FEC FORM 3X	AND	PORT OF I D DISBUR ther Than An Au	SEMENT	s	Office	Use Only
1. NAME OF COMMITTEE (in fu		EC MAILING LABEL PE OR PRINT 🕎	Example:If over the line	typing, type		
National Democrati	c Policy Committee	e 				
ADDRESS (number and	street)	HALIFAX PLACE				
Check if differ than previousl reported. (ACC		SBURG				20175
2. FEC IDENTIFICAT	ION NUMBER	∀ C	ITY 🛋	S	TATE	ZIPCODE 👗
C00136531		3.	IS THIS REPORT	NEW (N) OR	AMENDE (A)	D
4. TYPE OF REPO (Choose One) (a) Quarterly Rep		Due On:	eb 20 (M2) ar 20 (M3)	May 20 (M5) Jun 20 (M6)	Aug 20 (M8 Sep 20 (M9	Year Only)
July 15 Quarterly October Quarterly January 3	Report(Q2) 15 Report(Q3) 31	(c) 12-Day PRE -Election Report for the:		Jul 20 (M7) y (12P) htion (12C)	Oct 20 (M10 General (12G) Special (12G)	
X July 31 M Report(N Year Only	on-election	(d) 30-Day Post -Election Report for the:	tion on Genera	l (30G)	Runoff (30R)	State of Special (30S) in the State of
5. Covering Period	01	01 2011	thro	ugh 06	30 201	1
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Katherine Jenkins						
Signature of Treasurer	Electronically Fi	led by Katherine Jo	enkins	Da	ate 07	2011
NOTE : Submission of f	alse, erroneous, o	r incomplete informat	ion may subject the	e person signing this	Report to the penalti	es of 2 U.S.C 437g.
Office Use Only						C FORM 3X Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBORSEMENTS	Page 2
١	Write or Type Committee Name National Democratic Policy Committee	9	
F		м м 0 1 0 1 2 0 1 1 То	M M D D Y Y Y Y Y Y Y <th< th=""></th<>
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2011 ^{Y Y Y}		3330.22
	(b) Cash on Hand at Begining of Reporting Period	3330.22	
	(c) Total Receipts (from Line 19)	360.00	360.00
	 (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	3690.22	3690.22
7.	Total Disbursements (from Line 31)	240.00	240.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3450.22	3450.22
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	449726.38	

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name National Democratic Policy Committee м м 01 01 м м 06 30 D 2011 D 2011 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period Calendar Year-to-Date** 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A) 360.00 360.00 (ii) Unitemized (iii) TOTAL (add 360.00 360.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees (C) 0.00 0.00 (such as PACs) (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 360.00 360.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 360.00 360.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 360.00 360.00 (subtract Line 18(c) from Line 19)

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DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Operating Expenditures:		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	0.00	0.00
(ii) Non-Federal Share		
Expenditures	240.00	240.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	240.00	240.00
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	0.00	0.00
4. Independent Expenditure	0.00	0.00
(use Schedule E) 5. Coordinated Expenditures Made by Party		
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
8. Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
Than Political Committees		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c)) >		
9. Other Disbursements	0.00	0.00
0. 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	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	
1. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	240.00	240.00
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	040.00	0.40.00
from Line 31)	240.00	240.00

DETAILED SUMMARY PAGE

of Disbursements

	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)	360.00	360.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	360.00	360.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	240.00	240.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	240.00	240.00

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SCHEDULE B (FEC Form 3X)		FOR LIN		IE NUMBER: PAGE 6/144				
	for each category of the			nly one)				
	Detailed Summary Page	X	21b 27	22 28a	23 28b	24 28c	25	
Any Information copied from such Reports and Stater	nents may not be sold or used	bv anv					-	-
or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)								
National Democratic Policy Committee								
Full Name (Last, First, Middle Initial)							000680	1000006
EFT CORPORATION				Date of	Disburse		v v v	
Mailing Address 2911 DIXWELL AVE				0 1	0	5	² ²0	1
City	State Zip Code			Amount	of Each	Disburs	ement thi	s Period
HAMDEN Purpose of Disbursement	CT 06518			-			40.	00
EFT PROCESSING FEE								<u> </u>
Candidate Name		Cateo Typ	• •					
Office Sought: House Disburs	ement For:	1 1 1		_				
Senate	Primary General							
State: District:	Other (specify)							
Full Name (Last, First, Middle Initial)				Transa	ction ID:	0100	000720-	1000006
EFT CORPORATION				Date of	Disburse	ement		
Mailing Address 2911 DIXWELL AVE				0 ^M 2 ^M	/ ^D 0	5 /	ž0	1 ^Y
City	State Zip Code			Amount	of Each	Disburs	ement thi	s Period
HAMDEN Purpose of Disbursement	CT 06518						40.	00
EFT PROCESSING FEE								
Candidate Name		Cateo Typ						
ů –	ement For:			_				
Senate President	Primary General							
State: District:	Other (specify)							
Full Name (Last, First, Middle Initial)							0007301	1000006
EFT CORPORATION					Disburse		Y Y Y	V Y
Mailing Address 2911 DIXWELL AVE				0 ^M 3 ^M	0	5	² ²0	1
City HAMDEN	State Zip Code CT 06518			Amount	of Each	Disburs	ement thi	s Period
Purpose of Disbursement				-			40.	00
EFT PROCESSING FEE					- 0 1			
Candidate Name		Cateo Typ						
	ement For:			1				
Senate President	Primary General							
State: District:	Other (specify)							
							120 /	00
SUBTOTAL of Disbursements This Page (optional)			•				120.	00

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only X 21b 27	NUMBER: PAGE 7 / 144 / one) 22 23 24 25 28a 28b 28c 29	20
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) National Democratic Policy Committee		by any person f	or the purpose of soliciting contributions	
Full Name (Last, First, Middle Initial) EFT CORPORATION			Transaction ID: 01000006901000 Date of Disbursement	006
Mailing Address 2911 DIXWELL AVE			$ \begin{bmatrix} M & M \\ 0 & 4 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 5 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 1 & 1 \end{pmatrix} $	
City HAMDEN	StateZip CodeCT06518		Amount of Each Disbursement this Per	iod
Purpose of Disbursement EFT PROCESSING FEE Candidate Name		Category/	40.00	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	Туре		
Full Name (Last, First, Middle Initial) EFT CORPORATION			Transaction ID: 01000007001000 Date of Disbursement	006
Mailing Address 2911 DIXWELL AVE			$ \begin{array}{c} \begin{array}{c} M \\ 0 \\ 5 \end{array} \end{array} \begin{array}{c} / \\ \end{array} \begin{array}{c} D \\ 0 \\ 5 \end{array} \end{array} \begin{array}{c} D \\ 0 \\ 5 \end{array} \begin{array}{c} / \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 1 \\ 1 \end{array} \begin{array}{c} Y \\ Y \\ 1 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 1 \\ 1 \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y $	
City HAMDEN	State Zip Code CT 06518		Amount of Each Disbursement this Per	iod
Purpose of Disbursement EFT PROCESSING FEE Candidate Name		Category/ Type	40.00	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) EFT CORPORATION			Transaction ID: 01000007101000 Date of Disbursement	
Mailing Address 2911 DIXWELL AVE			$ \begin{bmatrix} M & M \\ 0 & 6 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 5 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 1 \\ 1 \end{pmatrix} $	
City HAMDEN	StateZip CodeCT06518		Amount of Each Disbursement this Per	iod
Purpose of Disbursement EFT PROCESSING FEE			40.00	
		Category/ Type		
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼			
SUBTOTAL of Disbursements This Page (optional)		Þ	120.00	

LOANS

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

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ational Democratic Policy Committee LOAN SOURCE Full Name (Last, First, Middle Initial) HARVEY E. HASCALL - [PERSONAL FUNDS] Mailing Address 2137 S 1150 EAST	Transaction ID: LOAN0010000004 Election: Primary General Other (specify)
HARVEY E. HASCALL - [PERSONAL FUNDS]	Primary General Other (specify) ▼
Mailing Address 2137 S 1150 EAST	
City BOUNTIFUL State UT ZIP	Code 84010
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:
1 2 2 1 9 8 6 1 19871128	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) FOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no S	•

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 9 / 144 FOR LINE 13 OF FORM 3X

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 Co	ode 14120					
Original Amount of Loan Cumulative Payment To	b 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 24 1984 19841224	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	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	Amount Guaranteed					
	Outstanding:					
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
	Arran					
City State ZIP Code	Amount 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 Schedule D, carry forward to appropriate line of Summary.						

FE6AN026

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 10 / 144 FOR LINE 13 OF FORM 3X

е	FOR LINE	13 OF F

	MITTEE (In Full) ocratic Policy Committee					
LOAN SOUR	RCE Full Name (Last, First, Mic E. WILSON - [PERSONAL F				ection: Primary	N0000002886
Mailing Addre	ress 6241 WARNER #132				General Other (specif	fy) 🔻
City HUNTI	INGTON BEACH	State CA	ZIP Code 92647	— — — —		
	mount of Loan		ayment To Date		Jutstanding at	Close of This Period
	5000.00		0.00			5000.00
TERMS	Date Incurred	Date	e Due	Interest Rate		Secured:
м м 04	Date Incurred D D D Y Y Y Y 3 0 1984	19850430	Due	1200.00	e % (apr)	Secured:
	rsers or Guarantors (if any) to Loa	an Source				
Full Nam	ne (Last, First, Middle Initial)		Name of Emp	ployer		
Mailing A	Address		Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:		· · · · ·	
Full Nam	ne (Last, First, Middle Initial)		Name of Emp			
Mailing A	Address		Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
Full Nam	ne (Last, First, Middle Initial)		Name of Emp	ployer		
Mailing A	Address		Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
Full Nam	ne (Last, First, Middle Initial)		Name of Emp	ployer		
Mailing A	Address		Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
	This Period This Page (optional)			L		5000.00
	Period (last page in this line only)				<u> </u>	
	ing balance only to LINE 3, Sched	,			itata lino of Sur	
arry outstandin	Ag balance only to LINE 3, Scheo	UIE D, for this line.	If no Schedule D, carry ic	orward to appropri	late line of Sun	amary.

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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 11 / 144 FOR LINE 13 OF FORM 3X

FC	JR	13	OF	FC

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	
	Transaction ID: LOAN0000003820
LOAN SOURCE Full Name (Last, First, Middle Initial) MINEHART EDSEN - [PERSONAL FUNDS]	Election: Primary General
Mailing Address 1949 S MANCHESTER AVE SPACE 104	Other (specify)
City ANAHEIM State CA ZIP Co	de 92802
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
700.00	0.00 700.00
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:
	▶ 700.00
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

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 12/144

FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) ational Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) MINEHART EDSEN - [PERSONAL FUNDS]	Transaction ID: LOAN000003823 Election:
Mailing Address 1949 S MANCHESTER AVE SPACE 104	General General Other (specify) ▼
City ANAHEIM State CA	ZIP Code 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 D	Date Due Interest Rate Secured:
M M D D Y	Interest hate 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:
UBTOTALS This Period This Page (optional)	1250.00
OTALS This Period (last page in this line only)	
arry outstanding balance only to LINE 3. Schedule D. for this li	ne. 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 / 144 FOR LINE 13 OF FORM 3X

	MITTEE (In Full) ocratic Policy Committee				
LOAN SOU	LOAN SOURCE Full Name (Last, First, Middle Initial) Election:				
Mailing Addr	EUGENE L DRUSELL - [PERSONAL FUNDS]			Ge	mary eneral her (specify) ▼
City WEST		State CA ZIP Co			
Original A	mount of Loan	Cumulative Payment To	o Date	Balance Outst	anding at Close of This Period
	1000.00		0.00		1000.00
TERMS	Date Incurred	Date Due	I	nterest Rate	Secured:
М М 08	D D V Y Y Y 08 1984	19841108	0		% (apr) Yes X No
List All Endo	rsers or Guarantors (if any) to Lo	oan Source			
Full Nar	ne (Last, First, Middle Initial)		Name of Employer		
Mailing	Address		Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
Full Nar	ne (Last, First, Middle Initial)		Name of Employer		
Mailing	Address		Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	0 0 0 0	
Full Nar	ne (Last, First, Middle Initial)		Name of Employer		
Mailing	Address		Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
Full Nar	ne (Last, First, Middle Initial)		Name of Employer		
Mailing	Address		Occupation		
			Amount	0 0 0 0	
City	State	ZIP Code	Guaranteed Outstanding:		
SUBTOTALS	SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)					
Carry outstand	ing balance only to LINE 3, Sche	dule D, for this line. If no Sch	edule D, carry forwar	d to appropriate	line of Summary.

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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 14 / 144 FOR LINE 13 OF FORM 3X

FOR	LINE	13	OF	FO

NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
LOAN SOURCE Full Name (Last, First, Middle Initial) EUGENE L DRUSELL - [PERSONAL FUNDS]	Transaction ID: LOAN000004983 Election: Primary General Primary			
Mailing Address 1704 SAWYER	Other (specify)			
City WEST COVINA State CA	ZIP Code 91790			
Original Amount of Loan Cumulati	ve Payment To Date Balance Outstanding at Close of This Period			
1000.00	0.00 1000.00			
TERMS Date Incurred	Date Due Interest Rate Secured:			
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 Co	de Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Co	de Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Co	Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Co	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

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 15 / 144 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)	Election:		
BILL SUEDKAMP - [PERSONAL FUNDS]	Primary		
	General		
Mailing Address 1211 DOUGLAS HWY	Other (specify)		
City GILLETTE State WY 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:		
0 9 2 6 1 9 8 4 19850326			
	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:		
	Odistanding.		
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 Summarv.		
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FE6AN026

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 16/144

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) BILL SUEDKAMP - [PERSONAL FUNDS]	Election: Primary General		
Mailing Address 1211 DOUGLAS HWY	Other (specify)		
City GILLETTE State WY ZIP Co	de 82716		
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period		
1000.00	0.00 1000.00		
TERMS Date Incurred Date Due	Interest Rate Secured:		
M M D D P 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.			

