINE NUMBE	
Excluding Loans			[.] each ered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115372
119.75				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			119.75
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115375
185.10				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00	1		185.10
C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115377
81.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00	r R		81.00
1) SUBTOTALS This Period This Page (optional)		►		385.85
2) TOTALS This Period (last page this line number	only)	▶		
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate	ine of Summary Page (last page only) •		

SCHEDULE D (FEC	Form 3X)		(Use separate	PAGE 99 / 143
DEBTS AND OBLIGA	·		schedule(s)	
Excluding Loans			for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			
National Democratic P	olicy Committee			
A. Full Name (Last, Fi KMW PUBLISHING	irst, Middle Initial) of Debtor GO.	or Creditor		Debt (Purpose): RIPTIONS PURCHASE
Mailing Address RT.	1, BOX 22			
City STERLING	State VA	ZIP Code 22170		
Outstanding Balance	e Beginning This Period		Tra	ansaction ID: INV6010000115378
	62.35			
Amount Incu	rred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
	0.00	0.00		62.35
	0.00			
B. Full Name (Last, Fi KMW PUBLISHING	irst, Middle Initial) of Debtor à CO.	or Creditor		Debt (Purpose): RIPTIONS PURCHASE
Mailing Address RT.	1, BOX 22			
City STERLING	State VA	ZIP Code 22170		
Outstanding Balance	e Beginning This Period		Tra	ansaction ID: INV6010000115379
	42.10			
Amount Incu	rred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
	0.00	0.00		42.10
C. Full Name (Last, Fi KMW PUBLISHING	irst, Middle Initial) of Debtor a CO.	or Creditor		Debt (Purpose): RITOINS PURCHASE
Mailing Address RT.	1, BOX 22			
City STERLING	State VA	ZIP Code 22170		
	e Beginning This Period		 Tr:	ansaction ID: INV6010000115380
	51.10			
Amount Inou	rred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
			Outstand	
	0.00	0.00		51.10
1) SUBTOTALS This P	eriod This Page (optional)			155.55
2) TOTALS This Period	(last page this line number o	only)		
3) TOTAL OUTSTANDIN	IG LOANS from Schedu	le C (last page only)		
4) ADD 2) and 3) and c	arry forward to appropriate I	ine of Summary Page (last page only)		

SCHEDULE D (FEC Form 3X)		(11-	0000/1-1-	PAGE 100 / 143	
			e separate nedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		fo	or each	(check only one) 9	
Excluding Loans		num	bered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): IPTIONS PURCHASE	
Mailing Address RT. 1, BOX 22					
City State STERLING VA	ZIP Code 22170				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115381	
13.45					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			13.45	
 B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 	or Creditor			ebt (Purpose): IPTIONS PURCHASES	
City State	ZIP Code				
STERLING VA	22170				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115383	
4567.27					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			4567.27	
C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): IPTIONS PURCHASE	
Mailing Address RT. 1, BOX 22					
City State	ZIP Code				
STERLING VA	22170				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115384	
19.20					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
			Outstand		
0.00	0.00			19.20	
1) SUBTOTALS This Period This Page (optional)		I		4599.92	
2) TOTALS This Period (last page this line number of	only)	1			
3) TOTAL OUTSTANDING LOANS from Schedu	ile C (last page only)]			
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page only	/) I			

SCHEDULE D (FEC	Form 3X)		(1.100	accarata	PAGE 101 / 143	
-	-			separate edule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIG	ATIONS		fo	or each ((check only one) 9	
Excluding Loans	<i>a</i> = w		num	bered line)	X 10	
NAME OF COMMITTEE National Democratic F						
A. Full Name (Last, F KMW PUBLISHING	First, Middle Initial) of Debtor	or Creditor			ebt (Purpose): IPTIONS PURCHASE	
Mailing Address RT	. 1, BOX 22					
City	State	ZIP Code				
STERLING	VA	22170		Tue		
	e Beginning This Period			Ira	nsaction ID: INV6010000115385	
	25.34					
Amount Incu	urred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			25.34	
B Eull Name (Last E	First, Middle Initial) of Debtor	or Croditor		Naturo of D	ebt (Purpose):	
KMW PUBLISHING					IPTIONS PURCHASE	
Mailing Address RT	. 1, BOX 22					
City	State	ZIP Code				
STERLING	VA	22170				
Outstanding Balance	e Beginning This Period			Tra	nsaction ID: INV6010000115386	
	397.04					
Amount Incu	urred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			397.04	
				Nature (D)	
KMW PUBLISHING	First, Middle Initial) of Debtor G CO.	or Greattor			ebt (Purpose): IPTIONS PURCHASE	
Mallian Adduces DT						
Mailing Address RT	. 1, BOX 22					
City	State	ZIP Code				
STERLING	VA	22170				
Outstanding Balance	e Beginning This Period			Tra	nsaction ID: INV6010000115387	
	33.88					
Amount Incu	urred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			33.88	
1) SUBTOTALS This F	Period This Page (optional)		Þ		456.26	
2) TOTALS This Period	(last page this line number of	only)				
-			、			
3) TOTAL OUTSTAND	NG LOANS from Schedu	le C (last page only)				
4) ADD 2) and 3) and c	carry forward to appropriate li	ne of Summary Page (last page only	/)			

SCHEDULE D (FEC Form 3X)		(LISE	separate	PAGE 102 / 143
DEBTS AND OBLIGATIONS		sch	edule(s)	FOR LINE NUMBER:
Excluding Loans			or each bered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Comm	ittee			
A. Full Name (Last, First, Middle Init KMW PUBLISHING CO.	ial) of Debtor or Creditor			ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning Th	nis Period		Tra	nsaction ID: INV6010000115388
101.1	4			
Amount Incurred This Perio	Ded Payment This Pe	riod	Outstandi	ng Balance at Close of This Period
0.0	0	0.00		101.14
B. Full Name (Last, First, Middle Init KMW PUBLISHING CO.	ial) of Debtor or Creditor			Debt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning Th	U U		Tra	nsaction ID: INV6010000115410
121.5	1			
Amount Incurred This Perio	od Payment This Pe	riod	Outstandi	ng Balance at Close of This Period
0.0	0	0.00		121.51
C. Full Name (Last, First, Middle Init KMW PUBLISHING CO.	ial) of Debtor or Creditor			ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning Th	nis Period		Tra	nsaction ID: INV6010000115422
25.0	0			
Amount Incurred This Perio	Def Payment This Pe	riod	Outstandi	ng Balance at Close of This Period
0.0	0	0.00		25.00
1) SUBTOTALS This Period This Pag	e (optional)			247.65
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)	age only)		

SCHEDULE D (FEC Form 3	X)		(Lise	separate	PAGE 103 / 143
DEBTS AND OBLIGATIONS	-		sch	edule(s)	
Excluding Loans				or each bered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)					
National Democratic Policy Co	mmittee				
A. Full Name (Last, First, Middl KMW PUBLISHING CO.	e Initial) of Debtor or	Creditor			ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX	22				
City St STERLING V	ate A	ZIP Code 22170			
Outstanding Balance Beginnir	ng This Period			Tra	nsaction ID: INV6010000115444
11:	25.00				
Amount Incurred This	Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			1125.00
B. Full Name (Last, First, Middl KMW PUBLISHING CO.	e Initial) of Debtor or	Creditor			ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX	22				
City St STERLING V	ate A	ZIP Code 22170			
Outstanding Balance Beginnir	ng This Period			Tra	nsaction ID: INV6010000115457
8	00.00				
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, Middl KMW PUBLISHING CO.	e Initial) of Debtor or	Creditor			ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX	22				
City St STERLING V	ate A	ZIP Code 22170			
Outstanding Balance Beginnir	ng This Period		I	Tra	nsaction ID: INV6010000115458
	12.75				
Amount Incurred This	- I - I - I	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00		Outstandi	12.75
1) SUBTOTALS This Period This	Page (optional)		•		1937.75
2) TOTALS This Period (last page	this line number onl	у)	•		
3) TOTAL OUTSTANDING LOAN	S from Schedule	C (last page only)	•		
4) ADD 2) and 3) and carry forwa	rd to appropriate line	e of Summary Page (last page only))		

	E D (FEC Form 3X)]	(1.100.00	orata	PAGE 104 / 143
			(Use sep schedu		FOR LINE NUMBER:
	DOBLIGATIONS		for ea	ach	(check only one) 9
Excluding L			numbere	ea líne)	X 10
	OMMITTEE (In Full) mocratic Policy Committee				
National De					
	ame (Last, First, Middle Initial) of Debtor IBLISHING CO.	or Creditor		ture of D JBSCRI	ebt (Purpose): PTION
Mailing Ad	dress RT. 1, BOX 22				
City STERLIN	State NG VA	ZIP Code 22170			
Outstan	ding Balance Beginning This Period			Tra	nsaction ID: INV6010000115469
	50.00				
	Amount Incurred This Period	Payment This Period	0	utatandi	an Balanca at Class of This Davied
				uisiandir	ng Balance at Close of This Period
	0.00	0.00			50.00
	ame (Last, First, Middle Initial) of Debtor IBLISHING CO.	or Creditor			ebt (Purpose): PTION PURCHASES
Mailing Ad	dress RT. 1, BOX 22				
City STERLIN	State NG VA	ZIP Code 22170			
Outstan	ding Balance Beginning This Period			Tra	nsaction ID: INV6010000115470
	750.00				
	Amount Incurred This Period	Payment This Period	0	utstandir	ng Balance at Close of This Period
	0.00	0.00			750.00
	ame (Last, First, Middle Initial) of Debtor IBLISHING CO.	or Creditor			ebt (Purpose): PTION PURCHASES
Mailing Ad	dress RT. 1, BOX 22				
City	State	ZIP Code			
STERLIN	IG VA	22170			
Outstan	ding Balance Beginning This Period			Tra	nsaction ID: INV6010000115471
	50.00				
	Amount Incurred This Period	Payment This Period	0	utstandir	ng Balance at Close of This Period
	0.00	0.00			50.00
	0.00	0.00			50.00
	ALS This Period This Page (optional)		•		850.00
	This Period (last page this line number of				
		ile C (last page only)		1 1 1 1	
-	and 3) and carry forward to appropriate I) ►		
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SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 105 / 143
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER:
Excluding Loans		numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)	Let a set		
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO.	or or Creditor		Debt (Purpose): IPTION PRUCHASES
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This Period		Tra	insaction ID: INV6010000115472
50.00			
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
0.00	0.00		50.00
B. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO.	or or Creditor		Debt (Purpose): IPTION PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This Period		Tra	Insaction ID: INV6010000115481
3734.90			
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
0.00	0.00		3734.90
C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO.	or or Creditor		Debt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This Period		Tra	Insaction ID: INV6010000115482
199.25			
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
0.00	0.00		199.25
1) SUBTOTALS This Period This Page (optional)		3984.15
2) TOTALS This Period (last page this line number	r only)	•	
3) TOTAL OUTSTANDING LOANS from Sche	dule C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)	•	

SCHEDULE D (FEC Form 3X)		(1.100	acharata	PAGE 106 / 143	
			e separate nedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		fo	or each	(check only one) 9	
Excluding Loans		num	bered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): IPTIONS PURCHASE	
Mailing Address RT. 1, BOX 22					
City State STERLING VA	ZIP Code 22170				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115483	
2030.98					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			2030.98	
 B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 	or Creditor			Pebt (Purpose): IPTIONS PURCHASE	
City State	ZIP Code				
STERLING VA	22170				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115484	
25.00					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			25.00	
C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): IPTION PURCHASE	
Mailing Address RT. 1, BOX 22					
City State STERLING VA	ZIP Code 22170				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115486	
10.00					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			10.00	
1) SUBTOTALS This Period This Page (optional)		1		2065.98	
2) TOTALS This Period (last page this line number of		j			
	le C (last page only)]			
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page only	<i>ı</i>)			

SCHEDULE D (FEC Form 3X)	[(Use separate	PAGE 107 / 143
DEBTS AND OBLIGATIONS			FOR LINE NUMBER:
Excluding Loans		for each numbered line	e) (check only one) 9 X 10
NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	r or Creditor		of Debt (Purpose): CRIPTION PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This Period			Transaction ID: INV6010000115487
25.00			
Amount Incurred This Period	Payment This Period	Outsta	nding Balance at Close of This Period
0.00	0.00		25.00
B. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	r or Creditor		of Debt (Purpose): CRIPTION PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This Period			Transaction ID: INV6010000115488
25.00			
Amount Incurred This Period	Payment This Period	Outsta	nding Balance at Close of This Period
0.00	0.00		25.00
C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	r or Creditor		of Debt (Purpose): CRIPTION PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This Period			Transaction ID: INV6010000115489
50.00			
Amount Incurred This Period	Payment This Period	Outsta	nding 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			
3) TOTAL OUTSTANDING LOANS from Sched	ule C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)		

SCHEDULE D (FEC Form 3X)	Γ	(Use separate	PAGE 108 / 143
DEBTS AND OBLIGATIONS		schedule(s)	
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Del KMW PUBLISHING CO.	otor or Creditor		Debt (Purpose): SES OF SUBSCRITIONS
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000115490
25.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		25.00
B. Full Name (Last, First, Middle Initial) of Del KMW PUBLISHING CO.	otor or Creditor		Debt (Purpose): IPTION PURCHASES
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000115491
25.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		25.00
C. Full Name (Last, First, Middle Initial) of Del KREINGOLD DATA SERVICES	btor or Creditor		ebt (Purpose): ER SERVICES
Mailing Address STE. 5D, 119 PAYSON	AVE.		
City State NEW YORK NY	ZIP Code 10034		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112384
2156.53			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		2156.53
1) SUBTOTALS This Period This Page (optional	al)		2206.53
2) TOTALS This Period (last page this line numb	,	•	
3) TOTAL OUTSTANDING LOANS from Sch	edule C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropria	ate line of Summary Page (last page only)	•	

SCHEDULE D (FEC Form	3X)		(Use separate PAGE 109 / 14		
DEBTS AND OBLIGATION	-		sched	ule(s)	
Excluding Loans			for e number		(check only one) 9 X 10
NAME OF COMMITTEE (In Full					
National Democratic Policy	Committee				
A. Full Name (Last, First, Mi KVAR-FM	ddle Initial) of Debtor	or Creditor		ature of D EDIA-R	ebt (Purpose): ADIO
Mailing Address TEXAS L 8400 DAI	OTAS CORP. PAPOINT ST. 535				
City	State	ZIP Code			
SAN ANTONIO	ТХ	78229			
Outstanding Balance Begir	nning This Period			Tra	nsaction ID: INV6010000112385
	544.00				
Amount Incurred Th	nis Period	Payment This Period	C	Dutstandir	ng Balance at Close of This Period
	0.00	0.00			544.00
	0.00	0.00			544.00
B. Full Name (Last, First, Mi LOS ANGELES LABOR	,	or Creditor			ebt (Purpose): RENT AND PHONE
Mailing Address 711 S. VE	ERMONT AVE. #2	07			
City LOS ANGELES	State CA	ZIP Code 90005			
Outstanding Balance Begir	nning This Period			Tra	nsaction ID: INV6010000112391
2	1277.77				
Amount Incurred Th	nis Period	Payment This Period	C	Dutstandir	ng Balance at Close of This Period
	0.00	0.00			21277.77
C. Full Name (Last, First, Mi LOUIS JOLIET RENAISS		or Creditor			ebt (Purpose): ENTALS
Mailing Address 214 NOR	TH OTTAWA STF	EET			
City	State	ZIP Code			
JOLIET	IL	60431			
Outstanding Balance Begir	nning This Period			Tra	nsaction ID: INV6010000112393
	38.21				
Amount Incurred Th	nis Period	Payment This Period	C	Dutstandii	ng Balance at Close of This Period
	0.00	0.00			38.21
1) SUBTOTALS This Period T	his Page (optional)		►		21859.98
•		nly)	•		
3) TOTAL OUTSTANDING LO	-	e C (last page only)	▶		
		ne of Summary Page (last page only	/) Þ		
	1 P - P	,	,		