LOANS

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

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NAME OF COMMITTEE (In Full)					
		Transaction ID: LOAN000006929			
LOAN SOURCE Full Name (Last, First, M	iddle Initial)	Election:			
HENRY C MAYBERRY - PERSONAL		Primary			
-	-	General			
Mailing Address 8071 F 19TH ST		Other (specify)			
Mailing Address 8071 E 19TH ST					
City WESTMINSTER	State CA ZIP Co	de 92683			
Original Amount of Loan	Cumulative Payment To	Date Balance Outstanding at Close of This Period			
500.00		0.00 500.00			
TERMS Date Incurred	Date Due	Interest Rate Secured:			
M M D D Y Y Y Y	Date Due				
10 25 1984	19851024	0 % (apr) Yes X No			
List All Endorsers or Guarantors (if any) to Lo	oan 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)					
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)					
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed			
City State	ZIF Code	Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
	o do droining.				
SUBTOTALS This Period This Page (optional) 500.00					
TOTALS This Period (last page in this line only	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 ary Pag

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narv Page	

VAME OF COMMITTEE (In Full) Vational Democratic Policy Committee Transaction ID: LOAN0000007139)	
LOAN SOURCE Full Name (Last, First, Middle Initial) Election: RONALD TAI HO CHOI - [PERSONAL FUNDS] Primary General						
Mailing Address 35797 BLAIR PL				Other (specify)	¥	
City FREMONT Stat	e CA ZIP Coo	le 94536				
Original Amount of Loan Cu	imulative Payment To	Date	Balance Out	tstanding at Cl	ose of This P	eriod
500.00		0.00			500.00	
TERMS Date Incurred	Date Due		Interest Rate		Secured:	
M M D D Y	928		0	% (apr)	Yes	X No
List All Endorsers or Guarantors (if any) to Loan Sou	rce					
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 2	ZIP Code	Amount Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial) Name of Employer						
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 2	ZIP Code	Amount Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional)						
FOTALS 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

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FOR LINE	13 OF	FORIN

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 This Period		
original / induit of Edan			
1000.00	0.00 1000.00		
TERMS			
Date Incurred Date Due	Interest Rate Secured:		
M M D D Y Y Y Y 10 22 1984 19851022	1200.00 % (apr) Yes X No		
	1200.00 % (apr) Yes X No		
List All Endersons or Ouerenters (if any) to Lean Source			
List All Endorsers or Guarantors (if any) to Loan Source	Name of Freelower		
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		
r di Name (Last, First, Middle finital)	Name of Employer		
Mailing Address	Occuration		
	Occupation		
	American		
City State ZIP Code	Amount Guaranteed		
City State ZIP Code	Outstanding:		
E II Marson (Land, Effect, Middle, Leithel)	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)			
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				
LOAN SOURCE Full Name (Last, First, Middle Initial)	Transaction ID: LOAN000009557 Election:			
ROBERT LOFTUS - [PERSONAL FUNDS]	Primary			
	General			
Mailing Address 2446 N SUMMIT	Other (specify)			
City DECATUR State IL Z	IP Code 62526			
Original Amount of Loan Cumulative Paym	ent To Date Balance Outstanding at Close of This Period			
1000.00	0.00 1000.00			
TERMS Date Incurred Date Date	ue Interest Rate Secured:			
0 6 0 5 1 9 8 4 19850705	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 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:			
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

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 21 / 144 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
	Transaction ID: LOAN0000010472			
LOAN SOURCE Full Name (Last, First, Middle Initial) SCOTT BEARD - [PERSONAL FUNDS]	Election: Primary General			
Mailing Address 4125 HAWTHORNE	Other (specify)			
City DALLAS State TX ZIP Co	de 75202			
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	Implementation 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)	1000.00			
TOTALS This Period (last page in this line only)	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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FOF	4 LIIN	E 13	OF	FC

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	
valional Democratic Policy Committee	Transaction ID: LOAN0000010652
LOAN SOURCE Full Name (Last, First, Middle Initial) NANCY J STEINER - [PERSONAL FUNDS]	Election: Primary General
Mailing Address 2809 GREER RD	Other (specify)
City PALO ALTO State CA ZIP Co	ude 94303
Original Amount of Loan Cumulative Payment To	b Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M 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
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)	
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				
National Democratic Policy Committee			Transaction ID: LOAN	0000011262
LOAN SOURCE Full Name (Last, First, Mid RAY BRANDENBERG - [PERSONAL			Election: Primary General	0000011202
Mailing Address 1303 AMORETTI			Other (specify	y) 🔻
City THERMOPOLIS	State WY ZIP Cod	de 82443		
Original Amount of Loan	Cumulative Payment To	Date	Balance Outstanding at C	Close of This Period
200.00		0.00		200.00
TERMS Date Incurred	Date Due	In	terest Rate	Secured:
M M D D Y	19840814	18	800.00 % (apr)	Yes X No
List All Endorsers or Guarantors (if any) to Loa	an 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:		0 0 0
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)		Þ		200.00
TOTALS This Period (last page in this line only)		•••••		
Carry outstanding balance only to LINE 3, Sched	ule D, for this line. If no Sche	edule D, carry forward	to appropriate line of Sum	mary.

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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	
National Democratic Policy Committee	Transaction ID: LOAN0000011993
LOAN SOURCE Full Name (Last, First, Middle Initial) JACKSON B BREEZE - [PERSONAL FUNDS]	Election: Primary General
Mailing Address 419 QUARTZ ST	Other (specify)
City REDWOOD CITY State CA ZIP Co	de 94062
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)	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

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NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
	Transaction ID: LOAN0000012031		
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:		
RICHARD ROPER - [PERSONAL FUNDS]	Primary		
	General		
Mailing Address 630 W DUARTE RD #33	└── Other (specify) ▼		
City MONROVIA 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:		
05 31 1984 19841130	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		
	Assessed		
	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:		
	▶ 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 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)
City FREMONT State CA Z	IP Code 94536
Original Amount of Loan Cumulative Paym	ent To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Date Date Date Date Date Date Date	ue 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)	1000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If n	o Schedule D, carry forward to appropriate line of Summary.

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LOANS

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FOR LINE	13	O۲	FORM

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	Transaction ID: LOAN0000013379
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
MARGARET MAMULA - [PERSONAL FUNDS]	Primary
	General
Mailing Address 4321 N FL BUBBITO	Other (specify) ▼
Mailing Address 4321 N EL BURRITO	
City TUCSON State AZ	ZIP Code 85705
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 Y Y Y Y Y 19840815	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
Full Name (Last First Middle Initial)	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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LOANS

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NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee		_		
	a Initial)	Т	ransaction ID: LOAN	000013410
LOAN SOURCE Full Name (Last, First, Middl BILL DRAKE - [PERSONAL FUNDS]	e initial)		Election:	
			General	
				
Mailing Address RT 4 BOX 126			Other (specify)	•
City DEXTER	State MO ZIP Co	de 63841		
Original Amount of Loan	Cumulative Payment To	Date Ba	alance Outstanding at C	lose of This Period
100.00		0.00		100.00
TERMS				
Date Incurred	Date Due	Intere	est Rate	Secured:
M M D D Y	9840819	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	Amount Guaranteed		
City State		Outstanding:		<u> </u>
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Cocupation		
		Amount		
City State	ZIP Code	Guaranteed		
		Outstanding:		
				100.00
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	e D, for this line. If no Sche	edule D, carry forward to	appropriate line of Sumr	nary.

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LOANS

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
National Democratic Policy Committee		Tra	ansaction ID: LOAN	000017823
LOAN SOURCE Full Name (Last, First, Middl HAROLD N LYNGE MD - [PERSONAL F			Election: Primary General	
Mailing Address 2 S 13TH ST			Other (specify)	¥
City SAN JOSSE	State CA ZIP Cod	de 95112		
Original Amount of Loan	Cumulative Payment To	Date Bal	ance Outstanding at Cl	ose of This Period
1000.00		0.00		1000.00
TERMS Date Incurred	Date Due	Interes	t Rate	Secured:
M M D D Y Y Y Y Y 19	841008	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:		0 0 0 A A A
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:		
		Г		
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	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: LOAN0000018351
LOAN SOURCE Full Name (Last, First, Middle Init	ial)	Election:
GREGORY R WOLF - [PERSONAL FUNDS]		Primary
· ·		General
Mailing Address 5258 CABTWBIGHT		Other (specify)
Mailing Address 5258 CARTWRIGHT		
-	e CA ZIP Cod	
Original Amount of Loan Cur	mulative Payment To	Date Balance Outstanding at Close of This Period
300.00		0.00 300.00
TERMS Date Incurred	Date Due	Interest Rate Secured:
	Dale Due	
M m D D Y Y Y Y Y 198411 198411	14	0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Sour	ce	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
		Amount
City State Z	IP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State Z	IP Code	Guaranteed
		Outstanding:
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State Z	IP Code	Guaranteed
		Outstanding:
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Occupation
		Amount
City State Z	IP Code	Guaranteed
	IF Code	Outstanding:
SUBTOTALS This Period This Page (optional)		300.00
TOTALS This Period (last page in this line only)		▶ ▶
Carry outstanding balance only to LINE 3, Schedule D, for	or this line. If no Sche	dule 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: LOAN0000018352
LOAN SOURCE Full Name (Last, First, Middle Initial) GREGORY R WOLF - [PERSONAL FUNDS]	Election:
	General
Mailing Address 5258 CARTWRIGHT	
Mailing Address 5258 CARTWRIGHT	☐ Other (specify) ▼
City NORTH HOLLYWOOD State CA ZIP Co	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
	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
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:
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 32 / 144 FOR LINE 13 OF FORM 3X

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:
	General
Mailing Address 5258 CARTWRIGHT	
Mailing Address 5258 CARTWRIGHT	☐ Other (specify) ▼
City NORTH HOLLYWOOD State CA ZIP Co	ode 91601
Original Amount of Loan Cumulative Payment To	b 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
	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
	Amount Guaranteed
City State ZIP Code	Outstanding:
CURTATAL O This Deried This Deve (articul)	▶ 100.00
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	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 33 / 144 FOR LINE 13 OF FORM 3X

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Daga		

NAME OF COMMITTEE (In Full) National Democratic Policy Committee					
-				on ID: LOAN	000018611
LOAN SOURCE Full Name (Last, First, Midd WILLIAM O MC KAY - [PERSONAL FU				tion: Primary General	
Mailing Address 4627 W 137TH PL				Other (specify) 🔻
City HAWTHORNE	State CA ZIP Coo	de 90250			
Original Amount of Loan	Cumulative Payment To	Date	Balance Ou	utstanding at C	lose 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	9851117	(0	% (apr)	Yes X No
List All Endorsers or Guarantors (if any) to Loan	Source				
Full Name (Last, First, Middle Initial)		Name of Emplo	byer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			0 0 0
Full Name (Last, First, Middle Initial)		Name of Emplo	byer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emplo	byer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emplo	byer		
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)					0 0 0 0
Carry outstanding balance only to LINE 3, Schedul	e D, for this line. If no Sche	edule D, carry forv	ward to appropria	te line of Sum	nary.

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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 34 / 144 FOR LINE 13 OF FORM 3X

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	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	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)	▶ 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	nedule 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 35 / 144 FOR LINE 13 OF FORM 3X

FOR	LINE	13 OF	FOR

AME OF COMMITTEE (In Full)					
ational Democratic Policy Committe	e		Transacti	on ID: LOAN	10000018817
LOAN SOURCE Full Name (Last, First LEONARD K NITZ - [PERSONAL				ction: Primary General	
Mailing Address 5343 CALLISTER A	VE			Other (specif	y) 🔻
City SACRAMENTO	State CA ZIP C	ode 95819			
Original Amount of Loan	Cumulative Payment T	o Date	Balance O	utstanding at (Close of This Period
1000.00		0.00			1000.00
TERMS Date Incurred	Date Due		Interest Rate		Secured:
M M D D D 2 1 9 4 1 9 8 4 1 9 8 4 1 9 8 4 1 9 8 4 1 9 8 4 1 9 8 4 1 1 9 8 4 1 <th1< th=""> <th1< th=""> <th1< th=""> <th1< th=""></th1<></th1<></th1<></th1<>			0	% (apr)	Yes X No
List All Endorsers or Guarantors (if any)					
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:			
Full Name (Last, First, Middle Initial)	Name of Empl	loyer		
Mailing Address		Occupation			
City	State ZIP Code	Amount Guaranteed Outstanding:			
UBTOTALS This Period This Page (opti	onal)		•		1000.00
OTALS This Period (last page in this line			•		
arry outstanding balance only to LINE 3, 5	Schedule D, for this line. If no Sc	hedule D, carry for	rward to appropria	ate line of Sum	imary.

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LOANS

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

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			, 0			
NAME OF COMMITTEE (In Full)						
National Democratic Policy Committee						
				on ID: LOANO	0000196	58
LOAN SOURCE Full Name (Last, First, M WARREN BANDY - [PERSONAL FU!	iddle Initial)		Elec	tion:		
				Primary General		
Mailing Address 934 TAMARACK LN #6	i			Other (specify)	¥	
City SUNNYVALE	State CA ZIP Cod	e 94086				
Original Amount of Loan	Cumulative Payment To	Date	Balance Or	utstanding 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 Y Y 09 06 1984<	19841206		0	% (apr)	Yes	X No
List All Endorsers or Guarantors (if any) to Lo	oan Source					
Full Name (Last, First, Middle Initial)		Name of Em	ployer			
Mailing Address		Occupation				
		Amount				1
City State	ZIP Code	Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)		Name of Em	ployer			
Mailing Address		Occupation				
		Amount				1
City State	ZIP Code	Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)		Name of Em	ployer			
Mailing Address		Occupation				
		Amount				
City State	ZIP Code	Guaranteed				
		Outstanding				_
Full Name (Last, First, Middle Initial)		Name of Em	ployer			
Mailing Address		Occupation				
		Amount	0 0 0 0			-
City State	ZIP Code	Guaranteed				
		Outstanding				

		U			U	U			-		
SUBTOTALS This Period This Page (optional)								100)0.0	0	
		0				U		-	-		-
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	l to ap	pro	pria	te li	ne o	f Su	mm	ary.			

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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 37 / 144

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·
National Democratic Policy Committee	Transaction ID: LOAN0000019945
LOAN SOURCE Full Name (Last, First, Middle Initial) IAN MC CLASHAN - [PERSONAL FUNDS]	Election: Primary General
Mailing Address 245 W LORRAINE ST APT 121	Other (specify)
City GLENDALE State CA ZIP Co	ude 91202
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1500.00	0.00 1500.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M D D Y Y Y Y Y Y 19841210	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)	1500.00
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	
LOAN COUDCE Full Name (Last First Middle Initial)	Transaction ID: LOAN0000021069
LOAN SOURCE Full Name (Last, First, Middle Initial) LOUIS HARDING - [PERSONAL FUNDS]	
	Primary General
Mailing Address 815 N MADISON	
Mailing Address 815 N MADISON	└── Other (specify) ▼
City PIERRE SD ZIP Co	ode 57501
Original Amount of Loan Cumulative Payment To	b 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	Intelest hate Secured.
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	
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:
	1
	1000.00
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
ourry outstanding bulance only to Ente 0, ochedule D, for this life. If no och	isaalo b, sairy isi wara to appropriate inte or summary.

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NAME OF COMMITTEE (In Full)

SCHEDULE C (FEC Form 3X)

LOANS

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Summary Page				

National Democratic Policy Committee			Transaction ID: LOAN0000021171
LOAN SOURCE Full Name (Last, First, Mide MARILYN PEARSON - [PERSONAL FU			Election: Primary General
Mailing Address RR 1			Other (specify)
City SPENCER	State IA ZIP Co	de 51301	
Original Amount of Loan	Cumulative Payment To	Date	Balance Outstanding at Close of This Period
1000.00		100.00	900.00
TERMS Date Incurred	Date Due	Inte	erest Rate Secured:
M M D D Y	9850328	0	% (apr) Yes X No
List All Endersore or Cuerenters (if any) to Los	- Courso		
List All Endorsers or Guarantors (if any) to Loan 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	
City State	ZIP Code	Amount 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, Schedu	le D, for this line. If no Sch	edule D, carry forward t	o 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			
	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 C	•		
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:		
10 25 1984 19841125	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		
	Assessed		
	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 Se	chequie 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 41 / 144

he FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)						
ational Democratic Policy Committee			Transact	ion ID: LOAN	1000002266	57
LOAN SOURCE Full Name (Last, First ROBERT A FUDO - [PERSONAL F	Middle Initial) [UNDS]			ction: Primary General		
Mailing Address 24922 MUIRLANDS	SP 36			Other (specify	y) 🔻	
City EL TORO	State CA ZIP C	ode 92630				
Original Amount of Loan	Cumulative Payment T	o Date	Balance O	outstanding at (Close of This I	Period
750.00		0.00			750.00	
TERMS Date Incurred	Date Due		Interest Rate		Secured:	
M M D D V Y Y Y 10 22 1984			0	% (apr)	Yes	X No
List All Endorsers or Guarantors (if any) to	Loan Source					
Full Name (Last, First, Middle Initial)		Name of Emplo	oyer			
Mailing Address		Occupation				
City St	ate ZIP Code	Amount Guaranteed Outstanding:	0 0 0		· · ·	
Full Name (Last, First, Middle Initial)		Name of Emplo	byer			
Mailing Address		Occupation				
City St	ate ZIP Code	Amount Guaranteed Outstanding:	0 0 0		U U U	
Full Name (Last, First, Middle Initial)		Name of Emplo	oyer			
Mailing Address		Occupation				
City St	ate ZIP Code	Amount Guaranteed Outstanding:			· · ·	
Full Name (Last, First, Middle Initial)		Name of Emplo	oyer			
Mailing Address		Occupation				
City St	ate ZIP Code	Amount Guaranteed Outstanding:				
UBTOTALS This Period This Page (option	nal)				750.00	0
OTALS This Period (last page in this line of	nly)					
arry outstanding balance only to LINE 3, So	hedule D. for this line. If no Sc	hedule D. carry for	ward to appropri	ate line of Sum	marv.	