SCHEDULE D (FEC F	Form 3X)		(Use s	separate	PAGE 110 / 143
	DEBTS AND OBLIGATIONS		sche	dule(s)	FOR LINE NUMBER:
Excluding Loans				each ered line)	(check only one) 9 X 10
NAME OF COMMITTEE (I	n Full)			,	X 10
National Democratic Po					
A. Full Name (Last, Fir MARK CALNEY	rst, Middle Initial) of Debtor	or Creditor		Nature of D PRINTING	lebt (Purpose): G
Mailing Address 269	E. NEWTON ST.				
City SEATTLE	State WA	ZIP Code 98102			
Outstanding Balance	Beginning This Period			Tra	nsaction ID: INV601000011210 ⁻
	205.80				
Amount Incur	red This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			205.80
B. Full Name (Last, Fin MARRIOT HOTEL F	rst, Middle Initial) of Debtor PITTSBURGH	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 101	MALL BLVD.				
City MONROEVILLE	State PA	ZIP Code 15146			
Outstanding Balance	Beginning This Period			Tra	nsaction ID: INV6010000112395
	227.73				
Amount Incur	red This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			227.73
C. Full Name (Last, Fin MARRIOTT - SANT)	rst, Middle Initial) of Debtor A CLARA	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address GRE	EAT AMERICAN PARK	WAY			
City SANTA CLARA	State CA	ZIP Code 95054			
Outstanding Balance	Beginning This Period			Tra	nsaction ID: INV6010000112993
	24.50				
Amount Incur	red This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			24.50
1) SUBTOTALS This Pe	eriod This Page (optional)		►		458.03
2) TOTALS This Period (last page this line number of	only)	•		
3) TOTAL OUTSTANDIN	G LOANS from Schedu	le C (last page only)	•		
4) ADD 2) and 3) and ca	arry forward to appropriate I	ine of Summary Page (last page only	r) ►		

SCHEDULE D (FEC Fo	orm 3X)		(Use se	narate	PAGE 111 / 143
DEBTS AND OBLIGAT	-		schedule(s) Fo		FOR LINE NUMBER:
Excluding Loans			for e number		(check only one) 9 X 10
NAME OF COMMITTEE (In	Full)		1		
National Democratic Poli	cy Committee				
A. Full Name (Last, First MARTY SIMON	, Middle Initial) of Debtor	r or Creditor			ebt (Purpose): AND POSTAGE
Mailing Address 2971	W 8TH ST. #111				
City LOS ANGELES	State CA	ZIP Code 96402			
Outstanding Balance B	eginning This Period			Tra	nsaction ID: INV6010000112907
	154.47				
Amount Incurre	d This Period	Payment This Period	C	Dutstandii	ng Balance at Close of This Period
	0.00	0.00			154.47
B. Full Name (Last, First MC GUINESS & WILL		r or Creditor			ebt (Purpose): EY EXPENSES
Mailing Address 1015 I SUITE		T, NW			
City WASHINGTON	State DC	ZIP Code 20005			
Outstanding Balance B	eginning This Period			Tra	nsaction ID: INV6010000114180
	446.69				
Amount Incurre	d This Period	Payment This Period	C	Dutstandii	ng Balance at Close of This Period
	0.00	0.00			446.69
C. Full Name (Last, First MC GUINESS & WILL	. ,	r or Creditor			ebt (Purpose): EY FEES & EXPENSES
Mailing Address 1015 I SUITE		T, NW			
City	State	ZIP Code			
WASHINGTON	DC	20005			
Outstanding Balance B				Tra	nsaction ID: INV6010000114182
	626.32				
Amount Incurre	d This Period	Payment This Period	(Dutstandii	ng Balance at Close of This Period
	0.00	0.00			626.32
1) SUBTOTALS This Period	od This Page (optional).		►		1227.48
2) TOTALS This Period (las	st page this line number	only)	•		
3) TOTAL OUTSTANDING	LOANS from Schedu	ule C (last page only)	►		
4) ADD 2) and 3) and carr	y forward to appropriate	line of Summary Page (last page only	/) ►		

SCHEDULE D (FEC Form 3X)		(Use sepa	rate	PAGE 112 / 143
DEBTS AND OBLIGATIONS		schedule	e(s)	FOR LINE NUMBER:
		for each numbered		(check only one) 9 X 10
Excluding Loans NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of MC GUINESS & WILLIAMS	or Creditor			ot (Purpose): Y FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, SUITE 1200	, NW			
City State	ZIP Code			
WASHINGTON DC	20005			
Outstanding Balance Beginning This Period			Trans	saction ID: INV6010000114183
800.00				
Amount Incurred This Period	Payment This Period	Out	standing	Balance at Close of This Period
0.00	0.00			800.00
B. Full Name (Last, First, Middle Initial) of Debtor of MC GUINESS & WILLIAMS	or Creditor			ot (Purpose): Y FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, SUITE 1200	, NW			
City State	ZIP Code			
WASHINGTON DC	20005			
Outstanding Balance Beginning This Period			Trans	saction ID: INV6010000114184
3179.29				
Amount Incurred This Period	Payment This Period	Out	standing	Balance at Close of This Period
0.00	0.00			3179.29
C. Full Name (Last, First, Middle Initial) of Debtor of MC GUINESS & WILLIAMS	or Creditor			ot (Purpose): Y EXPENSES
Mailing Address 1015 FIFTEENTH STREET, SUITE 1200	, NW			
City State	ZIP Code			
WASHINGTON DC	20005			
Outstanding Balance Beginning This Period			Trans	saction ID: INV6010000114185
3.32				
Amount Incurred This Period	Payment This Period	Out	standing	Balance at Close of This Period
0.00	0.00			3.32
1) SUBTOTALS This Period This Page (optional)		•	U U	3982.61
		—, F	1 1	
2) TOTALS This Period (last page this line number or	nly)		1 1 1 1	<u> </u>
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)		1 1 1 1	· · · · · · · ·
4) ADD 2) and 3) and carry forward to appropriate lir	ne of Summary Page (last page only) 🕨 🗋		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 113 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)		·	
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	or Creditor		ebt (Purpose): EY EXPENSES
Mailing Address 1015 FIFTEENTH STREET SUITE 1200	, NW		
City State WASHINGTON DC	ZIP Code 20005		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000114186
5.50			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		5.50
B. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	or Creditor	Nature of D ATTORNI	ebt (Purpose): EY FEES
Mailing Address 1015 FIFTEENTH STREET SUITE 1200	, NW		
City State WASHINGTON DC	ZIP Code 20005		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000114189
255.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		255.00
C. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE	or Creditor		ebt (Purpose): ELEASE DISTRIBUTN
Mailing Address 117 SOUTH 17TH ST. SUITE 210			
30112210			
City State PHILADELPHIA PA	ZIP Code 19103		
City State		Tra	nsaction ID: INV6010000112397
City State PHILADELPHIA PA		Tra	nsaction ID: INV6010000112397
City State PHILADELPHIA PA Outstanding Balance Beginning This Period			nsaction ID: INV6010000112397
City State PHILADELPHIA PA Outstanding Balance Beginning This Period 60.00	19103		
City State PHILADELPHIA PA Outstanding Balance Beginning This Period 60.00 Amount Incurred This Period 0.00	19103 Payment This Period 0.00		ng Balance at Close of This Period
City State PHILADELPHIA PA Outstanding Balance Beginning This Period 60.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	19103 Payment This Period 0.00		ng Balance at Close of This Period 60.00
City State PHILADELPHIA PA Outstanding Balance Beginning This Period 60.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number of	19103 Payment This Period 0.00	Outstandi	ng Balance at Close of This Period 60.00
City State PHILADELPHIA PA Outstanding Balance Beginning This Period 60.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number of	19103 Payment This Period 0.00 only)	Outstandi	ng Balance at Close of This Period 60.00

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 114 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE	or Creditor		Debt (Purpose): L DIST-ELDER/USS
Mailing Address 117 SOUTH 17TH ST. SUITE 210			
City State PHILADELPHIA PA	ZIP Code 19103		
Outstanding Balance Beginning This Period		Ті	ansaction ID: INV6010000112398
65.00			
Amount Incurred This Period	Payment This Period	Outstand	ding Balance at Close of This Period
0.00	0.00		65.00
B. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE	or Creditor		Debt (Purpose): L DIST-DOUGLAS/GOV
Mailing Address 117 SOUTH 17TH ST. SUITE 210			
City State PHILADELPHIA PA	ZIP Code 19103		
Outstanding Balance Beginning This Period		Ті	ansaction ID: INV6010000112399
35.00			
Amount Incurred This Period	Payment This Period	Outstand	ding Balance at Close of This Period
0.00	0.00		35.00
C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH	or Creditor		Debt (Purpose): NEY FEES & EXPENSES
Mailing Address 204 WASHINGTON AVENU	JE, N.E.		
City State MARIETTA GA	ZIP Code 30060		
Outstanding Balance Beginning This Period		Ті	ansaction ID: INV6010000114254
2354.40			
Amount Incurred This Period	Payment This Period	Outstand	ding Balance at Close of This Period
0.00	0.00		2354.40
1) SUBTOTALS This Period This Page (optional)			2454.40
2) TOTALS This Period (last page this line number o		▶	
	e C (last page only)		
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SCHEDULE D (FEC	Form 3Y		(1.100	ooperate	PAGE 115 / 143	
	-			separate edule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIG	ATIONS		fo	r each bered line)	(check only one) 9	
Excluding Loans			num	Jerea Illie)	X 10	
NAME OF COMMITTEE National Democratic F	. ,					
A. Full Name (Last, F MELVIN S. NASH	First, Middle Initial) of Debtor	or Creditor			ebt (Purpose): EY FEES & EXPENSES	
Mailing Address 204	WASHINGTON AVEN	JE, N.E.				
City MARIETTA	State GA	ZIP Code 30060				
Outstanding Balanc	e Beginning This Period			Tra	nsaction ID: INV6010000114255	
	1496.91					
Amount Incu	urred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			1496.91	
B. Full Name (Last, F MICHAEL FRANK,	First, Middle Initial) of Debtor ESQ.	or Creditor			ebt (Purpose): ES-WINTER/CONG	
Mailing Address 434	SPITZER BLDG					
City TOLEDO	State OH	ZIP Code 43604				
Outstanding Balanc	e Beginning This Period			Tra	nsaction ID: INV6010000112321	
	400.00					
Amount Incu	Irred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			400.00	
C. Full Name (Last, F MICHAEL HODGE	First, Middle Initial) of Debtor	or Creditor		Nature of D PRINTING	lebt (Purpose): G	
Mailing Address 126	65 48TH AVE.					
City SAN FRANCISCO	State CA	ZIP Code 94122				
Outstanding Balanc	e Beginning This Period			Tra	nsaction ID: INV6010000112368	
0 0 0 0	127.20					
Amount Incu	urred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			127.20	
1) SUBTOTALS This F	Period This Page (optional)		▶	•	2024.11	
-		nly)				
3) TOTAL OUTSTANDI		le C (last page only)				
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SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 116 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)	[
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debto NEW BENJAMIN FRANKLIN HOUSE	r or Creditor		Debt (Purpose): URE PURCHASE
Mailing Address 304 W 58TH ST.			
City State NEW YORK NY	ZIP Code 10019		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112400
176.50			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		176.50
B. Full Name (Last, First, Middle Initial) of Debto NEW HAMPSHIRE HIGHWAY HOTEL	r or Creditor	Nature of D ROOM R	Debt (Purpose): ENTALS
Mailing Address FT. EDDY ROAD			
City State CONCORD NH	ZIP Code 03301		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112401
75.20			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		75.20
C. Full Name (Last, First, Middle Initial) of Debto NEW SOLIDARITY INT'L PRESS	r or Creditor	Nature of D ADVERT	0ebt (Purpose): ISING
Mailing Address 304 W. 58TH ST. 5TH FL.			
City State NEW YORK NY	ZIP Code 10019		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112402
540.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		540.00
1) SUBTOTALS This Period This Page (optional).			791.70
2) TOTALS This Period (last page this line number			
3) TOTAL OUTSTANDING LOANS from Schedu	ule C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)		

SCHEDULE D (FEC	Form 3X)		(Use separat	PAGE 117 / 143
•	•		schedule(s	
DEBTS AND OBLIG	ATIONS		for each numbered lin	(check only one) 9
Excluding Loans				ne) X 10
National Democratic	. ,			
A. Full Name (Last, I NEW YORK TELE	First, Middle Initial) of Debtor	or Creditor		of Debt (Purpose): PHONE
Mailing Address 10	COLUMBUS CIRCLE			
City NEW YORK	State NY	ZIP Code 10019		
Outstanding Baland	ce Beginning This Period		,	Transaction ID: INV6010000112403
	236.83			
Amount Inc	urred This Period	Payment This Period	Outst	anding Balance at Close of This Period
	0.00	0.00		236.83
B. Full Name (Last, I PATRICK F ADAM	First, Middle Initial) of Debtor IS P.C.	or Creditor		of Debt (Purpose): FEES - NY BEAM DEMS
-				
City	<u>NE EAST MAIN STREET</u> State	ZIP Code		
BAY SHORE	NY	11706		
Outstanding Baland	ce Beginning This Period			Transaction ID: INV6010000112085
	5762.50			
Amount Inc	urred This Period	Payment This Period	Outst	anding Balance at Close of This Period
	0.00	0.00		5762.50
C. Full Name (Last, I PATRICK F ADAM	First, Middle Initial) of Debtor IS P.C.	or Creditor		of Debt (Purpose): TTY FEES-NY BEAM DEM
-	TORNEY AT LAW NE EAST MAIN STREET			
City BAY SHORE	State NY	ZIP Code 11706		
	ce Beginning This Period	11700		Transaction ID: INV6010000112086
	400.00			
Amount Inc	urred This Period	Payment This Period	Outst	anding Balance at Close of This Period
	0.00	0.00		400.00
1) SUBTOTALS This I	Period This Page (optional)		•	6399.33
-		only)	_ ▶ []	
3) TOTAL OUTSTAND	NG LOANS from Schedu	le C (last page only)	▶	
4) ADD 2) and 3) and	carry forward to appropriate I	ine of Summary Page (last page only)		

SCHEDULE D (FEC	Form 3X)		(1150	separate	PAGE 118 / 143
DEBTS AND OBLIG	-		sch	edule(s)	
				or each bered line)	(check only one) 9
Excluding Loans	(In Full)				X 10
National Democratic F					
A. Full Name (Last, F PETER ENNIS	irst, Middle Initial) of Debtor	or Creditor			ebt (Purpose): AND LODGING
Mailing Address 65	SEAMAN AVE.				
City NEW YORK	State NY	ZIP Code 10034			
Outstanding Balanc	e Beginning This Period			Tra	nsaction ID: INV6010000112316
	16.76				
Amount Incu	rred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			16.76
B. Full Name (Last, F PMR PRINTING	irst, Middle Initial) of Debtor	or Creditor		Nature of D PRINTING	ebt (Purpose): G
-	IAN CREEK CENTER I 1, BOX 22	II			
City STERLING	State VA	ZIP Code 22170			
Outstanding Balanc	e Beginning This Period			Tra	nsaction ID: INV6010000112882
	2500.00				
Amount Incu	rred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			2500.00
C. Full Name (Last, F PMR PRINTING	irst, Middle Initial) of Debtor	or Creditor		Nature of D PRINTING	ebt (Purpose): G
-	IAN CREEK CENTER I 1, BOX 22	II			
City	State	ZIP Code			
STERLING	VA	22170			
Outstanding Balanc	e Beginning This Period			Tra	nsaction ID: INV601000011288
	6123.00				
Amount Incu	rred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			6123.00
					8639.76
			<u> </u>		
		only)	—.		
3) TOTAL OUTSTANDI		le C (last page only)	—.		
4) ADD 2) and 3) and c	arry forward to appropriate li	ine of Summary Page (last page only	y)		

SCHEDULE D (FEC Form 3X)		(1160	separate	PAGE 119 / 143
DEBTS AND OBLIGATIONS			nedule(s)	
			or each bered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Committee				
A Full Name (Leet First Middle Initial) of Dalater	en Orediten		Nature of D	
A. Full Name (Last, First, Middle Initial) of Debtor PROVIDENCE MARRIOTT INN	or Greattor		ROOM R	ebt (Purpose): ENTAL
Mailing Address CHARLES & ORMS STREI	ETS			
City State PROVIDENCE RI	ZIP Code 02904			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000113747
125.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			125.00
B. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MGMT.	or Creditor			ebt (Purpose): TING & DP SERVICE
Mailing Address P.O. BOX 836				
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112654
1700.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			1700.00
C. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MGMT.	or Creditor			ebt (Purpose): TING & DP SERVICE
Mailing Address P.O. BOX 836				
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112656
3000.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			3000.00
				4825.00
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page this line number of	only))		
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)			<u> </u>
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	') D		

SCHEDULE D (FEC Form 3X)		(1.100	concrete	PAGE 120 / 143
			separate edule(s)	FOR LINE NUMBER:
		fo	r each bered line)	(check only one) 9
				X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MGMT.	or Creditor			ebt (Purpose): MENT & DP SERVICE
Mailing Address P.O. BOX 836				
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112657
3000.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			3000.00
B. Full Name (Last, First, Middle Initial) of Debtor of PUBLICATION & GENERAL MGMT.	or Creditor			ebt (Purpose): MENT & DP SERVICES
Mailing Address P.O. BOX 836				
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112658
3000.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			3000.00
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):
PUBLICATION & GENERAL MGMT.			MANAGE	MENT & DP SERIVCES
Mailing Address P.O. BOX 836				
City State	ZIP Code			
LEESBURG VA	22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112661
3000.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			3000.00
1) SUBTOTALS This Period This Page (optional)		►		9000.00
2) TOTALS This Period (last page this line number o		•		
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only	<i>ı</i>)		