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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 42/144

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN0000023255
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
KEITH J ORR - [PERSONAL FUNDS]	Primary
	General
Mailing Address 441 PUERTO PL	Other (specify)
City HAYWARD State CA ZIP C	
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:
10 24 1984 19841224	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
Martha Aslanda	
Mailing 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:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 2. Schodule D. for this line. If we set	shedulo D. corru forward to appropriate line of Summery
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sc	neulie D, carry iorwaru 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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National Democratic Policy Committee	Transaction ID: LOAN0000023300
LOAN SOURCE Full Name (Last, First, Middle Initial) H WYVONNE LANDRY - [PERSONAL FUNDS]	Election:
Mailing Address 18346 COLLINS ST #17	☐ Other (specify) ▼
City TARZANA State CA ZIP Co	•
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)	
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 44 / 144 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	
	Transaction ID: LOAN0000023612
LOAN SOURCE Full Name (Last, First, Middle Initial) JACOB S PAINTER - [PERSONAL FUNDS]	Election: Primary General
Mailing Address 4371 SUNRISE DR	Other (specify)
City CASPER State WY ZIP Cod	de 82604
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
250.00	0.00 250.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M 2 2 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 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)	250.00
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

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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: Primary General
Mailing Address 46 SOMERSET AVE	Other (specify)
City RIVERSIDE State RI ZIP Co	ode 02915
Original Amount of Loan Cumulative Payment To	b 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 46 / 144 FOR LINE 13 OF FORM 3X

e	FOR LINE 13 OF	

NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee			Transaction ID: LC	
LOAN SOURCE Full Name (Last, First, M BRYCE JONES - [PERSONAL FUND			Election:	JANUUUUU23624
Mailing Address 213 W OAKRIDGE DR			Other (sp	becify) ▼
City FARMINGTON	State UT ZIP Co	de 84025		
Original Amount of Loan	Cumulative Payment To	Date	Balance Outstanding	at Close of This Period
1000.00		0.00		1000.00
TERMS Date Incurred	Date Due	Ir	nterest Rate	Secured:
M M D D Y	19850122	0	% (apr	
List All Endorsers or Guarantors (if any) to Lo	oan 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	z ZIP Code	Amount 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, Sche	dule 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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г ғоқ	LINE	13	OF	F	U

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
LOAN SOURCE Eul Nome (Lost First Middle Initial)	Transaction ID: LOAN0000023627
LOAN SOURCE Full Name (Last, First, Middle Initial) MRS BRYCE JONES - [PERSONAL FUNDS]	Election:
	General
Mailing Address 213 W OAKRIDGE DR	Other (specify)
213 W OARRIDGE DR	
City FARMINGTON State UT ZIP Co	de 84025
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	
10 22 1984 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
	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 Guaranteed
City State ZIP Code	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:
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
SUDIVIALS THIS FERIOU THIS FAGE (OPTIONIAL)	······································
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 Summarv.

FE6AN026

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 48 / 144 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	
National Democratic Policy Committee	Transaction ID: LOAN0000023628
LOAN SOURCE Full Name (Last, First, Middle Initial) MRS DONALD MILLS - [PERSONAL FUNDS]	Election: Primary General
Mailing Address 4495 WOODLAWN	Other (specify)
City BEAUMONT State TX ZIF	P Code 77703
Original Amount of Loan Cumulative Paymer	nt To Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS Date Incurred Date Date	e 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)	▶ 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	Schedule D, carry forward to appropriate line of Summary.

FE6AN026

LOANS

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

PAGE 49/144 FOR LINE 13 OF FORM 3X

F	ОК	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 Coo	de 91776
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M D 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)	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.

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, Middle Initial)	Transaction ID: LOAN0000024453 Election:
JAMES HOWARD PETERS - [PERSONAL FUNDS]	
	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 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 1 1 2 6 1 9 8 4 19850526	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
	•
01	Amount
City State ZIP Code	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
r un rvarre (Last, rirst, widdle militar)	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	Occupation
	Amount Guaranteed
City State ZIP Code	Outstanding:
	Ŭ Ŭ
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 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 51 / 144 FOR LINE 13 OF FORM 3X

FOR	13	Ог	гU

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN0000024908
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
LARS THELANDER - [PERSONAL FUNDS]	Primary
	General
Mailing Address 14 MOUNT CASTLE PL	☐ Other (specify) ▼
City JOHNSON CITY State TN ZIP Coo	
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS	lateraat Data
Date Incurred Date Due	Interest Rate Secured:
1 1 0 2 1 9 8 4 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	Occupation
	· · · · · · · · · · · · · · · · · · ·
	Amount
City State ZIP Code	Guaranteed
Full Name (Least First Middle Initial)	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount Guaranteed
City State ZIP Code	Outstanding:
SUBTOTALS This Pariod This Page (antional)	▶ 500.00
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

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 52/144

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	Transaction ID: LOAN0000025202
LOAN SOURCE Full Name (Last, First, Middle Initial) ALMA G UBER - [PERSONAL FUNDS]	Election: Primary General
Mailing Address 3447 STERNE ST	Other (specify)
City SAN DIEGO State CA ZIP	Code 92106
Original Amount of Loan Cumulative Payment	t To Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS	listerent Data Conversion
Date Incurred Date Due M M 0 7 1 9 8 4 1 19850507	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)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no S	Schedule 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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NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN0000026096
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
GABRIEL DICK - [PERSONAL FUNDS]	Primary
	General
Mailing Address BOX 274	Other (specify)
City CARMEL State CA ZIP C	
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
M M M 30 V Y Y Y 19841230	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)	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	hedule 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 54 / 144 FOR LINE 13 OF FORM 3X

е	FOR LINE	13 OF	Г

tional Democratic Policy	Committee			Transa	ction ID: LOAN	10000032658
LOAN SOURCE Full Nam JOHN PRICE - [PERSO	e (Last, First, Middle NAL FUNDS]	Initial)			Election: Primary General	10000032656
Mailing Address 101 S Co	Aailing Address 101 S COTTAGE RD				Other (specif	y) 🔻
City STERLING		State VA ZIP C	ode 22170			
Original Amount of Loan		Cumulative Payment T	o Date	Balance	Outstanding at (Close of This Perio
	750.00		0.00			750.00
TERMS Date Incurre	d	Date Due		Interest Ra	te	Secured:
	985 ^Y 198	360520		0	% (apr)	Yes X
List All Endorsers or Guarant		Source				
Full Name (Last, First, N	liddle Initial)		Name of Emp	oloyer		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, N	liddle Initial)		Name of Emp	oloyer		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, N	liddle Initial)		Name of Emp	oloyer		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, M	liddle Initial)		Name of Emp	oloyer		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
JBTOTALS This Period This	Page (optional)					750.00
DTALS This Period (last page						41400.00
rry outstanding balance only				muoud to one	unista lina af Cum	

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SCHEDULE D (FEC Form 3X)		(1.100.0	separate	PAGE 55 / 144	
			edule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS			ered line)	(check only one) 9	
		Turno	ereu line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor AIRBORNE FREIGHT CORP.	or Creditor			ebt (Purpose): S PACKAGE SERVICE	
Mailing Address P O BOX 662					
City State SEATTLE WA	ZIP Code 98111				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112089	
12.50					
Amount Incurred This Period	Payment This Period		Outetandii	ng Balance at Close of This Period	
			Outstandin		
0.00	0.00			12.50	
B. Full Name (Last, First, Middle Initial) of Debtor AMFAC HOTEL	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTAL	
Mailing Address P O BOX 1926					
City State ALBUQUERQUE NM	ZIP Code 87119				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112090	
198.49					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			198.49	
C. Full Name (Last, First, Middle Initial) of Debtor ARLINGTON HILTON	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS	
Mailing Address 2401 EAST LAMAR BOUL	EVARD				
City State	ZIP Code				
ARLINGTON TX	76011				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112363	
139.00					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			139.00	
1) SUBTOTALS This Period This Page (optional)		►		349.99	
2) TOTALS This Period (last page this line number of		▶			
3) TOTAL OUTSTANDING LOANS from Schedu	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)		(1.100	aanarata	PAGE 56 / 144
			e separate nedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		fc	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 AUDIO VISUAL CENTER	or Creditor			ebt (Purpose): ENT RENTAL
Mailing Address 235 NORTH BROAD STRE	ET			
City State PHILADELPHIA PA	ZIP Code 19107			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112091
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 AUDIO VISUAL HEADQUARTERS CORP	or Creditor			ebt (Purpose): ENT RENTAL
Mailing Address 361 NORTH OAK STREET				
City State INGLEWOOD CA	ZIP Code 90301			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112092
11.08				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			11.08
C. Full Name (Last, First, Middle Initial) of Debtor AVW AUDIO VISUAL INC	or Creditor			ebt (Purpose): ENT RENTAL
Mailing Address 1372 WYCLIFF AVE				
City State	ZIP Code			
DALLAS TX	75207			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112093
65.64				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			65.64
1) SUBTOTALS This Period This Page (optional)		Þ		101.72
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	ne of Summary Page (last page only	') D		

SCHEDULE D (FEC	Form 3Y)		(1.100.04	noroto	PAGE 57 / 144	
-			(Use se scheo	lule(s)		
DEBTS AND OBLIG	ATIONS		for e	each	(check only one) 9	
Excluding Loans			numbe	red line)	X 10	
NAME OF COMMITTEE National Democratic F						
	oney committee					
A. Full Name (Last, F BANK OF THE CO	First, Middle Initial) of Debtor	or Creditor		ature of D IISC. EX	ebt (Purpose): IPENSE	
Mailing Address PO	BOX 32900					
City DETROIT	State MI	ZIP Code 48232				
Outstanding Balance	e Beginning This Period			Tra	nsaction ID: INV6010000112095	
	1430.00					
Amount Inci	urred This Period	Doumont This Davied		Quitatandi	na Balanca at Class of This Davied	
Amount Incl		Payment This Period		Juistandii	ng Balance at Close of This Period	
	0.00	0.00			1430.00	
B. Full Name (Last, F BELMONT RESTA	First, Middle Initial) of Debtor URANT	or Creditor			ebt (Purpose): ENTALS	
Mailing Address 541	LEXINGTON AVE.					
City NEW YORK	State NY	ZIP Code 10022				
Outstanding Balance	e Beginning This Period			Tra	nsaction ID: INV6010000112096	
	110.00					
Amount Incu	urred This Period	Payment This Period		Outstandii	ng Balance at Close of This Period	
	0.00	0.00			110.00	
C. Full Name (Last, F BROWN PALACE	First, Middle Initial) of Debtor HOTEL	or Creditor			ebt (Purpose): ENTALS	
Mailing Address P.C	D. BOX 1440					
City	State	ZIP Code				
DENVER	CO	80201				
Outstanding Balance	e Beginning This Period			Tra	nsaction ID: INV6010000112097	
	273.00					
Amount Incu	urred This Period	Payment This Period	(Outstandi	ng Balance at Close of This Period	
	0.00	0.00			273.00	
1) SUBTOTALS This F	Period This Page (optional)		•		1813.00	
-			⊾			
		nly)	`			
3) TOTAL OUTSTAND		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 F	form 3X)		(1160	separate	PAGE 58 / 144	
	-		sch	edule(s)		
DEBTS AND OBLIGA				r each bered line)	(check only one) 9	
Excluding Loans	n Full)			, e. e.e	X 10	
National Democratic Po	,					
A. Full Name (Last, Fir BRUKOFF, BERAS	st, Middle Initial) of Debtor & STEWART,P.C.	or Creditor			ebt (Purpose): ES-ZIEGLER/CONG	
Mailing Address 3000) TOWN CENTER					
City SOUTHFIELD	State MI	ZIP Code 48075				
Outstanding Balance	Beginning This Period			Tra	nsaction ID: INV6010000112099	
	285.00					
Amount Incurr	red This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			285.00	
B. Full Name (Last, Fir CAMPAIGNER PUB Mailing Address P.O.		or Creditor			ebt (Purpose): ELATIONS SERVICE	
City WASHINGTON	State DC	ZIP Code 20041				
Outstanding Balance	Beginning This Period			Tra	nsaction ID: INV6010000111880	
	2700.00					
Amount Incur	red This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			2700.00	
C. Full Name (Last, Fir CAMPAIGNER PUB	st, Middle Initial) of Debtor LICATIONS	or Creditor		Nature of D RENT	lebt (Purpose):	
Mailing Address P.O.	BOX 17726					
City	State	ZIP Code				
WASHINGTON	DC	20041				
Outstanding Balance	Beginning This Period			Tra	nsaction ID: INV6010000111909	
0 0 0 0	64.51					
Amount Incur	red This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			64.51	
					3049.51	
		only)				
3) TOTAL OUTSTANDING	G LOANS from Schedu	Ile C (last page only)				
4) ADD 2) and 3) and ca	rry forward to appropriate I	ine of Summary Page (last page only	r) 🕨	•		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 59 / 144
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 CAMPAIGNER PUBLICATIONS	or Creditor	Nature of I ADVERT	Debt (Purpose): ISING
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000111912
1567.00			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		1567.00
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor	Nature of I ADVERT	Debt (Purpose): ISING
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000111913
60.00			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		60.00
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor		Debt (Purpose): IIPTIONS PURCHASE
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000111914
7316.85			
Amount Incurred This Period	Payment This Period	Outstand	ing 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 This Page (optional) 2) TOTALS This Period (last page this line number of the second second			
	ile C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropriate			

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 60 / 144
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)			X 10
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS	r 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
0.00	0.00		800.00
B. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS	or or 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: 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 Debto CAMPAIGNER PUBLICATIONS	r or 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: 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) SUBTOTALS This Period This Page (optional).			2050.00
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)		(1.100	separate	PAGE 61 / 144	
			nedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS			or each bered line)	(check only one) 9	
Excluding Loans NAME OF COMMITTEE (In Full)		nam		X 10	
National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor or CAMPAIGNER PUBLICATIONS	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: INV6010000111918	
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 or CAMPAIGNER PUBLICATIONS	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: 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 or CAMPAIGNER PUBLICATIONS	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: INV6010000111920	
11948.30					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			11948.30	
1) SUBTOTALS This Period This Page (optional)		•		21428.30	
2) TOTALS This Period (last page this line number onl		,			
	C (last page only))			
4) ADD 2) and 3) and carry forward to appropriate line)			