SCHEDULE D (FEC Form 3X)			eparate	PAGE 121 / 143
DEBTS AND OBLIGATIONS		schedule(s) Fo		
Excluding Loans			each ered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			,	× 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of PUBLICATION & GENERAL MGMT.	r Creditor			ebt (Purpose): MENT & DP SREVICES
Mailing Address P.O. BOX 836				
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112662
3000.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
			Outstanui	
0.00	0.00			3000.00
B. Full Name (Last, First, Middle Initial) of Debtor of PUBLICATION & GENERAL MGMT.	r Creditor			ebt (Purpose): MENT & DP SERVICES
Mailing Address P.O. BOX 836				
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112666
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 Debtor of PUBLICATION & GENERAL MGMT.	r Creditor			ebt (Purpose): MENT &DP SERVICES
Mailing Address P.O. BOX 836				
City State	ZIP Code			
LEESBURG VA	22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112667
3000.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			3000.00
1) SUBTOTALS This Period This Page (optional)		►		9000.00
2) TOTALS This Period (last page this line number or	ıly)	•		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only) •		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 122 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MGMT.	or Creditor		Debt (Purpose): EMENT & DP SERVICES
Mailing Address P.O. BOX 836			
City State LEESBURG VA	ZIP Code 22075		
Outstanding Balance Beginning This Period		Tr	ansaction ID: INV6010000112668
3000.00			
Amount Incurred This Period	Payment This Period	Outstand	ding Balance at Close of This Period
		Outstand	
0.00	0.00		3000.00
B. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MGMT.	or Creditor		Debt (Purpose): EMENT & DP SERVICES
Mailing Address P.O. BOX 836			
City State LEESBURG VA	ZIP Code 22075		
Outstanding Balance Beginning This Period		Tr	ansaction ID: INV6010000112669
3000.00			
Amount Incurred This Period	Payment This Period	Outstand	ding Balance at Close of This Period
0.00	0.00		3000.00
C. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MGMT.	or Creditor		Debt (Purpose): EMENT & DP SERVICES
Mailing Address P.O. BOX 836			
City State	ZIP Code		
LEESBURG VA	22075		
Outstanding Balance Beginning This Period		Tr	ansaction ID: INV6010000112670
3000.00			
Amount Incurred This Period	Payment This Period	Outstand	ding Balance at Close of This Period
0.00	0.00		3000.00
0.00	0.00		5000.00
1) SUBTOTALS This Period This Page (optional)			9000.00
2) TOTALS This Period (last page this line number o	nly)		
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only) •	

SCHEDULE D (FEC Form 3X)		(1)50	separate	PAGE 123 / 143
DEBTS AND OBLIGATIONS		schedule(s) FOR LINE NU		
			or each bered line)	(check only one) 9 X 10
Excluding Loans NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MGMT.	or Creditor			ebt (Purpose): MENT &DP SERVICE
Mailing Address P.O. BOX 836				
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112671
3000.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
			Outstandi	
0.00	0.00			3000.00
B. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MGMT.	or Creditor			ebt (Purpose): MENT &D P SERVICES
Mailing Address P.O. BOX 836				
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period			Tra	nsaction 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 Debtor PUBLICATION & GENERAL MGMT.	or Creditor			ebt (Purpose): MENT &DP SERVICES
Mailing Address P.O. BOX 836				
City State	ZIP Code			
LEESBURG VA	22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112673
3000.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			3000.00
				0000.00
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SCHEDULE D (FEC Form 3X)		(1150	separate	PAGE 124 / 143
DEBTS AND OBLIGATIONS		schedule(s)		
Excluding Loans			or each bered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)		_	,	
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of PUBLICATION & GENERAL MGMT.	or Creditor			lebt (Purpose): IENT &DP SERVICES
Mailing Address P.O. BOX 836				
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112674
3000.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			3000.00
				3000.00
B. Full Name (Last, First, Middle Initial) of Debtor of PUBLICATION & GENERAL MGMT.	or Creditor			ebt (Purpose): MENT & DP SERVICES
Mailing Address P.O. BOX 836				
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112675
3000.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			3000.00
C. Full Name (Last, First, Middle Initial) of Debtor of PUBLICATION & GENERAL MGMT.	or Creditor			ebt (Purpose): MENT & DP SERVICES
Mailing Address P.O. BOX 836				
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112676
3000.00			-	
Amount Incurred This Period	Payment This Period		Qutatandi	ng Balance at Close of This Period
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	e C (last page only)			
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SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 125 / 143
DEBTS AND OBLIGATIONS		schedule(s)	
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MGMT.	or Creditor		ebt (Purpose): MENT & DP SERVICE
Mailing Address P.O. BOX 836			
City State LEESBURG VA	ZIP Code 22075		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112677
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		3000.00
B. Full Name (Last, First, Middle Initial) of Debtor PUROLATOR COURIER CORP.	or Creditor		ebt (Purpose): S PACKAGE SERVICE
Mailing Address 3333 NEW HYDE PARK R	OAD		
City State NEW HYDE PARK NY	ZIP Code 11042		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112891
55.10			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		55.10
C. Full Name (Last, First, Middle Initial) of Debtor QUALITY INN ALBANY	or Creditor	Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address 1-3 WATERVLIET AVE.			
City State ALBANY NY	ZIP Code 12206		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112892
43.45			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		43.45
1) SUBTOTALS This Period This Page (optional)		•	3098.55
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	le C (last page only)		
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SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 126 / 143
DEBTS AND OBLIGATIONS			FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)		,	
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor RAMADA INN CASPER	or Creditor		Debt (Purpose): RENTALS
Mailing Address PO BOX 2917			
City State CASPER WY	ZIP Code 82602		
Outstanding Balance Beginning This Period		Tr	ansaction ID: INV6010000112893
108.85			
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	0.00		108.85
B. Full Name (Last, First, Middle Initial) of Debtor RAMADA INN ST. LOUIS	or Creditor		Debt (Purpose): RENTALS
Mailing Address 9636 NATURAL BRIDGE F	RD.		
City State ST. LOUIS MO	ZIP Code 63134		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000112894
52.31			
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	0.00		52.31
C. Full Name (Last, First, Middle Initial) of Debtor RAMADA INN-SAN ANTONIO	or Creditor		Debt (Purpose): RENTALS
Mailing Address 3645 N. PAN AM EXPRES	SWAY		
City State SAN ANTONIO TX	ZIP Code 78219		
Outstanding Balance Beginning This Period		Tr	ansaction ID: INV6010000112897
60.00			
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	0.00		60.00
1) SUBTOTALS This Period This Page (optional)			221.16
2) TOTALS This Period (last page this line number of		► .	
	le C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only)	

SCHEDULE D (FEC	Eorm 3X)	Γ	(Llas senerato	PAGE 127 / 143	
-	-		(Use separate schedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIG	ATIONS		for each	(check only one) 9	
Excluding Loans			numbered line)	X 10	
NAME OF COMMITTEE National Democratic	,				
A. Full Name (Last, RENAISSANCE N	First, Middle Initial) of Debtor IARKETING	or Creditor	Nature of D OFFICE F	9ebt (Purpose): RENT	
Mailing Address 12	49 WASHINGTON BLV	D. STE. 626			
-					
City DETROIT	State MI	ZIP Code 48226			
Outstanding Balan	ce Beginning This Period		Tra	nsaction ID: INV6010000112898	
	600.00				
Amount Inc	urred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
	0.00	0.00	-	600.00	
B. Full Name (Last, RHEA, BOYD & R	First, Middle Initial) of Debtor HEA	or Creditor		ebt (Purpose): EY FEES & EXPENSES	
Mailing Address 93	0 FORREST AVENUE				
City	State	ZIP Code			
GADSDEN	AL	35901			
Outstanding Balan	ce Beginning This Period		Tra	nsaction ID: INV6010000114208	
	24.60				
Amount Inc	urred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
	0.00	0.00		24.60	
C. Full Name (Last,	First, Middle Initial) of Debtor	or Creditor		ebt (Purpose):	
RICHARD MAGRA	AW		AUTO RE	INTAL	
Mailing Address 22	-60 23RD ST.				
City	State	ZIP Code			
ASTORIA	NY	11105			
Outstanding Balan	ce Beginning This Period		Tra	nsaction ID: INV6010000112394	
	114.90				
Amount Inc	urred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
	0.00	0.00		114.90	
1) SUBTOTALS This	Period This Page (optional)		►	739.50	
2) TOTALS This Period	d (last page this line number o	only)	•		
3) TOTAL OUTSTAND					
		le C (last page only)			
4) ADD 2) and 3) and	carry forward to appropriate li	ne of Summary Page (last page only)			

SCHEDULE D (FEC	Form 3X)		(Use separate	PAGE 128 / 143
	-		schedule(s)	
DEBTS AND OBLIG	ATIONS		for each numbered line	e) (check only one) 9
Excluding Loans	(In Full)			e) X 10
National Democratic	. ,			
	First, Middle Initial) of Debtor	or Creditor		of Debt (Purpose):
ROBERT COLE			ROOM	1 RENTALS
Mailing Address 41	19 W. BELLEPLAINE #2	W		
City CHICAGO	State IL	ZIP Code 60641		
Outstanding Balan	ce Beginning This Period			Transaction ID: INV6010000112305
	1243.95			
Amount Inc	curred This Period	Payment This Period	Outsta	anding Balance at Close of This Period
	0.00	0.00		1243.95
B. Full Name (Last, ROBERT KAY	First, Middle Initial) of Debtor	or Creditor		of Debt (Purpose): EL AND LODGING
Mailing Address 22	2-49 38TH ST.			
City ASTORIA	State NY	ZIP Code 11105		
Outstanding Balan	ce Beginning This Period			Transaction ID: INV6010000112375
	19.74			
Amount Inc	curred This Period	Payment This Period	Outsta	anding Balance at Close of This Period
	0.00	0.00		19.74
C. Full Name (Last, ROGER HAM	First, Middle Initial) of Debtor	or Creditor		of Debt (Purpose): 1 RENTALS
Mailing Address 2	PINEHURST			
City NEW YORK CITY	State Y NY	ZIP Code 10033		
Outstanding Balan	ce Beginning This Period			Transaction ID: INV6010000112330
	207.82			
Amount Inc	curred This Period	Payment This Period	Outsta	anding Balance at Close of This Period
	0.00	0.00		207.82
	Devied This Dess (entionel)			1471.51
-				
		nly)		· · · · · · · · ·
3) TOTAL OUTSTAND	ING LOANS from Schedu	le C (last page only)		· · · · · · · · ·
4) ADD 2) and 3) and	carry forward to appropriate li	ne of Summary Page (last page only)		

SCHEDULE D (FEC	Form 3X)		(Use sepa	arate	PAGE 129 / 143
DEBTS AND OBLIGA	-		schedul	e(s)	FOR LINE NUMBER:
Excluding Loans			for ead numbered		(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic P	olicy Committee				
A. Full Name (Last, Fi RONALD KOKINDA	irst, Middle Initial) of Debtor A	or Creditor		ure of De	ebt (Purpose): TNG
Mailing Address 36-	5 FORT EVANS ROAD,	NE			
City LEESBURG	State VA	ZIP Code 22075			
Outstanding Balance	e Beginning This Period			Trar	saction ID: INV6010000114750
	524.50				
Amount Incu	rred This Period	Payment This Period	Οι	utstandin	g Balance at Close of This Period
	0.00	0.00			524.50
B. Full Name (Last, Fi RONALD KOKINDA	irst, Middle Initial) of Debtor	or Creditor		ure of De NSULT	ebt (Purpose): ING
Mailing Address 36-5	5 FORT EVANS ROAD,	NE			
City LEESBURG	State VA	ZIP Code 22075			
Outstanding Balance	e Beginning This Period			Trar	saction ID: INV6010000114756
	1600.00				
Amount Incu	rred This Period	Payment This Period	Οι	utstandin	g Balance at Close of This Period
	0.00	0.00			1600.00
C. Full Name (Last, Fi SAFEWAY PRINTII	irst, Middle Initial) of Debtor NG	or Creditor		ure of De INTING	ebt (Purpose): i
Mailing Address 327	6 WEST 6TH ST.				
City LOS ANGELES	State CA	ZIP Code 90020			
Outstanding Balance	e Beginning This Period			Trar	saction ID: INV6010000112901
	300.38				
Amount Incu	rred This Period	Payment This Period	Οι	utstandin	g Balance at Close of This Period
	0.00	0.00			300.38
1) SUBTOTALS This P	eriod This Page (optional)		►	U U	2424.88
2) TOTALS This Period	(last page this line number c	nly)	•		
3) TOTAL OUTSTANDIN	IG LOANS from Schedu	e C (last page only)	•		
4) ADD 2) and 3) and c	arry forward to appropriate li	ne of Summary Page (last page only)) ►		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 130 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)		,	
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor of SAN FRANCISCO LABOR CTTE.	or Creditor	Nature of I POSTAG	Debt (Purpose): aE
Mailing Address 1826 NOREIGA ST.			
City State SAN FRANCISCO CA	ZIP Code 94122		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000112902
413.47			
Amount Incurred This Period	Payment This Pariod	Outotood	ing Palanaa at Class of This Pariod
	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		413.47
B. Full Name (Last, First, Middle Initial) of Debtor of SANS SOUCI TRAVEL	or Creditor	Nature of I AIR TRA	Debt (Purpose): VEL
Mailing Address 253 - 12 UNION TURNPIKE	<u> </u>		
City State FLORAL PARK NY	ZIP Code 11004		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000113737
290.00			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		290.00
C. Full Name (Last, First, Middle Initial) of Debtor of SANS SOUCI TRAVEL	or Creditor		Debt (Purpose): TO 4/10 INV-TRAVEL
Mailing Address 253 - 12 UNION TURNPIKE			
City State	ZIP Code		
FLORAL PARK NY	11004		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000113743
40.00			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		40.00
1) SUBTOTALS This Period This Page (optional)		Þ	743.47
2) TOTALS This Period (last page this line number or	nly)	•	
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate lir	ne of Summary Page (last page only) •	

SCHEDULE D (FEC Form 3X)	Γ	(Use separate	PAGE 131 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of D SEGAL, MORAN & FEINBERG	ebtor or Creditor	Nature of D ATTORN	9ebt (Purpose): EY FEES
Mailing Address 210 COMMERCIAL S	IREET		
City State BOSTON MA	ZIP Code 02109		
Outstanding Balance Beginning This Perio	od	Tra	nsaction ID: INV6010000113750
712.50			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		712.50
B. Full Name (Last, First, Middle Initial) of D SEVEN SEAS MOTOR INN	ebtor or Creditor	Nature of D ROOM R	9ebt (Purpose): ENTALS
Mailing Address 1823 OLD RED TRAIL	-		
City State MANDAN ND	ZIP Code 58554		
Outstanding Balance Beginning This Perio	bd	Tra	nsaction ID: INV6010000112903
46.12			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		46.12
C. Full Name (Last, First, Middle Initial) of D SHERATON COLUMBUS PLAZA	ebtor or Creditor		Debt (Purpose): SCOTT/CONG
Mailing Address 50 NORTH THIRD ST	REET		
City State COLUMBUS OH	ZIP Code 43215		
Outstanding Balance Beginning This Perio	od	Tra	nsaction ID: INV6010000112906
50.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		50.00
1) SUBTOTALS This Period This Page (optio	nal)		808.62
2) TOTALS This Period (last page this line nur		• • • • • • • • • • • • • • • • • • •	
	chedule C (last page only)	•	
4) ADD 2) and 3) and carry forward to approp	riate line of Summary Page (last page only)	•	

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 132 / 143
DEBTS AND OBLIGATIONS		schedule(s)	
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)		<u> </u>	
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor of SOLOMON, FOLEY & MORAN	or Creditor		Debt (Purpose): E: L. BOYLE/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDI			
City State DETROIT MI	ZIP Code 48226		
Outstanding Balance Beginning This Period		Tra	Insaction ID: INV6010000112908
538.45			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		538.45
B. Full Name (Last, First, Middle Initial) of Debtor of SOLOMON, FOLEY & MORAN	or Creditor		Debt (Purpose): E: S. CROCKER/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDI City State	NG ZIP Code		
DETROIT MI	48226		
Outstanding Balance Beginning This Period		Tra	Insaction ID: INV6010000112909
538.45			
Amount Incurred This Period	Payment This Period	Outstand	ng Balance at Close of This Period
0.00	0.00		538.45
C. Full Name (Last, First, Middle Initial) of Debtor of SOLOMON, FOLEY & MORAN	or Creditor		Debt (Purpose): E: M. DEAN/USS
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDI			
City State DETROIT MI	ZIP Code 48226		
Outstanding Balance Beginning This Period		Tra	Insaction ID: INV6010000112910
538.46			
Amount Incurred This Period	Payment This Period	Outstand	ng Balance at Close of This Period
0.00	0.00		538.46
1) SUBTOTALS This Period This Page (optional)		•	1615.36
2) TOTALS This Period (last page this line number of	nly)		
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropriate lir	ne of Summary Page (last page only)	