SCHEDULE D (FEC Form 3X)		(Use sepa	arato	PAGE 62 / 144
			schedule(s) FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		for ead numbered		(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)			a	X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor	Nati RE		ebt (Purpose):
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Trai	nsaction ID: INV6010000111921
800.00				
Amount Incurred This Period	Payment This Period	O	ıtstandir	ng Balance at Close of This Period
0.00	0.00		1 1	800.00
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor			ebt (Purpose): OPIER USAGE
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Trai	nsaction ID: INV6010000111922
250.00				
Amount Incurred This Period	Payment This Period	Οι	utstandir	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): /MUNICATIONS
Mailing Address P.O. BOX 17726				
City State	ZIP Code			
WASHINGTON DC	20041			
Outstanding Balance Beginning This Period			Trai	nsaction ID: INV6010000111923
1000.00				
Amount Incurred This Period	Payment This Period	OL	utstandir	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 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)		(1.100	separate	PAGE 63 / 144	
			edule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS			r each (ered line)	(check only one) 9	
Excluding Loans NAME OF COMMITTEE (In Full)		numb		X 10	
National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor 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	Р В		8170.00	
B. 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 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 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: INV6010000111926	
30.00					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			30.00	
1) SUBTOTALS This Period This Page (optional)		►		8350.00	
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	r) ►			

SCHEDULE D (FEC Form 3X)		()] = =		PAGE 64 / 144	
			e separate nedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		fc	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	or Creditor			ebt (Purpose):	
CAMPAIGNER PUBLICATIONS			SUBSCR	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	
0.00	0.00			5852.00	
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726	or Creditor			ebt (Purpose): IPTIONS PURCHASE	
	710.0				
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			13773.65	
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor		Nature of D ADVERTI	lebt (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	
				19928.15	
1) SUBTOTALS This Period This Page (optional)					
2) TOTALS This Period (last page this line number of	nly)				
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)		(1.100	aanarata	PAGE 65 / 144	
			e separate nedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		fc	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 of 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: 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 Mailing Address P.O. BOX 17726	or Creditor		Nature of D ADVERTI	ebt (Purpose): SING	
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			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: 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)		Þ		15939.60	
2) TOTALS This Period (last page this line number or		—.			
	C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate lir		<u> </u>			

SCHEDULE D (FEC Form	3X)		(Use	separate	PAGE 66 / 144
DEBTS AND OBLIGATIONS		sch	edule(s)		
Excluding Loans			or each bered line)	(check only one) 9 X 10	
NAME OF COMMITTEE (In Full)				,	X 10
National Democratic Policy C	Committee				
A. Full Name (Last, First, Mid CAMPAIGNER PUBLICAT		or Creditor		Nature of D RENT	ebt (Purpose):
Mailing Address P.O. BOX	17726				
	State DC	ZIP Code 20041			
Outstanding Balance Begin	ning This Period			Tra	nsaction ID: INV6010000112059
	800.00				
Amount Incurred Thi	s Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			800.00
B. Full Name (Last, First, Mid CAMPAIGNER PUBLICAT		or Creditor			ebt (Purpose): MMUNICATIONS
Mailing Address P.O. BOX	17726				
	State DC	ZIP Code 20041			
Outstanding Balance Begini	ning This Period			Tra	nsaction ID: INV6010000112060
1	000.00				
Amount Incurred Thi	s Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			1000.00
C. Full Name (Last, First, Mid CAMPAIGNER PUBLICAT		or Creditor		Nature of D RENT	ebt (Purpose):
Mailing Address P.O. BOX	17726				
	State DC	ZIP Code 20041			
Outstanding Balance Begini	ning This Period		I	Tra	nsaction ID: INV6010000112061
	800.00				
Amount Incurred Thi	s Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			800.00
1) SUBTOTALS This Period Th	nis Page (optional)				2600.00
2) TOTALS This Period (last page	ge this line number or	nly)			
3) TOTAL OUTSTANDING LOA	NS from Schedule	e C (last page only)	>		· · · · · · · · ·
4) ADD 2) and 3) and carry for	vard to appropriate lin	e of Summary Page (last page only)) 🕨		

		(11-		PAGE 67 / 144
SCHEDULE D (FEC Form 3X)			separate edule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		fc	or each ((check only one) 9
		num	bered line)	X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or 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: 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 Debtor CAMPAIGNER PUBLICATIONS	or 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: INV6010000112063
800.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			800.00
C. Full Name (Last, First, Middle Initial) of 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: INV6010000112064
1000.00				
			0.1.1.	
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)		Þ		2800.00
2) TOTALS This Period (last page this line number c		,		
3) TOTAL OUTSTANDING LOANS from Schedu	e C (last page only))		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	r) 🕨		

SCHEDULE D (FEC Form 3X)		(1.10.0	accercta	PAGE 68 / 144
			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				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of CAPITOL PLAZA	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 240 WEST STATE STREET	Г			
City State TRENTON NJ	ZIP Code 08608			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112103
93.10				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			93.10
B. Full Name (Last, First, Middle Initial) of Debtor CAPITOL PLAZA HOTEL	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address HOLIDAY INN 300 J STREET				
City State SACRRAMENTO CA	ZIP Code 95814			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112102
15.78				
	Deventer This Deviad		Outstand	
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			15.78
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
CAUCUS DISTRIBUTORS INC.				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: INV6010000112274
8023.57				
Amount Incurred This Period	Payment This Period		Outetandii	ng Balance at Close of This Period
			Outstandi	
0.00	0.00			8023.57
1) SUBTOTALS This Period This Page (optional)		I		8132.45
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	/) I		

SCHEDULE D (FEC Form 3X)		(1100	separate	PAGE 69 / 144
		sch	edule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS			or each bered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)		Turn		X 10
National Democratic Policy Committee				
A. 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 NEW YORK NY	ZIP Code 10101			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112275
1529.35				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			1529.35
B. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor			ebt (Purpose): FICE 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: INV6010000112281
2614.35				
Amount Incurred This Period	Payment This Period		Outstandi	ng 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			ebt (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: INV6010000112282
9834.85				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			9834.85
1) SUBTOTALS This Period This Page (optional)		▶		13978.55
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	r) Þ		

SCHEDULE D (FEC Form 3X)		(1.100	separate	PAGE 70 / 144
			edule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS			ered line)	(check only one) 9
		numo	ereu line)	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			ebt (Purpose): NNING FEES & EXPNS
Mailing Address PO BOX 748 RADIO CITY STATION				
City State NEW YORK NY	ZIP Code 10101			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112283
235.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng 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			ebt (Purpose): FICE 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: INV6010000112284
2614.35				
Amount Incurred This Period	Payment This Period		Outstandir	ng 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			ebt (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: INV6010000112285
7844.75				
Amount Incurred This Period	Payment This Period	-	Outstandi	ng 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 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)		(1.100	separate	PAGE 71 / 144	
			redule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		fc	or each bered line)	(check only one) 9	
		num	bereu line)	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			ebt (Purpose): FICE RENT	
Mailing Address PO BOX 748 RADIO CITY STATION					
City State	ZIP Code				
NEW YORK NY	10101				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112286	
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.	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: INV6010000112287	
5250.00					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00	1		5250.00	
C. Full Name (Last, First, Middle Initial) of Debtor 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: INV6010000112288	
1151.71					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			1151.71	
1) SUBTOTALS This Period This Page (optional)				9016.06	
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)	r) 🕨			

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 72 / 144
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 CAUCUS DISTRIBUTORS INC.	or Creditor		Debt (Purpose): DFFICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION			
City State NEW YORK NY	ZIP Code 10101		
Outstanding Balance Beginning This Period		Т	ransaction ID: INV6010000112289
2614.35			
Amount Incurred This Period	Payment This Period	Outstan	ding Balance at Close of This Period
0.00	0.00		2614.35
B. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		Debt (Purpose): FC TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION City State NEW YORK NY	ZIP Code 10101		
Outstanding Balance Beginning This Period		 	ransaction ID: INV6010000112290
2296.00			
Amount Incurred This Period	Payment This Period	Outstan	ding 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): FC TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION			
City State NEW YORK NY	ZIP Code 10101		
Outstanding Balance Beginning This Period 10085.00		Ti	ransaction ID: INV6010000112291
Amount Incurred This Period	Payment This Period	Outstan	ding Balance at Close of This Period
0.00	0.00		10085.00
			14995.35
1) SUBTOTALS This Period This Page (optional)			
2) TOTALS This Period (last page this line number of			
 3) TOTAL OUTSTANDING LOANS from Schedu 4) ADD 2) and 3) and carry forward to appropriate I 	le C (last page only)		
	ine of outfittiary r age (last page offig	, .	

SCHEDULE D (FEC Form 3X)		(Use separ	PAGE	73 / 144
DEBTS AND OBLIGATIONS		schedule(s) FOR LINE NUMB	
Excluding Loans		for each numbered	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 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: INV60)10000112292
2200.00				
Amount Incurred This Period	Payment This Period	Outs	tanding Balance at Close	of This Period
0.00	0.00			2200.00
B. 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: INV60	10000110003
2000.00				10000112293
Amount Incurred This Period	Payment This Period	Outs	tanding Balance at Close	of This Period
0.00	0.00			2000.00
C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		e of Debt (Purpose): OFFC TELEPHONE U	SAGE
Mailing Address PO BOX 748 RADIO CITY STATION				
City State	ZIP Code			
NEW YORK NY Outstanding Balance Beginning This Period 0170.00	10101		Transaction ID: INV60)10000112294
9170.00				
Amount Incurred This Period	Payment This Period	Outs	tanding Balance at Close	of This Period
0.00	0.00			9170.00
1) SUBTOTALS This Period This Page (optional)			1337	0.00
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)) ►		

SCHEDULE D (FEC Form 3X)		(Use se	enarate	PAGE 74 / 144
DEBTS AND OBLIGATIONS			lule(s)	FOR LINE NUMBER:
		for e numbei	each red 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			ebt (Purpose): FICE 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	(Outstandir	ng Balance at Close of This Period
0.00	0.00		· · ·	2000.00
	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	ZIP Code			
NEW YORK NY	10101			
Outstanding Balance Beginning This Period		·	Tra	nsaction ID: INV6010000112296
9170.00				
Amount Incurred This Period	Payment This Period	(Outstandir	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	(Outstandir	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 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)		(Use sep	arate	PAGE 75 / 144
DEBTS AND OBLIGATIONS			e(s)	
Excluding Loans		for ead 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 CAUCUS DISTRIBUTORS INC.	or Creditor			ebt (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	Οι	utstandii	ng Balance at Close of This Period
0.00	0.00			18135.97
B. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor	Nati RE		ebt (Purpose):
Mailing Address PO BOX 748 RADIO CITY STATION City State	ZIP Code			
NÉW YORK NY	10101			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112299
2000.00				
Amount Incurred This Period	Payment This Period	Οι	utstandii	ng Balance at Close of This Period
0.00	0.00			2000.00
C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor			ebt (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	Οι	utstandii	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 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 (FE	C Form 3X)			eparate	PAGE 76 / 144
-			sche	dule(s)	
				each ered line)	(check only one) 9
Excluding Loans NAME OF COMMITTE	E (In Full)		namo		X 10
National Democratio	. ,				
	-				
A. Full Name (Last CITICORP	t, First, Middle Initial) of Debto	r or Creditor			ebt (Purpose): PENSES
CITICORF				1130. LA	
	CSI COLLECTION DEP	ARTMENT			
F City	P.O. BOX C5216 State	ZIP Code			
MELVILLE	NY	11750			
Outstanding Bala	ance Beginning This Period			Tra	nsaction ID: INV6010000112302
	760.00			i i u	
Amount In	ncurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			760.00
B Full Name (Last	t, First, Middle Initial) of Debto	r or Croditor		latura of D	ebt (Purpose):
CLIFFORD B KC	DENIG				AND LODGING
Mailing Address 7	195 COOPER SPUR RO	AD			
City	State	ZIP Code			
MT HOOD/PARK	KDALE OR	97041			
Outstanding Bala	ance Beginning This Period			Tra	nsaction ID: INV6010000112378
	556.76				
Amount In	ncurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
				Outstandi	
	0.00	0.00			556.76
C. Full Name (Last	t, First, Middle Initial) of Debto	r or Creditor	1	Nature of D	ebt (Purpose):
COACHMAN HO				ROOM RI	
Mailing Address 1					
Mailing Address	23 E. POST RD. (RT 22)				
City	State	ZIP Code			
WHITE PLAINS	NY	10610			
Outstanding Bala	ance Beginning This Period			Tra	nsaction ID: INV6010000112303
	120.00				
Amount Ir	120.00 ncurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
Amount Ir	ncurred This Period		v	Outstandi	
Amount Ir		Payment This Period	U 0	Outstandi	ng Balance at Close of This Period 120.00
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SCHEDULE D (FEC Fo	rm 3X)		(1.100	separate	PAGE 77 / 144
				iedule(s)	
DEBTS AND OBLIGAT				or each bered line)	(check only one) 9
Excluding Loans	Full)				X 10
National Democratic Poli	/				
A. Full Name (Last, First COACHMAN INN & R		or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 10 JA	CKSON DRIVE				
City CRANFORD	State NJ	ZIP Code 07016			
Outstanding Balance B	eginning This Period			Tra	nsaction ID: INV6010000112304
	150.00				
Amount Incurred	d This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
				Guistandi	
	0.00	0.00			150.00
B. Full Name (Last, First DALE ANDERSON'S	, Middle Initial) of Debtor	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 7041	FIRST AVE.				
City SCOTTSDALE	State AZ	ZIP Code 85251			
Outstanding Balance B	eginning This Period			Tra	nsaction ID: INV6010000112308
	238.50				
Amount Incurred	d This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0 0 0 0 0	0.00	0.00			238.50
C. Full Name (Last, First DAVID JAY, ESQ.	, Middle Initial) of Debtor	or Creditor			ebt (Purpose): EY FEES & EXPENSES
Mailing Address ATTO					
City	ELAWARE AVENUE State	, STE 100 ZIP Code			
BUFFALO	NY	14202			
Outstanding Balance B	eginning This Period			Tra	nsaction ID: INV6010000112373
	306.35				
Amount Incurred	d This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			306.35
1) SUBTOTALS This Period	od This Page (optional)		Þ		694.85
2) TOTALS This Period (las	st page this line number o	only)			
3) TOTAL OUTSTANDING	LOANS from Schedu	le C (last page only)	•		
4) ADD 2) and 3) and carry	y forward to appropriate li	ine of Summary Page (last page only	/)		