	C Earm 3X)	٦	(Llas separate	PAGE 133 / 143
		(Use separate schedule(s)		
	DEBTS AND OBLIGATIONS		for each	(check only one) 9
Excluding Loans			numbered line)	X 10
NAME OF COMMITTE National Democratic	. ,			
National Democratic				
A. Full Name (Last, SOLOMON, FOL	, First, Middle Initial) of Debt EY & MORAN	or or Creditor		lebt (Purpose): E: S. JOHNSON/CONG
-	TTORNEYS AT LAW 280 PENOBSCOT BUIL	DING		
City	State	ZIP Code		
DETROIT	MI	48226		
Outstanding Bala	nce Beginning This Period		Tra	nsaction ID: INV6010000112911
	538.46			
Amount In	curred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00	0.00		538.46
B. Full Name (Last, SOLOMON, FOL	, First, Middle Initial) of Debt EY & MORAN	or or Creditor		ebt (Purpose): E: E.SEFCOVIC/CONG
-	TTORNEYS AT LAW 280 PENOBSCOT BUIL	DING		
City	State	ZIP Code		
DETROIT	MI	48226		
Outstanding Bala	nce Beginning This Period		Tra	nsaction ID: INV6010000112912
	538.46			
Amount In	curred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00	0.00		538.46
C Full Name (Last	, First, Middle Initial) of Debt	or or Croditor	Nature of D	ebt (Purpose):
SOLOMON, FOL				E: G SHEPPARD/CONG
	TTORNEYS AT LAW			
City 22	280 PENOBSCOT BUIL State	ZIP Code		
DETROIT	MI	48226		
Outstanding Bala	nce Beginning This Period		Tra	nsaction ID: INV6010000112913
	538.46			
Amount In	curred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00	0.00		538.46
1) SUBTOTALS This	Period This Page (optional)			1615.38
(2) (1)	d (last nade this line numbe			
	od (last page this line numbe	.,		
 2) TOTALS This Period 3) TOTAL OUTSTAND 		dule C (last page only)		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 134 / 143
DEBTS AND OBLIGATIONS		schedule(s)	
		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			1 1 1 2
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor		Debt (Purpose): EE: H. SHORE/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDI			
City State DETROIT MI	ZIP Code 48226		
Outstanding Balance Beginning This Period		Т	ansaction ID: INV6010000112914
538.46			
Amount Incurred This Period	Payment This Period	Outstan	ding Balance at Close of This Period
0.00	0.00		538.46
B. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor		Debt (Purpose): EE: J. STAMPS/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDI City State	NG ZIP Code		
DETROIT MI	48226		
Outstanding Balance Beginning This Period		Т	ransaction ID: INV6010000112915
538.46			
Amount Incurred This Period	Payment This Period	Outstan	ding Balance at Close of This Period
0.00	0.00		538.46
C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor		Debt (Purpose): EE: J. VAUGHN/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDI			
City State DETROIT MI	ZIP Code 48226		
Outstanding Balance Beginning This Period		Ti	ransaction ID: INV6010000112916
538.46			
Amount Incurred This Period	Payment This Period	Outstan	ding Balance at Close of This Period
0.00	0.00	0 0 0	538.46
1) SUBTOTALS This Period This Page (optional)		•	1615.38
2) TOTALS This Period (last page this line number o	nly)	•	
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 135 / 143
DEBTS AND OBLIGATIONS		schedule(s)	
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)		<u> </u>	
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor of SOLOMON, FOLEY & MORAN	or Creditor		Debt (Purpose): E: O. WALKER/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDI			
City State DETROIT MI	ZIP Code 48226		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000112917
538.46			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		538.46
B. Full Name (Last, First, Middle Initial) of Debtor of SOUTHEAST POLITICAL LITERATURE	or Creditor		Debt (Purpose): FC TELEPHONE USAGE
Mailing Address SALES & DISTRIBUTION, I 3916-A VERO ROAD	NC.		
City State BALTIMORE MD	ZIP Code 21227		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000114478
915.00			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		915.00
C. Full Name (Last, First, Middle Initial) of Debtor of SOUTHEAST POLITICAL LITERATURE	or Creditor		Debt (Purpose): FFICE RENT
Mailing Address SALES & DISTRIBUTION, I 3916-A VERO ROAD	NC.		
City State	ZIP Code		
BALTIMORE MD	21227		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000114479
200.00			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		200.00
1) SUBTOTALS This Period This Page (optional)		►	1653.46
2) TOTALS This Period (last page this line number or	nly)	•	
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropriate lir	ne of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)		(1100	separate	PAGE 136 / 143
DEBTS AND OBLIGATIONS		sch	edule(s)	
			r each bered line)	(check only one) 9 X 10
Excluding Loans NAME OF COMMITTEE (In Full)			,0.00	X 10
National Democratic Policy Committee				
A Full Name (Lest First Middle Initial) of Debter a	ar Craditor		Noture of D	icht (Durnaga)
A. Full Name (Last, First, Middle Initial) of Debtor of SOUTHEAST POLITICAL LITERATURE	r Creator			lebt (Purpose): C TELEPHONE USAGE
Mailing Address SALES & DISTRIBUTION, I 3916-A VERO ROAD	NC.			
City State BALTIMORE MD	ZIP Code 21227			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114480
915.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			915.00
B. Full Name (Last, First, Middle Initial) of Debtor of SOUTHEAST POLITICAL LITERATURE	or Creditor			ebt (Purpose): FFICE RENT
Mailing Address SALES & DISTRIBUTION, I 3916-A VERO ROAD	NC.			
City State BALTIMORE MD	ZIP Code 21227			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114481
200.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			200.00
C. Full Name (Last, First, Middle Initial) of Debtor of SOUTHEAST POLITICAL LITERATURE	or Creditor			ebt (Purpose): DNE USAGE
Mailing Address SALES & DISTRIBUTION, I 3916-A VERO ROAD	NC.			
City State	ZIP Code			
BALTIMORE MD	21227			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114482
915.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			915.00
1) SUBTOTALS This Period This Page (optional)		►		2030.00
2) TOTALS This Period (last page this line number or		•		
	C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate lin		/) Þ		

SCHEDULE D (FEC Form 3X)		(Use	separate	PAGE 137 / 143
DEBTS AND OBLIGATIONS		sch	edule(s)	FOR LINE NUMBER:
Excluding Loans			r each bered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor or	r Croditor		Naturo of D	ebt (Purpose):
SOUTHEAST POLITICAL LITERATURE			RENT	
Mailing Address SALES & DISTRIBUTION, IN 3916-A VERO ROAD	NC.			
City State BALTIMORE MD	ZIP Code 21227			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114483
200.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			200.00
B. Full Name (Last, First, Middle Initial) of Debtor of STATE OF CALIFORNIA	r Creditor		Nature of D PRINTINC	ebt (Purpose): 3
Mailing Address OFFICE OF STATE PRINTIN LEGISLATIVE BILL ROOM	NG			
City State SACRAMENTO CA	ZIP Code 95814			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112389
53.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			53.00
C. Full Name (Last, First, Middle Initial) of Debtor of STATLER BUFFALO	r Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 107 DELAWARE AVENUE				
City State	ZIP Code			
BUFFALO NY	14202			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112918
85.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			85.00
1) SUBTOTALS This Period This Page (optional)		►		338.00
2) TOTALS This Period (last page this line number on		•		
	C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate line	e of Summary Page (last page only)		

SCHEDULE D (FEC Form 3X)	[(Use	separate	PAGE 138 / 143
DEBTS AND OBLIGATIONS		schedule(s)		
Excluding Loans		for each numbered line)		(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor or C SYRACUSE AIRPORT INN	Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address HANCOCK AIRPORT				
City State NORTH SYRACUSE NY	ZIP Code 13212			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112921
19.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00	-		19.00
	0.00			19.00
B. Full Name (Last, First, Middle Initial) of Debtor or C TED HERBERT	Creditor			ebt (Purpose): ES & EXP-GA DEM SL
Mailing Address 142 FOREST AVENUE N.E.				
City State MARIETTA GA	ZIP Code 30060			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114387
1088.20				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			1088.20
C. Full Name (Last, First, Middle Initial) of Debtor or C TED HERBERT	Creditor			ebt (Purpose): ES & EXP-GA DEM SL
Mailing Address 142 FOREST AVENUE N.E.				
City State MARIETTA GA	ZIP Code 30060			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114393
800.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng 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)		`		
	(last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate line of				