SCHEDIII E D (EEC Earm 2V)		/1.1-	0.000	PAGE 78 / 144
	e		e separate nedule(s)	
DEBTS AND OBLIGATIONS		fc	or each ((check only one) 9
Excluding Loans		num	bered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor DAVID KILBUR	or Creditor		Nature of D POSTAG	lebt (Purpose): E
Mailing Address 1901 NORIEGA #5				
City State SAN FRANCISCO CA	ZIP Code 94122			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112376
194.93				
Amount Incurred This Period	Payment This Period		Outstandi	ng 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 Mailing Address 3333 13TH AVE. SOUTH 	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTAL
City State FARGO ND	ZIP Code 58103			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000113252
36.40				
Amount Incurred This Period	Payment This Period		Outstandi	ng 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			ebt (Purpose): FICE RENT
Mailing Address P.O. BOX 268				
City State DREXEL HILL PA	ZIP Code 19026			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114470
200.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
			Outstanui	
0.00	0.00			200.00
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SCHEDULE D (FEC Form 3X)		(11		PAGE 79 / 144	
			e separate nedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		fc	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 o EASTERN STATES DISTRIBUTORS	r 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 o EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 	r Creditor			ebt (Purpose): FFICE RENT	
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	
			Catolandi		
0.00	0.00			200.00	
C. Full Name (Last, First, Middle Initial) of Debtor o EASTERN STATES DISTRIBUTORS	r Creditor			ebt (Purpose): C TELEPHONE USAGE	
Mailing Address P.O. BOX 268					
City State	ZIP Code				
DREXEL HILL PA	19026				
Outstanding Balance Beginning This Period			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)		J		2030.00	
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Excluding Loans			numb	ered line)	X 10	
NAME OF COMMITTI						
National Democrati	ic Policy Committee					
	st, First, Middle Initial) of Debtor TES DISTRIBUTORS	or Creditor			lebt (Purpose): FFICE RENT	
Mailing Address	P.O. BOX 268					
City DREXEL HILL	State PA	ZIP Code 19026				
Outstanding Bal	ance Beginning This Period			Tra	nsaction ID: INV6010000114474	
	200.00					
Amount I	ncurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			200.00	
	st, First, Middle Initial) of Debtor TES DISTRIBUTORS	or Creditor			ebt (Purpose): C TELEPHONE USAGE	
Mailing Address	P.O. BOX 268					
City DREXEL HILL	State PA	ZIP Code 19026				
Outstanding Bal	ance Beginning This Period			Tra	nsaction ID: INV6010000114475	
	915.00					
Amount I	ncurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			915.00	
	st, First, Middle Initial) of Debtor TES DISTRIBUTORS	or Creditor		Nature of D RENT	ebt (Purpose):	
Mailing Address	P.O. BOX 268					
City DREXEL HILL	State PA	ZIP Code 19026				
Outstanding Bal	ance Beginning This Period			Tra	nsaction ID: INV6010000114476	
	200.00					
Amount I	ncurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
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	is Devied This Dage (aptional)		•		1315.00	
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3) TOTAL OUTSTAN		le C (last page only)				
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			separate edule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		fo	r each ((check only one) 9	
Excluding Loans		numt	pered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee					
National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBUTORS	or Creditor			ebt (Purpose): DNE USAGE	
Mailing Address P.O. BOX 268					
City State DREXEL HILL PA	ZIP Code 19026				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114477	
915.00					
Amount Incurred This Period	Payment This Period		Qutatandi	an Palanan at Class of This Pariod	
		-	Outstandi	ng Balance at Close of This Period	
0.00	0.00			915.00	
 B. Full Name (Last, First, Middle Initial) of Debtor of EDGEWATER INN Mailing Address PIER 67 	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTAL	
City State SEATTLE WA	ZIP Code 98121				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000113744	
205.00					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			205.00	
	0.00				
C. Full Name (Last, First, Middle Initial) of Debtor of EDWARD CORPUS	or Creditor		Nature of D PRINTINC	ebt (Purpose): G	
Mailing Address 1339 MARYLAND ST. APT.	. 1				
City State	ZIP Code				
LOS ANGELES CA	90017				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112307	
			Πa		
22.95					
Amount Incurred This Period	Payment This Period		Outstandii	ng Balance at Close of This Period	
0.00	0.00			22.95	
1) SUBTOTALS This Period This Page (optional)		Þ		1142.95	
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	r) 🕨			

SCHEDULE D (FEC Form 3X)]	(1.100.00	noroto	PAGE 82 / 144	
	EBTS AND OBLIGATIONS		parate ule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS			ach	(check only one) 9	
Excluding Loans		number	ed line)	X 10	
NAME OF COMMITTEE (In Full)					
National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Deb EMERY WORLDWIDE	tor or Creditor			ebt (Purpose): S PACKAGE SERVICE	
Mailing Address P.O. BOX 100					
City State BALTIMORE MD	ZIP Code 21277				
Outstanding Balance Beginning This Period		·	Tra	nsaction ID: INV6010000112315	
11.50					
Amount Incurred This Period	Payment This Period	C	Dutstandii	ng Balance at Close of This Period	
0.00	0.00			11.50	
B. Full Name (Last, First, Middle Initial) of Deb ERIE HILTON HOTELERIE/PA	tor or Creditor			ebt (Purpose): ENTALS	
Mailing Address C/O METROPOLITAN H 2 EAST FAYETTE STRE					
City State BALTIMORE MD	ZIP Code 21202				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112364	
37.10					
Amount Incurred This Period	Payment This Period	C	Dutstandii	ng Balance at Close of This Period	
0.00	0.00			37.10	
C. Full Name (Last, First, Middle Initial) of Deb ERNEST BAALS	tor or Creditor			ebt (Purpose): AND LODGING	
Mailing Address 826 GARWOOD ROAD					
City State ERIAL NJ	ZIP Code 08081				
Outstanding Balance Beginning This Period		I	Tra	nsaction ID: INV6010000112094	
206.00					
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Amount Incurred This Period	Payment This Period		Jutstandii	ng Balance at Close of This Period	
0.00	0.00			206.00	
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3) TOTAL OUTSTANDING LOANS from Sche	edule C (last page only)	•			
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SCHEDULE D (FEC Form 3X)		(1.100	accarata	PAGE 83 / 144	
			e separate nedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS			or each bered line)	(check only one) 9	
		num	bereu line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor of EVELYN LANTZ	or Creditor		Nature of D PRINTING	ebt (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	
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 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				
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)		Þ		182.98	
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	r) D			

SCHEDULE D (FEC	Eorm 3X)		(1150	separate	PAGE 84 / 144
DEBTS AND OBLIG			sch	edule(s)	
				or each bered line)	(check only one) 9 X 10
Excluding Loans	(In Full)			,	
National Democratic	· /				
A. Full Name (Last, FEDERAL EXPRE	First, Middle Initial) of Debtor	or Creditor			ebt (Purpose): S PACKAGE SERVICE
Mailing Address PC	D BOX 727, DEPT. A				
City MEMPHIS	State TN	ZIP Code 38194			
Outstanding Balan	ce Beginning This Period			Tra	nsaction ID: INV6010000112318
	275.97				
Amount Inc	urred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			275.97
B. Full Name (Last, FEDERAL EXPRE	First, Middle Initial) of Debtor	or Creditor			ebt (Purpose): S PACKAGE SERVICE
Mailing Address PC	D BOX 727, DEPT. A				
City MEMPHIS	State TN	ZIP Code 38194			
Outstanding Balan	ce Beginning This Period			Tra	nsaction ID: INV6010000112319
	14.00				
Amount Inc	urred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			14.00
C. Full Name (Last, FERRANTE TRAV	First, Middle Initial) of Debtor /EL CENTER	or Creditor			ebt (Purpose): TARPLEY/SENATE
Mailing Address 13	5 BROAD AVENUE				
City PALISADES PARI	State K NJ	ZIP Code 07650			
Outstanding Balan	ce Beginning This Period			Tra	nsaction ID: INV6010000113745
	254.00				
Amount Inc	urred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			254.00
1) SUBTOTALS This	Period This Page (optional)		J		543.97
2) TOTALS This Period	d (last page this line number o	only)	•		
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SCHEDULE D (FEC Form 3X)		(1)00	anarata	PAGE 85 / 144	
			separate edule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		for	each	(check only one) 9	
Excluding Loans		numbe	ered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor of FERRANTE TRAVEL CENTER	or 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 of FUSION ENERGY FOUNDATION Mailing Address 250 W 57TH ST. STE.1711	or Creditor		Nature of D LIST PUF	ebt (Purpose): CHASE	
City State NEW YORK NY	ZIP Code 10019				
	10019				
Outstanding Balance Beginning This Period 4439.10			Tra	nsaction ID: INV6010000112327	
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 of HENRY MCBRIDE	or Creditor		Nature of D MISC. EX	ebt (Purpose): PENSE	
Mailing Address C/O HENRY'S AUTO PART 91 SO WHITE HORSE PIKI					
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		Outstandii	ng Balance at Close of This Period	
0.00	0.00			233.00	
				4729.10	
1) SUBTOTALS This Period This Page (optional)					
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	e C (last page only)	`			
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				e separate nedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLI	GATIONS		fc	or each ((check only one) 9	
Excluding Loans			num	bered line)	X 10	
NAME OF COMMITTE	. ,					
National Democration	c Policy Committee					
A. Full Name (Last HOLIDAY INN	, First, Middle Initial) of Debtor	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS	
Mailing Address 1	614 CENTRAL AVENUE					
0.1	01.1	710.0.1				
City ALBANY	State NY	ZIP Code 12205				
Outstanding Bala	nce Beginning This Period			Tra	nsaction ID: INV601000011234	
	40.00					
Amount Ir	ncurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			40.00	
B. Full Name (Last HOLIDAY INN &	:, First, Middle Initial) of Debtor HOLIDOME	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS	
Mailing Address 1	501 FREEWAY BLVD.					
City MINNEAPOLIS	State MN	ZIP Code 55430				
Outstanding Bala	nce Beginning This Period			Tra	nsaction ID: INV6010000112996	
	42.00					
Amount Ir	curred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			42.00	
C. Full Name (Last HOLIDAY INN A	r, First, Middle Initial) of Debtor IRPORT 2	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS	
Mailing Address 5	401 GREEN VALLEY DR	IVE				
City	State	ZIP Code				
BLOOMINGTON	MN	55437				
Outstanding Bala	nce Beginning This Period			Tra	nsaction ID: INV601000011234	
0 0 0 0	157.50					
Amount Ir	ncurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
			v	Catolandi		
	0.00	0.00			157.50	
1) SUBTOTALS This	s Period This Page (optional)		P		239.50	
2) TOTALS This Perio	od (last page this line number o	only)	,			
3) TOTAL OUTSTAN	· · · ·	ile C (last page only))	•		
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4) ADD 2) and 3) and	d carry forward to appropriate I	ine of Summary Page (last page only))			

SCHEDIII E D (EEC Form 2V)		(11		PAGE 87 / 144
SCHEDULE D (FEC Form 3X)		(Use se sched		FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for e	ach	(check only one) 9
Excluding Loans		number	ea line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of HOLIDAY INN CHEEKTOWAGA	or Creditor			ebt (Purpose): ENTALS
Mailing Address 609 DINGENS ST.				
City State CHEEKTOWAGA NY	ZIP Code 14206			
Outstanding Balance Beginning This Period			Trai	nsaction ID: INV6010000112342
23.15				
Amount Incurred This Period	Payment This Period	0	Dutstandir	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			ebt (Purpose): ENTALS
Mailing Address RTE 70 & SAYRE AVENUE				
City State CHERRY HILL NJ	ZIP Code 08034			
Outstanding Balance Beginning This Period			Trai	nsaction ID: INV6010000112343
50.00				
Amount Incurred This Period	Payment This Period	C	Dutstandir	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			ebt (Purpose): ENTALS
Mailing Address 685 MANZANITA COURT				
City State CHICO CA	ZIP Code 95926			
Outstanding Balance Beginning This Period			Trai	nsaction ID: INV6010000112344
45.00				
Amount Incurred This Period	Payment This Period	C	Dutstandir	ng Balance at Close of This Period
0.00	0.00			45.00
1) SUBTOTALS This Period This Page (optional)		►		118.15
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)		

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SCHEDULE D (FEC Form 3X)		(Use sepa schedule		FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		for eac	ĥ	(check only one) 9	
Excluding Loans		numbered	line)	X 10	
NAME OF COMMITTEE (In Full)					
National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Del HOLIDAY INN COLISEUM	btor or Creditor			ebt (Purpose): ENTALS	
Mailing Address 440 WEST 57TH STRE	ET				
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	Out	tstandır	ng Balance at Close of This Period	
0.00	0.00			224.00	
B. Full Name (Last, First, Middle Initial) of Del HOLIDAY INN CONCORD	btor or Creditor			ebt (Purpose): ENTALS	
Mailing Address 1050 BURNETT AVE.					
City State CONCORD CA	ZIP Code 94520				
Outstanding Balance Beginning This Period			Trai	nsaction ID: INV6010000112346	
97.24					
Amount Incurred This Period	Payment This Period	Out	tetandir	ng Balance at Close of This Period	
			istanun		
0.00	0.00			97.24	
C. Full Name (Last, First, Middle Initial) of Del HOLIDAY INN DOWNTOWN	otor or Creditor			ebt (Purpose): ENTALS	
Mailing Address 1015 ELM STREET					
City State	ZIP Code				
DÁLLAS TX	75202				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112347	
52.00					
		_			
Amount Incurred This Period	Payment This Period	Out	tstandir	ng Balance at Close of This Period	
0.00	0.00			52.00	
1) SUBTOTALS This Period This Page (optiona	al)	Þ		373.24	
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 (FE	C Form 3X)		(Use sep	arate	PAGE 89 / 144
DEBTS AND OBL			schedul	e(s)	
	IGATIONS		for each		(check only one) 9 X 10
Excluding Loans	=E (In Full)				X 10
	c Policy Committee				
A. Full Name (Las HOLIDAY INN E	t, First, Middle Initial) of Debtor RIE	or Creditor			ebt (Purpose): ENTALS
Mailing Address 8	3040 PERRY HWY.				
City ERIE	State PA	ZIP Code 16509			
Outstanding Bala	ance Beginning This Period			Tra	nsaction ID: INV6010000112348
	47.70				
Amount I	ncurred This Period	Payment This Period	Οι	utstandir	ng Balance at Close of This Period
	0.00	0.00			47.70
B. Full Name (Las HOLIDAY INN H	t, First, Middle Initial) of Debtor IAUPPAUGE	or Creditor			ebt (Purpose): ENTALS
Mailing Address .					
City HAUPPAUGE	State NY	ZIP Code 11788			
Outstanding Bala	ance Beginning This Period			Tra	nsaction ID: INV6010000112349
	60.00				
Amount I	ncurred This Period	Payment This Period	Οι	utstandir	ng Balance at Close of This Period
	0.00	0.00			60.00
C. Full Name (Las HOLIDAY INN K	t, First, Middle Initial) of Debtor ENILWORTH	or Creditor			ebt (Purpose): ENTALS
Mailing Address	3LVD. & SOUTH 31ST ST.				
City KENILWORTH	State NJ	ZIP Code 07033			
	ance Beginning This Period		I	Tra	nsaction ID: INV6010000112352
	45.00			-	
	ncurred This Period	Payment This Period	0	itetand	ng Balance at Close of This Period
Amount in	0.00	0.00		JISTANUI	45.00
1) SUBTOTALS Thi	is Period This Page (optional)		_▶		152.70
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3) TOTAL OUTSTAN	IDING LOANS from Schedu	le C (last page only)	• [
4) ADD 2) and 3) an	d carry forward to appropriate li	ne of Summary Page (last page only)		

SCHEDULE D (FEC Form 3X)	Г		PAGE 90 / 144	
		(Use separate schedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		for each	(check only one) 9	
Excluding Loans		numbered line)	X 10	
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Deb HOLIDAY INN NORWALK	tor or Creditor	Nature of D ROOM R	ebt (Purpose): ENTALS	
Mailing Address 789 CONNECTICUT AV	ENUE			
City State NORWALK CT	ZIP Code 06854			
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112356	
90.00				
Amount Incurred This Period	Dourmont This Davied	Outstand	ng Delence at Class of This Deviad	
	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 Deb HOLIDAY INN OF LAMAR Mailing Address RD #2 EXIT 25 INTERS 		Nature of E ROOM R	ebt (Purpose): ENTALS	
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 (Least First Middle Initial) of Dak	tor or Oraditor	Noturo of C) obt (Durnese);	
C. Full Name (Last, First, Middle Initial) of Deb HOLIDAY INN OF NEWTON	otor or Creditor	ROOM R	bebt (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	Outstandi	ng Balance at Close of This Period	
		Outstand		
0.00	0.00		90.00	
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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)			

		Γ		PAGE 91 / 144
SCHEDULE D (FEC	-		(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIG	ATIONS		for each	(check only one)
Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE	E (In Full)			
National Democratic	Policy Committee			
A Full Nome (Least	First Middle Initial) of Dabta	e or Croditor	Noture of I	
	First, Middle Initial) of Debtor RICHMOND BELLS			Debt (Purpose): RENTALS
Mailing Address 43	03 COMMERCE RD.			
01	0 1.1			
City RICHMOND	State VA	ZIP Code 23234		
		20204		
Outstanding Balan	ce Beginning This Period		Tra	ansaction ID: INV6010000112358
	157.30			
Amount Inc	curred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
	0.00	0.00	U U U	157.30
	0.00	0.00		137.30
B Full Name (Last	First, Middle Initial) of Debtor	r or Creditor	Nature of I	Debt (Purpose):
HOLIDAY INN OF				RENTALS
Mailing Address P.	O. BOX 1157			
City	Ctoto	ZIP Code		
City WILLMAR	State MN	56201		
		00201		
Ouistanding Balan	ce Beginning This Period		Tra	ansaction ID: INV6010000112362
	45.00			
Amount Inc	curred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
	0.00	0.00		45.00
	0.00	0.00		
C. Full Name (Last,	First, Middle Initial) of Debtor	r or Creditor	Nature of I	Debt (Purpose):
HOLIDAY INN PR				RENTALS
Mailing Address 21	ATWELLS AVENUE			
City	State	ZIP Code		
PROVIDENCE	RI	02903		
Outstanding Balan	ce Beginning This Period		 Tr-	ansaction ID: INV6010000112357
Cutstanding Dalari			113	
	75.00			
Amount Inc	curred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
	0.00	0.00		75.00
			U	
1) SUBTOTALS This	Period This Page (optional).			277.30
2) TOTALS This Period	d (last page this line number	only)		
3) TOTAL OUTSTAND	ING LOANS from Sabad	Ile C. (last nage only)		
3) TOTAL OUTSTAND	ING LOANS from Schedu	ule C (last page only)		
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SCHEDULE D (FEC Form 3X)		(Llas separata	PAGE 92 / 144	
		(Use separate schedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		for each	(check only one) 9	
		numbered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
National Democratic Folicy Committee				
A. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN ROCHESTER-AIRPORT	or or Creditor	Nature of D ROOM R	ebt (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	Quitatandi	ng Polonoo at Close of This Pariod	
			ng Balance at Close of This Period	
0.00	0.00		50.00	
B. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN ROCKVILLE	or or Creditor	Nature of D ROOM R	lebt (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	
0.00				
C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN SCHENECTADY	or or Creditor	Nature of D ROOM R	ebt (Purpose): ENTALS	
Mailing Address DOWNTOWN				
100 NOTT TERRACE & F				
City State SCHENECTADY NY	ZIP Code 12305			
	12000			
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	only)	•		
	ule C (last page only)	•		
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SCHEDULE D (FEC Form 3X)		41-	0.000	PAGE 93 / 144	
			e separate nedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		fc	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 HOLIDAY INN-AIRPORT/NORTH	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS	
Mailing Address 4545 N. LINDBURGH BLV	D.				
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	
0.00	0.00			79.22	
B. Full Name (Last, First, Middle Initial) of Debtor HOOVER BROTHERS, INC.	or Creditor			ebt (Purpose): ENT RENTAL	
Mailing Address P.O. BOX 728					
CityStateTEMPLETX	ZIP Code 76503				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112369	
33.90					
Amount Incurred This Period	Payment This Period		Outetandi	ng Balance at Close of This Period	
			Outstandi		
	0.00			33.90	
C. Full Name (Last, First, Middle Initial) of Debtor HOWARD JOHNSON'S	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS	
Mailing Address P.O. BOX 3045					
City State	ZIP Code				
BOSTON MA	02107				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112365	
102.92					
Amount Incurred This Period	Payment This Period		Outotondi	a Palanaa at Class of This Pariod	
			Outstandi	ng Balance at Close of This Period	
0.00	0.00	_		102.92	
1) SUBTOTALS This Period This Page (optional).		Þ		216.04	
2) TOTALS This Period (last page this line number	only)	,			
3) TOTAL OUTSTANDING LOANS from Schedu	ile C (last page only))			
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SCHEDULE D (FEC Form 3X)		(1 100 0	separate	PAGE 94 / 144
			dule(s)	
DEBTS AND OBLIGATIONS			each ered 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 HUDSON'S WASHINGTON NEWS MEDIA				ebt (Purpose): RECTORY PURCHASE
Mailing Address 7315 WISCONSIN AVENU SUITE 1200N	E			
City State	ZIP Code			
BETHESDA MD	20814			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112370
88.04				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			88.04
B. Full Name (Last, First, Middle Initial) of Debtor HYATT PALO ALTO	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 4290 EL CAMINO REAL				
	7/2.0.1			
City State PALO ALTO CA	ZIP Code 94306			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112371
58.43				
Amount Incurred This Period	Payment This Period		Outstandii	ng Balance at Close of This Period
		-		
0.00	0.00			58.43
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	1	Nature of D	ebt (Purpose):
IVON BUCHANON				CARD MERCHANT DISC
Mailing Address 423L UNIVERSITY BOULE	VARD			
City State	ZIP Code			
DALLAS TX	75205			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112100
1000.00				
Amount Incurred This Period	Payment This Period		Quitatandi	ng Balance at Close of This Period
			Outstandin	
0.00	0.00			1000.00
1) SUBTOTALS This Period This Page (optional)		►		1146.47
2) TOTALS This Period (last page this line number c	nly)	•		
3) TOTAL OUTSTANDING LOANS from Schedul	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)			separate	PAGE 95 / 144
			edule(s)	
DEBTS AND OBLIGATIONS			each ered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)		numb		X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor o JACK TAR HOTEL	r Creditor		Nature of D ROOM RE	ebt (Purpose): ENTALS
Mailing Address VAN NESS GEARY				
City State SAN FRANCISCO CA	ZIP Code 94101			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112372
16.40				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			16.40
B. Full Name (Last, First, Middle Initial) of Debtor o JERRY LITTON MEMORIAL FUND	r Creditor		Nature of D _ITERATU	ebt (Purpose): JRE
Mailing Address PO BOX 220				
City State CHILLICOTHE MO	ZIP Code 64601			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112390
10.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			10.00
C. Full Name (Last, First, Middle Initial) of Debtor o KAREN BRUBAKER	r Creditor		Nature of D ROOM RE	ebt (Purpose): ENTALS
Mailing Address 1516 VINEWOOD #207				
City State DETROIT MI	ZIP Code 48216			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112098
59.03				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			59.03
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2) TOTALS This Period (last page this line number on		>		
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4) ADD 2) and 3) and carry forward to appropriate line) ►		

SCHEDULE D (FEC Form 3X)		(Use sepa	arato	PAGE 96 / 144
			e(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for ead numbered		(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)		hamborot		X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor KING COLE PROJECTION SERVICE	or Creditor			ebt (Purpose): NT RENTAL
Mailing Address 36-16 29TH STREET				
City State LONG ISLAND CITY NY	ZIP Code 11106			
Outstanding Balance Beginning This Period			Trar	nsaction ID: INV6010000112377
84.95				
Amount Incurred This Period	Payment This Period	0	itetandir	ng Balance at Close of This Period
			atstanun	
0.00	0.00			84.95
B. Full Name (Last, First, Middle Initial) of Debtor (KMW PUBLISHING CO.	or Creditor			ebt (Purpose): ENTERED IN 1987
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Trar	nsaction ID: INV6010000115120
45071.87				
Amount Incurred This Period	Payment This Period	Οι	utstandir	ng Balance at Close of This Period
0.00	0.00			45071.87
C. Full Name (Last, First, Middle Initial) of Debtor (KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Trar	nsaction ID: INV6010000115123
1649.60				
Amount Incurred This Period	Payment This Period	OL	utstandir	g 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 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	separate	PAGE 97 / 144
			edule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS			r each bered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)		num		X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115207
1349.80				
Amount Incurred This Period	Payment This Period		Outstandir	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): PTIONS 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		Outstandir	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			ebt (Purpose): PTIONS 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		Outstandir	ng Balance at Close of This Period
0.00	0.00			1410.40
1) SUBTOTALS This Period This Page (optional)		Þ	•	3760.20
2) TOTALS This Period (last page this line number o		,		
	e C (last page only)			
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SCHEDULE D (FEC Form 3X)		(1.100	separate	PAGE 98 / 144
			edule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS			r each bered line)	(check only one) 9
		TIUTTIC		X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
National Democratic Folicy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor (KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115365
1350.85				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			1350.85
		1		1000.00
B. Full Name (Last, First, Middle Initial) of Debtor (KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115368
554.90				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			554.90
C. Full Name (Last, First, Middle Initial) of Debtor (KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTIONS PURCAHSE
Mailing Address RT. 1, BOX 22				
City State	ZIP Code			
STERLING VA	22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115371
239.90				
Amount Incurred This Period	Dourmont This Davied		Quitatandi	an Delense at Class of This Deried
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	e C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only	r) 🕨		

SCHEDULE D (F	EC Form 3X)		(Use separat	PAGE 99 / 144
-	-		schedule(s)	
DEBTS AND OB	LIGATIONS		for each numbered lin	e) (check only one) 9
Excluding Loans				e) X 10
	atic Policy Committee			
	ast, First, Middle Initial) of Debto	ar ar Graditar	Noturo	of Dobt (Durnood);
KMW PUBLISH				of Debt (Purpose): CRIPTIONS PURCHASE
Mailing Address	RT. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170		
Outstanding Ba	alance Beginning This Period			Transaction ID: INV6010000115372
	119.75			
Amount	t Incurred This Period	Payment This Period	Outsta	anding Balance at Close of This Period
	0.00	0.00		119.75
B. Full Name (La KMW PUBLISH	ast, First, Middle Initial) of Debto HING CO.	or or Creditor		of Debt (Purpose): CRIPTIONS PURCHASE
Mailing Address	RT. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170		
Outstanding Ba	alance Beginning This Period			Transaction ID: INV6010000115375
Outstanding Ba	alance Beginning This Period 185.10			Transaction ID: INV6010000115375
		Payment This Period		Transaction ID: INV6010000115375 anding Balance at Close of This Period
	185.10	Payment This Period 0.00		
Amount	185.10 t Incurred This Period 0.00 ast, First, Middle Initial) of Debto	0.00	Outsta	anding Balance at Close of This Period
C. Full Name (La KMW PUBLISH	185.10 t Incurred This Period 0.00 ast, First, Middle Initial) of Debto	0.00	Outsta	185.10 of Debt (Purpose):
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C. Full Name (La KMW PUBLISH Mailing Address City STERLING	185.10 t Incurred This Period 0.00 ast, First, Middle Initial) of Debto HING CO. RT. 1, BOX 22 State	O.00 or or Creditor ZIP Code	Outsta	anding Balance at Close of This Period 185.10 of Debt (Purpose): CRIPTIONS PURCHASE
C. Full Name (La KMW PUBLISH Mailing Address City STERLING	185.10 t Incurred This Period 0.00 ast, First, Middle Initial) of Debto HING CO. RT. 1, BOX 22 State VA	O.00 or or Creditor ZIP Code	Outsta	anding Balance at Close of This Period 185.10 of Debt (Purpose): CRIPTIONS PURCHASE
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Amount C. Full Name (La KMW PUBLISH Mailing Address City STERLING Outstanding Ba	185.10 t Incurred This Period 0.00 ast, First, Middle Initial) of Debto HING CO. RT. 1, BOX 22 State VA alance Beginning This Period	O.00 or or Creditor ZIP Code	Outsta Nature SUBS	anding Balance at Close of This Period 185.10 of Debt (Purpose): CRIPTIONS PURCHASE
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SCHEDULE D (FEC Form 3X)		(1)50	separate	PAGE 100 / 144
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DEBTS AND OBLIGATIONS			r 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 c KMW PUBLISHING CO.	r Creditor			ebt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115378
62.35				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			62.35
B. Full Name (Last, First, Middle Initial) of Debtor of KMW PUBLISHING CO.	r Creditor			ebt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115379
42.10				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			42.10
C. Full Name (Last, First, Middle Initial) of Debtor of KMW PUBLISHING CO.	r Creditor			ebt (Purpose): TOINS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period		I	Tra	nsaction ID: INV6010000115380
51.10				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			51.10
1) SUBTOTALS This Period This Page (optional)		Þ	•	155.55
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	C (last page only))		
4) ADD 2) and 3) and carry forward to appropriate lin		r) Þ		