SCHEDULE D (FEC Form 3X)		(Use	separate	PAGE 139 / 143
DEBTS AND OBLIGATIONS		schedule(s) for each		
Excluding Loans			ered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of THE CHANCELLOR HOTEL	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 1501 SOUTH NEIL STREET	Г			
City State CHAMPAIGN IL	ZIP Code 61820			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112301
25.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			25.00
B. Full Name (Last, First, Middle Initial) of Debtor of THE COLONNADE	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 120 HUNTINGTON AVENU	E			
City State BOSTON MA	ZIP Code 02116			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112306
75.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			75.00
C. Full Name (Last, First, Middle Initial) of Debtor of THE PRESS CLUB OF HOUSTON	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address THE WORLD TRADE CENT 1520 TEXAS AVENUE	TER			
City State	ZIP Code			
HOUSTON TX	77002			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112890
25.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			25.00
1) SUBTOTALS This Period This Page (optional)		►		125.00
2) TOTALS This Period (last page this line number or	 برايد)	•		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	►		
4) ADD 2) and 3) and carry forward to appropriate lir	e of Summary Page (last page only	⁽⁾		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 140 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of TONI JENNINGS	Debtor or Creditor	Nature of D POSTAG	Debt (Purpose): E
Mailing Address 2414 13TH AVE. SO	#104		
City State SEATTLE WA	ZIP Code 98144		
Outstanding Balance Beginning This Per	iod	Tra	ansaction ID: INV6010000112374
30.15			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		30.15
B. Full Name (Last, First, Middle Initial) of TREAT CATERERS	Debtor or Creditor	Nature of I ROOM R	Debt (Purpose): ENTALS
Mailing Address 50 PARK PLACE			
City State NEWARK NJ	ZIP Code 07101		
Outstanding Balance Beginning This Per	iod	Tra	ansaction ID: INV6010000112922
100.00			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		100.00
C. Full Name (Last, First, Middle Initial) of TUTTLES RESTAURANT	Debtor or Creditor	Nature of I ROOM R	Debt (Purpose): ENTALS
Mailing Address (C/O GILBERT ROBI	NSON COLLEX)		
P.O. BOX 16000 City State	ZIP Code		
KANSAS CITY MO	64112		
Outstanding Balance Beginning This Per	iod	Tra	ansaction ID: INV6010000112923
50.00			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		50.00
1) SUBTOTALS This Period This Page (opt	onal)		180.15
2) TOTALS This Period (last page this line nu		•	
	Schedule C (last page only)	•	
4) ADD 2) and 3) and carry forward to appro	priate line of Summary Page (last page only	·) ►	

SCHEDULE D (FEC Form 3X)		(Use separa	te PAGE 141 / 143
DEBTS AND OBLIGATIONS		schedule(s) FOR LINE NUMBER:
Excluding Loans		for each numbered lir	ne) (check only one) 9 X 10
NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor VITA OBERSCHNEIDER	or Creditor		of Debt (Purpose): M RENTALS
Mailing Address 544 OAK HILL RD.			
City State ELGIN IL	ZIP Code 60120		
Outstanding Balance Beginning This Period			Transaction ID: INV6010000112404
149.16			
Amount Incurred This Period	Payment This Period	Outst	anding Balance at Close of This Period
0.00	0.00		149.16
B. Full Name (Last, First, Middle Initial) of Debtor WESTBOROUGH PLAZA HOTEL	or Creditor		of Debt (Purpose): ING ROOM RENTAL
Mailing Address 5 TURNPIKE ROAD			
City State WESTBOROUGH MA	ZIP Code 01581		
Outstanding Balance Beginning This Period			Transaction ID: INV6010000114249
54.25			
Amount Incurred This Period	Payment This Period	Outst	anding Balance at Close of This Period
0.00	0.00		54.25
C. Full Name (Last, First, Middle Initial) of Debtor WESTERN UNION INTERNATIONAL	or Creditor		of Debt (Purpose): PHONE
Mailing Address BOX 6022 CHRUCH ST. S	TA.		
City State NEW YORK NY	ZIP Code 10008		
Outstanding Balance Beginning This Period			Transaction ID: INV6010000112926
18.42			
Amount Incurred This Period	Payment This Period	Outst	anding 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			
	e C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate li) ►	

SCHEDULE D (FEC I	Form 3X)			oparato	PAGE 142 / 143
•			(Use separate schedule(s)		
	DEBTS AND OBLIGATIONS			each ered line)	(check only one) 9
Excluding Loans			numbe	ared line)	X 10
National Democratic P					
A. Full Name (Last, Fi WORLDCOMP	irst, Middle Initial) of Debtor	or Creditor		lature of D YPE SE	ebt (Purpose):
WORLDCOMF				IFL SL	TING
Mailing Address 722	EAST MARKET STRE	ET			
City LEESBURG	State VA	ZIP Code 22075			
Outstanding Balance	e Beginning This Period		·	Tra	nsaction ID: INV6010000112983
	741.67				
Amount Incur	rred This Period	Payment This Period		Outstandii	ng Balance at Close of This Period
	0.00	0.00			741.67
WORLDCOMP	irst, Middle Initial) of Debtor			lature of D YPE & A	ebt (Purpose): IRT
	EAST MARKET STRE				
City LEESBURG	State VA	ZIP Code 22075			
Outstanding Balance	e Beginning This Period			Tra	nsaction ID: INV6010000112988
	926.37				
Amount Incur	rred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			926.37
C. Full Name (Last, Fi WORLDCOMP	irst, Middle Initial) of Debtor	or Creditor		lature of D YPE & A	ebt (Purpose): \RT
Mailing Address 722	EAST MARKET STRE	ET			
City LEESBURG	State VA	ZIP Code 22075			
	e Beginning This Period			Tra	nsaction ID: INV6010000112992
	71.58				
Amount Incur	rred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			71.58
1) SUBTOTALS This Pa	eriod This Page (optional)		►		1739.62
		only)	▶		
3) TOTALS THIS Period (· · -	le C (last page only)	`		
		ine of Summary Page (last page only)			
			'		

SCHEDULE D (FEC	Form 3X)			PAGE 143 / 143
-	-		(Use separa schedule(s	
DEBTS AND OBLIGA	ATIONS		for each numbered lir	(check only one) 9
Excluding Loans				ne) X 10
NAME OF COMMITTEE (National Democratic P	. ,			
A. Full Name (Last, Fi WORLDCOMP	irst, Middle Initial) of Debtor	or Creditor		e of Debt (Purpose): E SETTING
Mailing Address 722	EAST MARKET STRE	ET		
City LEESBURG	State VA	ZIP Code 22075		
Outstanding Balance	e Beginning This Period			Transaction ID: INV6010000112990
0 0 0 0	50.00			
Amount Incu	rred This Period	Payment This Period	Outst	tanding Balance at Close of This Period
	0.00	0.00		50.00
B. Full Name (Last, Fi YMCA SYRACUSE	irst, Middle Initial) of Debtor	or Creditor		e of Debt (Purpose): M RENTALS
TNICA STRACUSE			noor	
Mailing Address 340	MONTGOMERY STRE	ET		
City	State	ZIP Code		
SYRACUSE	NY	13202		
Outstanding Balance	e Beginning This Period			Transaction ID: INV6010000112994
	25.00			
Amount Incu	rred This Period	Payment This Period	Outst	tanding Balance at Close of This Period
	0.00	0.00		25.00
C Full Name (Least F	inst Middle Initial) of Delster	en Oreeliten	Natura	of Dokt (Durnooo)
ZELLER & LETICA	irst, Middle Initial) of Debtor INC.	or Creditor		e of Debt (Purpose): ING LABELS-SUB LISTS
Mailing Address 15 E				
	2011 31.			
City NEW YORK	State NY	ZIP Code 10010		
	e Beginning This Period	10010		Transaction ID: INV601000011299
	57.84			Transaction ID: 111001000011299
			.	
Amount Incu	rred This Period	Payment This Period		tanding Balance at Close of This Period
	0.00	0.00		57.84
	eried This Dess (entional)			132.84
	,			
2) TOTALS This Period	(last page this line number o	only)		408326.38
3) TOTAL OUTSTANDIN	IG LOANS from Schedu	le C (last page only)	• L	41400.00
4) ADD 2) and 3) and c	arry forward to appropriate li	ne of Summary Page (last page only	/) >	449726.38