SCHEDULE D (FEC Form 3X) (Use separate schedule(s) for each numbered line) Evaluation (Check only one) DEBTS AND OBLIGATIONS for each numbered line) FOR LINE NUMBER: (check only one)	9
Excluding Loans (Check only one)	
NAME OF COMMITTEE (In Full)	X 10
National Democratic Policy Committee	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): KMW PUBLISHING CO. SUBSCRIPTIONS PURCHASE	
Mailing Address RT. 1, BOX 22	
CityStateZIP CodeSTERLINGVA22170	
Outstanding Balance Beginning This Period Transaction ID: INV60100	00115381
13.45	
Amount Incurred This Period Payment This Period Outstanding Balance at Close of Th	is Period
0.00 0.00 1	13.45
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): KMW PUBLISHING CO. SUBSCRIPTIONS PURCHASE	s
Mailing Address RT. 1, BOX 22	
CityStateZIP CodeSTERLINGVA22170	
Outstanding Balance Beginning This Period Transaction ID: INV60100	00115383
4567.27	
Amount Incurred This Period Payment This Period Outstanding Balance at Close of Th	is Period
0.00 0.00 456	67.27
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): KMW PUBLISHING CO. SUBSCRIPTIONS PURCHASE	
Mailing Address RT. 1, BOX 22	
City State ZIP Code STERLING VA 22170	
Outstanding Balance Beginning This Period Transaction ID: INV60100	00115384
19.20	
Amount Incurred This Period Payment This Period Outstanding Balance at Close of Th	is Period
	9.20
1) SUBTOTALS This Period This Page (optional) 4599.92	
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)			separate	PAGE 102 / 144
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DEBTS AND OBLIGATIONS			or each bered 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 of 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: INV6010000115385
25.34				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			25.34
B. Full Name (Last, First, Middle Initial) of Debtor of 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: INV6010000115386
397.04				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			397.04
C. Full Name (Last, First, Middle Initial) of Debtor of 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: INV601000011538
33.88				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			33.88
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	■ C (last page only)]		
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SCHEDULE D (FEC	Form 3X)	Γ	(Use separate	PAGE 103 / 144
			schedule(s)	
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Excluding Loans	(In Full)			X 10
National Democratic				
A. Full Name (Last, KMW PUBLISHIN	First, Middle Initial) of Debto G CO.	r or Creditor		Debt (Purpose): IPTIONS PURCHASE
Mailing Address RT	. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170		
Outstanding Balan	ce Beginning This Period		Tra	nsaction ID: INV6010000115388
	101.14			
Amount Inc	urred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00	0.00		101.14
B. Full Name (Last, KMW PUBLISHIN	First, Middle Initial) of Debto G CO.	r or Creditor		Pebt (Purpose): IPTIONS PURCHASE
Mailing Address R1	. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170		
Outstanding Balan	ce Beginning This Period		Tra	nsaction ID: INV601000011541
	121.51			
Amount Inc	urred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00	0.00		121.51
C. Full Name (Last, KMW PUBLISHIN	First, Middle Initial) of Debto G CO.	r or Creditor		ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT	. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170		
Outstanding Balan	ce Beginning This Period		Tra	nsaction ID: INV601000011542
	25.00			
Amount Inc	urred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00	0.00		25.00
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	GATIONS		for each numbered li	(C	heck only one) 9
Excluding Loans			numbered ii		X 10
National Democratic					
A. Full Name (Last	, First, Middle Initial) of Debto NG CO.	r or Creditor			Purpose): ONS PURCHASE
Mailing Address R	RT. 1, BOX 22				
City STERLING	State VA	ZIP Code 22170			
Outstanding Bala	nce Beginning This Period			Transac	ction ID: INV6010000115444
	1125.00				
Amount In	curred This Period	Payment This Period	Outs	tanding Ba	alance at Close of This Period
	0.00	0.00			1125.00
B. Full Name (Last, KMW PUBLISHIN	, First, Middle Initial) of Debto NG CO.	r or Creditor			Purpose): ONS PURCHASE
Mailing Address R	RT. 1, BOX 22				
City STERLING	State VA	ZIP Code 22170			
Outstanding Bala	nce Beginning This Period			Transac	ction ID: INV6010000115457
1					
	800.00				
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Amount In		Payment This Period	Outs	tanding Ba	alance at Close of This Period 800.00
	curred This Period 0.00 , First, Middle Initial) of Debtor	0.00	Nature	e of Debt (
C. Full Name (Last,	, First, Middle Initial) of Debtor	0.00	Nature	e of Debt (800.00 Purpose):
C. Full Name (Last, KMW PUBLISHIN	, First, Middle Initial) of Debtor	0.00	Nature	e of Debt (800.00 Purpose):
C. Full Name (Last, KMW PUBLISHIN Mailing Address R City STERLING	curred This Period 0.00 , First, Middle Initial) of Debtor NG CO. RT. 1, BOX 22 State	r or Creditor ZIP Code	Nature	e of Debt (SCRIPTI	800.00 Purpose): ONS PURCHASE
C. Full Name (Last, KMW PUBLISHIN Mailing Address R City STERLING	Acurred This Period 0.00 , First, Middle Initial) of Debtor NG CO. RT. 1, BOX 22 State VA	r or Creditor ZIP Code	Nature	e of Debt (SCRIPTI	800.00 Purpose): ONS PURCHASE
C. Full Name (Last, KMW PUBLISHIN Mailing Address R City STERLING Outstanding Bala	Curred This Period 0.00 , First, Middle Initial) of Debtor NG CO. T. 1, BOX 22 State VA nce Beginning This Period	r or Creditor ZIP Code	Nature SUBS	e of Debt (SCRIPTIO	800.00 Purpose): ONS PURCHASE stion ID: INV6010000115458
C. Full Name (Last, KMW PUBLISHIN Mailing Address R City STERLING Outstanding Bala	icurred This Period 0.00 , First, Middle Initial) of Debtor NG CO. RT. 1, BOX 22 State VA nce Beginning This Period 12.75	ZIP Code 22170	Nature SUBS	e of Debt (SCRIPTIO	800.00 Purpose): ONS PURCHASE
C. Full Name (Last, KMW PUBLISHIN Mailing Address R City STERLING Outstanding Balar Amount In	Acurred This Period 0.00 , First, Middle Initial) of Debtor NG CO. RT. 1, BOX 22 State VA Ince Beginning This Period 12.75 Incurred This Period 0.00	ZIP Code 22170 Payment This Period 0.00	Nature SUBS	e of Debt (SCRIPTIO	800.00 Purpose): ONS PURCHASE etion ID: INV6010000115458 alance at Close of This Period
C. Full Name (Last, KMW PUBLISHIN Mailing Address R City STERLING Outstanding Balar Amount In	Acurred This Period 0.00 , First, Middle Initial) of Debtor NG CO. RT. 1, BOX 22 State VA nce Beginning This Period 12.75 ncurred This Period 0.00 s Period This Page (optional).	ZIP Code 22170 Payment This Period 0.00	Nature SUBS	e of Debt (SCRIPTIO	800.00 Purpose): ONS PURCHASE etion ID: INV6010000115458 alance at Close of This Period 12.75
C. Full Name (Last, KMW PUBLISHIN Mailing Address R City STERLING Outstanding Bala Amount In Amount In 1) SUBTOTALS This 2) TOTALS This Period	Acurred This Period 0.00 , First, Middle Initial) of Debtor NG CO. T. 1, BOX 22 State VA nce Beginning This Period 12.75 Acurred This Period 0.00 as Period This Page (optional). bd (last page this line number	0.00 r or Creditor ZIP Code 22170 Payment This Period 0.00	Outs	e of Debt (SCRIPTIO	800.00 Purpose): ONS PURCHASE etion ID: INV6010000115458 alance at Close of This Period 12.75
C. Full Name (Last, KMW PUBLISHIN Mailing Address R City STERLING Outstanding Bala Amount In Amount In 1) SUBTOTALS This 2) TOTALS This Period 3) TOTAL OUTSTAND	Acurred This Period 0.00 , First, Middle Initial) of Debtor NG CO. RT. 1, BOX 22 State VA nce Beginning This Period 12.75 acurred This Period 0.00 s Period This Page (optional). bd (last page this line number DING LOANS from Schedu	ZIP Code 22170 Payment This Period 0.00	Outs	e of Debt (SCRIPTIO	800.00 Purpose): ONS PURCHASE etion ID: INV6010000115458 alance at Close of This Period 12.75

SCHEDULE D (FEC	Earm 2V)		(1)	PAGE 105 / 144
	-		(Use separate schedule(s)	
DEBTS AND OBLIG	ATIONS		for each	(check only one) 9
Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE				
A. Full Name (Last, I KMW PUBLISHING	First, Middle Initial) of Debtor G CO.	r or Creditor	Nature of D SUBSCR	ebt (Purpose): IPTION
Mailing Address RT	. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170		
Outstanding Baland	ce Beginning This Period		Tra	nsaction ID: INV6010000115469
	50.00			
Amount Inc	urred This Period	Payment This Period	Outetandi	ng Balance at Close of This Period
			Outstandi	
	0.00	0.00		50.00
B. Full Name (Last, I KMW PUBLISHING	First, Middle Initial) of Debtor G CO.	r or Creditor		ebt (Purpose): IPTION PURCHASES
Mailing Address RT	. 1, BOX 22			
0.4	Chata	ZID Onde		
City STERLING	State VA	ZIP Code 22170		
Outstanding Baland	ce Beginning This Period		Tra	nsaction ID: INV6010000115470
	750.00			
Amount Inc	urred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00	0.00		750.00
C. Full Name (Last, I KMW PUBLISHING	First, Middle Initial) of Debtor G CO.	r or Creditor		ebt (Purpose): IPTION PURCHASES
Mailing Address RT	. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170		
Outstanding Baland	ce Beginning This Period		Tra	nsaction ID: INV601000011547
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	urred This Period	Payment This Period	Outstand	ng Balance at Close of This Period
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3) TOTAL OUTSTAND		le C (last page only)		

SCHEDULE D (FEC Form 3X)		(1)00	separate	PAGE 106 / 144	
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DEBTS AND OBLIGATIONS			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 Letter) of Delater	en Onerliten		Nature of D	sht (Duur se s).	
A. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTION PRUCHASES	
Mailing Address RT. 1, BOX 22					
City State STERLING VA	ZIP Code 22170				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115472	
50.00					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			50.00	
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTION PURCHASE	
Mailing Address RT. 1, BOX 22					
City State STERLING VA	ZIP Code 22170				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115481	
3734.90					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			3734.90	
C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTIONS PURCHASE	
Mailing Address RT. 1, BOX 22					
City State STERLING VA	ZIP Code 22170				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115482	
199.25					
Amount Incurred This Period	Payment This Period		Outetandii	ng Balance at Close of This Period	
0.00	0.00			199.25	
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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	r) 🕨			

DEBTS AND OBLIGATIONS schedule(s) for each numbered line) FOR Line NUMBER: (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 Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE Malling Address RT. 1, BOX 22 Subscription Subscription City State ZIP Code Subscription STERLING VA 22170 Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Quotanding Balance Beginning This Period 0.00 0.00 2030.98 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period Maling Address RT. 1, BOX 22 Subscription Subscription City State ZIP Code Subscription STERLING VA 22170 Outstanding Balance at Close of This Period Quotanding Balance Beginning This Period Quotanding Balance at Close of This Period Subscription SPURCHASE Maling Address RT. 1, BOX 22 City State ZIP Code Subscription ID: INV6010000115486 City State ZIP Code Subscription NPURCHASE Sub	SCHEDULE D (FEC Form 3X)			oarato	PAGE 107 / 144
Excluding Loans numbered line) Clock diry Only 10 NAME OF COMMITTEE (In Full) National Democratic Policy Committee Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE Mailing Address RT, 1, BOX 22 City State ZIP Code Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Outstanding Balance at Close of This Period 0.00 0.00 0.00 2030.98 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE Mailing Address RT, 1, BOX 22 City State City State ZIP Code STERLING VA 22170 Outstanding Balance at Close of This Period Outstanding Balance at Close of This Period Mailing Address RT, 1, BOX 22 City State City State ZIP Code STERLING VA 22170 Outstanding Balance at Close of This Period Outstanding Balance at Close of This Period 0.00 0.00 0.00 City State ZIP Code STERLING VA 22170 Outstanding Balance at Close of This Period Outstanding Balance at Close of					
Excluding Joins [X] 10 NAME OF COMITTEE (In Full) [X] 10 NAME OF COMITTEE (In Full) Nature of Debt (Purpose): Subscription Subscription A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address RT. 1, BOX 22 City State Z2170 Outstanding Balance Beginning This Period Transaction ID: INV6010000115483					
National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO. Maling Address RT. 1, BOX 22 City State STERLING VA 2030.98 Amount Incurred This Period 0.00 0.00 Reling Address RT. 1, BOX 22 City State 2030.98 Transaction ID: INV6010000115483 Amount Incurred This Period Outstanding Balance at Close of This Period 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): KMW PUBLISHING CO. Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE SUBSCRIPTIONS PURCHASE Mailing Address RT. 1, BOX 22 State City State ZIP Code STERLING VA 22170 Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period			number		X 10
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address RT. 1, BOX 22 City State ZIP Code STERLING VA 22170 Outstanding Balance Beginning This Period Transaction ID: INV6010000115483					
KMW PUBLISHING CO. SUBSCRIPTIONS PURCHASE Mailing Address RT. 1, BOX 22 City State ZIP Code STERLING VA 22170 Outstanding Balance Beginning This Period Transaction ID: INV6010000115483 Amount Incurred This Period 0.00 2030.98 Amount Incurred This Period 0.00 2030.98 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): KMW PUBLISHING CO. SUBSCRIPTIONS PURCHASE Maling Address RT. 1, BOX 22 City State ZIP Code STERLING VA 22170 Outstanding Balance Beginning This Period Transaction ID: INV6010000115484					
City State ZIP Code STERLING VA 22170 Outstanding Balance Beginning This Period Transaction ID: INV6010000115483 2030.98 Amount Incurred This Period Outstanding Balance at Close of This Period 0.00 0.00 0.00 2030.98 Amount Incurred This Period Outstanding Balance at Close of This Period Outstanding Balance at Close of This Period 8. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE Mailing Address RT. 1, BOX 22 State ZIP Code City State ZIP Code Transaction ID: INV6010000115484 25.00 Amount Incurred This Period Outstanding Balance at Close of This Period 0.00 0.00 0.00 25.00 Amount Incurred This Period Outstanding Balance at Close of This Period SUBSCRIPTION PURCHASE Mailing Address RT. 1, BOX 22 SUBSCRIPTION PURCHASE SUBSCRIPTION PURCHASE Mailing Address RT. 1, BOX 22 SUBSCRIPTION PURCHASE SUBSCRIPTION PURCHASE Mailing Address RT. 1, BOX 22 Transaction ID: INV6010000115486 10.00 Amount Incu		or Creditor			
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C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): KMW PUBLISHING CO. SUBSCRIPTION PURCHASE Mailing Address RT. 1, BOX 22 City State ZIP Code STERLING VA 22170 Outstanding Balance Beginning This Period Transaction ID: INV6010000115486 10.00 Amount Incurred This Period Outstanding Balance at Close of This Period 0.00 0.00 0.00 10.00	Amount Incurred This Period	Payment This Period	С	outstandir	ng Balance at Close of This Period
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City State ZIP Code STERLING VA 22170 Outstanding Balance Beginning This Period Transaction ID: INV6010000115486 10.00 Amount Incurred This Period Amount Incurred This Period Payment This Period 0.00 0.00		or Creditor			
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10.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 10.00	STERLING VA	22170			
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 10.00	Outstanding Balance Beginning This Period			Trai	nsaction ID: INV6010000115486
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				Juisianun	
	0.00	0.00			10.00
1) SUBTOTALS This Period This Page (optional)	1) SUBTOTALS This Period This Page (optional)		►		2065.98
2) TOTALS This Period (last page this line number only)					
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			•		
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)) ►		

SCHEDULE D (FEC Form 3X)		(1.100	separate	PAGE 108 / 144
			edule(s)	
DEBTS AND OBLIGATIONS			ered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)		Turno		X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTION PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115487
25.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			25.00
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTION PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115488
25.00				
Amount Incurred This Period	Payment This Period		Outstandir	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): PTION PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115489
50.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng 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 o				
	e C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only	r) ►		

sc	HEDULE D (FEC Form 3X)		(1)66	e separate	PAGE 109 / 144
			sch	nedule(s)	FOR LINE NUMBER:
	BTS AND OBLIGATIONS			or each bered line)	(check only one) 9 X 10
	Cluding Loans AME OF COMMITTEE (In Full)				X 10
	ational Democratic Policy Committee				
	A. Full Name (Last, First, Middle Initial) of Debtor of KMW PUBLISHING CO.	or Creditor			ebt (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 Debtor of KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 	or Creditor			ebt (Purpose): IPTION PURCHASES
	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 Debtor of KREINGOLD DATA SERVICES	or Creditor			ebt (Purpose): ER SERVICES
	Mailing Address STE. 5D, 119 PAYSON AVI	Ξ.			
	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)		I		2206.53
	TOTALS This Period (last page this line number of		J		
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	/) I		

SCHEDULE D (FEC Form 3X)		(Use s	separate	PAGE 110 / 144
DEBTS AND OBLIGATIONS		sche	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 o KVAR-FM	r Creditor		Nature of D MEDIA-R	ebt (Purpose): ADIO
Mailing Address TEXAS LOTAS CORP. 8400 DAPAPOINT ST. 535				
City State SAN ANTONIO TX	ZIP Code 78229			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112385
544.00				
Amount Incurred This Period	Payment This Period		Outstandii	ng Balance at Close of This Period
0.00	0.00			544.00
B. Full Name (Last, First, Middle Initial) of Debtor o LOS ANGELES LABOR COMMITTEE	r Creditor			ebt (Purpose): RENT AND PHONE
Mailing Address 711 S. VERMONT AVE. #20	7			
City State LOS ANGELES CA	ZIP Code 90005			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112391
21277.77				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			21277.77
C. Full Name (Last, First, Middle Initial) of Debtor o LOUIS JOLIET RENAISSANCE CENTR	r Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 214 NORTH OTTAWA STR	EET			
City State JOLIET IL	ZIP Code 60431			
Outstanding Balance Beginning This Period		_	Tra	nsaction ID: INV6010000112393
38.21				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			38.21
1) SUBTOTALS This Period This Page (optional)		►		21859.98
2) TOTALS This Period (last page this line number on	ly)	•		
	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 111 / 144
		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 MARK CALNEY	Debtor or Creditor	Nature of PRINTIN	Debt (Purpose): NG
Mailing Address 269 E. NEWTON ST.			
City State SEATTLE WA	ZIP Code 98102		
Outstanding Balance Beginning This Per	iod	Ті	ransaction ID: INV6010000112101
205.80			
Amount Incurred This Period	Payment This Period	Outstan	ding Balance at Close of This Period
0.00	0.00		205.80
B. Full Name (Last, First, Middle Initial) of MARRIOT HOTEL PITTSBURGH	Debtor or Creditor		Debt (Purpose): RENTALS
Mailing Address 101 MALL BLVD.			
City State MONROEVILLE PA	ZIP Code 15146		
Outstanding Balance Beginning This Per	iod	Т	ransaction ID: INV6010000112395
227.73			
Amount Incurred This Period	Payment This Period	Outstan	ding Balance at Close of This Period
0.00	0.00		227.73
C. Full Name (Last, First, Middle Initial) of MARRIOTT - SANTA CLARA	Debtor or Creditor		Debt (Purpose): RENTALS
Mailing Address GREAT AMERICAN I	PARKWAY		
City State SANTA CLARA CA	ZIP Code 95054		
Outstanding Balance Beginning This Per	iod	Ti	ransaction ID: INV6010000112997
24.50	7		
	Deursent This Devied	Outotaa	dian Delever at Class of This Deviad
Amount Incurred This Period	Payment This Period	Outstan	ding Balance at Close of This Period
0.00	0.00		24.50
1) SUBTOTALS This Period This Page (opti	onal)		458.03
2) TOTALS This Period (last page this line nu	mber only)		
3) TOTAL OUTSTANDING LOANS from S	chedule 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)		(1)50	separate	PAGE 112 / 144
			edule(s)	
DEBTS AND OBLIGATIONS	n		r each bered 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 MARTY SIMON	or Creditor			ebt (Purpose): AND POSTAGE
Mailing Address 2971 W 8TH ST. #111				
City State LOS ANGELES CA	ZIP Code 96402			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112907
154.47				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			154.47
B. Full Name (Last, First, Middle Initial) of Debtor 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: INV6010000114180
446.69				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			446.69
C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	or Creditor			ebt (Purpose): EY FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET SUITE 1200	, NW			
City State	ZIP Code			
WASHINGTON DC	20005			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114182
626.32				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			626.32
1) SUBTOTALS This Period This Page (optional)		▶		1227.48
2) TOTALS This Period (last page this line number 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 Form 3X)		(1)50	separate	PAGE 113 / 144
			nedule(s)	
DEBTS AND OBLIGATIONS			or each bered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)		Indin		X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of MC GUINESS & WILLIAMS	r Creditor			ebt (Purpose): EY FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, SUITE 1200	NW			
City State	ZIP Code			
WASHINGTON DC	20005			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114183
800.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng 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	r Creditor			ebt (Purpose): EY FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, SUITE 1200	NW			
City State WASHINGTON DC	ZIP Code 20005			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114184
3179.29				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			3179.29
	0.00			0173.23
C. Full Name (Last, First, Middle Initial) of Debtor of MC GUINESS & WILLIAMS	r Creditor			ebt (Purpose): EY EXPENSES
Mailing Address 1015 FIFTEENTH STREET, SUITE 1200	NW			
City State	ZIP Code			
WASHINGTON DC	20005			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114185
3.32				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			
0.00	0.00			3.32
1) SUBTOTALS This Period This Page (optional)		I		3982.61
2) TOTALS This Period (last page this line number on	ly)	,		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only))		
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sc	HEDULE D (FEC Form 3X)		(Llee	e separate	PAGE 114 / 144
				redule(s)	FOR LINE NUMBER:
	BTS AND OBLIGATIONS			or each bered line)	(check only one) 9
<u> </u>	cluding Loans		num	bered line)	X 10
	AME OF COMMITTEE (In Full) ational Democratic Policy Committee				
	alional Democratic Policy Committee				
	A. Full Name (Last, First, Middle Initial) of Debtor of MC GUINESS & WILLIAMS	or Creditor			ebt (Purpose): EY EXPENSES
	Mailing Address 1015 FIFTEENTH STREET, SUITE 1200	NW			
	City State	ZIP Code			
	WASHINGTON DC	20005			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114186
	5.50				
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	0.00	0.00			5.50
	B. Full Name (Last, First, Middle Initial) of Debtor of MC GUINESS & WILLIAMS	or Creditor		Nature of D ATTORNE	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		Outstandir	ng Balance at Close of This Period
	0.00	0.00			255.00
	C. Full Name (Last, First, Middle Initial) of Debtor of MEDIAWIRE	or Creditor			ebt (Purpose): ELEASE DISTRIBUTN
	Mailing Address 117 SOUTH 17TH ST. SUITE 210				
	City State	ZIP Code			
	PHILADELPHIA PA	19103			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112397
	60.00				
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	0.00	0.00			60.00
1)	SUBTOTALS This Period This Page (optional)		I		320.50
2)	TOTALS This Period (last page this line number or	nly)]		
3)	TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	3		
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 115 / 144
			nedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS			or each bered 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 MEDIAWIRE	or Creditor			ebt (Purpose): DIST-ELDER/USS
Mailing Address 117 SOUTH 17TH ST. SUITE 210				
City State PHILADELPHIA PA	ZIP Code 19103			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112398
65.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			65.00
B. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE	or Creditor			ebt (Purpose): DIST-DOUGLAS/GOV
Mailing Address 117 SOUTH 17TH ST. SUITE 210				
City State PHILADELPHIA PA	ZIP Code 19103			
Outstanding Balance Beginning This Period 35.00			Tra	nsaction ID: INV6010000112399
Amount Incurred This Period	Payment This Period		Outstandi	ng 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			ebt (Purpose): EY FEES & EXPENSES
Mailing Address 204 WASHINGTON AVEN	JE, N.E.			
City State MARIETTA GA	ZIP Code 30060			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114254
2354.40				
Amount Incurred This Period	Payment This Period		Outstandi	ng 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 of		,		
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	r) D		

SCHEDULE D (FEC Form 3X)		(1.100	separate	PAGE 116 / 144
			iedule(s)	
DEBTS AND OBLIGATIONS			or each bered 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 MELVIN S. NASH	or Creditor			ebt (Purpose): EY FEES & EXPENSES
Mailing Address 204 WASHINGTON AVEN	UE, N.E.			
City State MARIETTA GA	ZIP Code 30060			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114255
1496.91				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			1496.91
B. Full Name (Last, First, Middle Initial) of Debtor MICHAEL FRANK, ESQ.	or Creditor			ebt (Purpose): ES-WINTER/CONG
Mailing Address 434 SPITZER BLDG				
City State TOLEDO OH	ZIP Code 43604			
Outstanding Balance Beginning This Period 400.00			Tra	nsaction ID: INV6010000112321
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			400.00
C. Full Name (Last, First, Middle Initial) of Debtor MICHAEL HODGEKISS	or Creditor		Nature of D PRINTING	ebt (Purpose): G
Mailing Address 1265 48TH AVE.				
City State SAN FRANCISCO CA	ZIP Code 94122			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112368
127.20				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			127.20
1) SUBTOTALS This Period This Page (optional)		Þ		2024.11
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 I	Form 3Y)		(1.100	aanarata	PAGE 117 / 144
-	-			separate edule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGA	TIONS		fo	each	(check only one) 9
Excluding Loans			nume	ered line)	X 10
NAME OF COMMITTEE (National Democratic P					
A. Full Name (Last, Fi NEW BENJAMIN FI	rst, Middle Initial) of Debtor RANKLIN HOUSE	or Creditor			ebt (Purpose): URE PURCHASE
Mailing Address 304	W 58TH ST.				
City NEW YORK	State NY	ZIP Code 10019			
Outstanding Balance	Beginning This Period			Tra	nsaction ID: INV6010000112400
	176.50				
Amount Incur	red This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			176.50
B. Full Name (Last, Fi NEW HAMPSHIRE	rst, Middle Initial) of Debtor HIGHWAY HOTEL	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address FT.	EDDY ROAD				
City CONCORD	State NH	ZIP Code 03301			
Outstanding Balance	Beginning This Period			Tra	nsaction ID: INV6010000112401
	75.20				
Amount Incur	red This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			75.20
C. Full Name (Last, Fi NEW SOLIDARITY	rst, Middle Initial) of Debtor INT'L PRESS	or Creditor		Nature of D ADVERTI	ebt (Purpose): SING
Mailing Address 304	W. 58TH ST. 5TH FL.				
City NEW YORK	State NY	ZIP Code 10019			
	Beginning This Period			Tra	nsaction ID: INV6010000112402
	540.00				
	red This Period	Payment This Period		Outetandi	ng Balance at Close of This Period
				Outstandin	
	0.00	0.00			540.00
1) SUBTOTALS This Pe	eriod This Page (optional)		►		791.70
2) TOTALS This Period (last page this line number c	nly)	•		
3) TOTAL OUTSTANDIN	G LOANS from Schedu	le C (last page only)	•		
4) ADD 2) and 3) and ca	arry forward to appropriate li	ne of Summary Page (last page only	/)		

s	CHEDULE D (FEC Form 3X)		(1150	separate	PAGE 118 / 144
	EBTS AND OBLIGATIONS		sch	nedule(s)	
		r		or each bered line)	(check only one) 9 X 10
	cluding Loans AME OF COMMITTEE (In Full)				X 10
	ational Democratic Policy Committee				
	A. Full Name (Last, First, Middle Initial) of Debtor of NEW YORK TELEPHONE	or Creditor		Nature of D TELEPHC	ebt (Purpose): DNE
	Mailing Address 10 COLUMBUS CIRCLE				
	City State NEW YORK NY	ZIP Code 10019			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112403
	236.83				
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			236.83
	B. Full Name (Last, First, Middle Initial) of Debtor of PATRICK F ADAMS P.C.	or Creditor			ebt (Purpose): ES - NY BEAM DEMS
	Mailing Address ATTORNEY AT LAW ONE EAST MAIN STREET City State BAY SHORE NY	ZIP Code 11706			
	Outstanding Balance Beginning This Period 5762.50			Tra	nsaction ID: INV6010000112085
	Amount Incurred This Period	Payment This Period		Outstand	ng Balance at Close of This Period
	0.00	0.00			5762.50
	C. Full Name (Last, First, Middle Initial) of Debtor of PATRICK F ADAMS P.C.	or Creditor			ebt (Purpose): ⁄ FEES-NY BEAM DEM
	Mailing Address ATTORNEY AT LAW ONE EAST MAIN STREET				
	City State BAY SHORE NY	ZIP Code 11706			
	Outstanding Balance Beginning This Period 400.00			Tra	nsaction ID: INV6010000112086
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			400.00
1)	SUBTOTALS This Period This Page (optional)		J		6399.33
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	') D		

SCHEDULE D (FEC Form 3X)		(1)00	separate	PAGE 119 / 144
			nedule(s)	
DEBTS AND OBLIGATIONS			or each bered 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 o PETER ENNIS	r Creditor			ebt (Purpose): AND LODGING
Mailing Address 65 SEAMAN AVE.				
City State NEW YORK NY	ZIP Code 10034			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112316
16.76				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			16.76
B. Full Name (Last, First, Middle Initial) of Debtor o PMR PRINTING	r Creditor		Nature of D PRINTING	ebt (Purpose): G
Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112882
2500.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			2500.00
C. Full Name (Last, First, Middle Initial) of Debtor o PMR PRINTING	r Creditor		Nature of D PRINTING	ebt (Purpose): G
Mailing Address INDIAN CREEK CENTER III				
RT. 1, BOX 22 City State	ZIP Code			
STERLING VA	22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112885
6123.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			6123.00
1) SUBTOTALS This Period This Page (optional)		Þ		8639.76
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	e of Summary Page (last page only	<i>ı</i>)		

SCHEDULE D (FEC Form 3X)			PAGE 120 / 144
		(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Del PROVIDENCE MARRIOTT INN	otor or Creditor	Nature of I ROOM R	Debt (Purpose): ENTAL
Mailing Address CHARLES & ORMS ST	REETS		
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	Outstand	ing Balance at Close of This Period
0.00	0.00		125.00
B. Full Name (Last, First, Middle Initial) of Del PUBLICATION & GENERAL MGMT.	otor or Creditor		Debt (Purpose): ITING & DP SERVICE
Mailing Address P.O. BOX 836			
City State LEESBURG VA	ZIP Code 22075		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000112654
1700.00			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		1700.00
C. Full Name (Last, First, Middle Initial) of Del PUBLICATION & GENERAL MGMT.	otor or Creditor		Debt (Purpose): ITING & DP SERVICE
Mailing Address P.O. BOX 836			
Mailing Address P.O. BOX 836 City State LEESBURG VA	ZIP Code 22075		
City State		Tra	Insaction ID: INV6010000112656
City State LEESBURG VA		Tra	Insaction ID: INV6010000112656
City State LEESBURG VA Outstanding Balance Beginning This Period 3000.00	22075		insaction ID: INV6010000112656
City State LEESBURG VA Outstanding Balance Beginning This Period			insaction ID: INV6010000112656 ing Balance at Close of This Period 3000.00
City State LEESBURG VA Outstanding Balance Beginning This Period 3000.00 Amount Incurred This Period 0.00	22075 Payment This Period 0.00		ing Balance at Close of This Period
City State LEESBURG VA Outstanding Balance Beginning This Period 3000.00 Amount Incurred This Period 0.00	Payment This Period 0.00		ing Balance at Close of This Period 3000.00
City State LEESBURG VA Outstanding Balance Beginning This Period 3000.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period (last page this line number)	22075 Payment This Period 0.00 al)	Outstand	ing Balance at Close of This Period 3000.00
City State LEESBURG VA Outstanding Balance Beginning This Period 3000.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period (last page this line number)	22075 Payment This Period 0.00 al) edule C (last page only)	Outstand	ing Balance at Close of This Period 3000.00

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 121 / 144	
			FOR LINE NUMBER:	
			(check only one) 9	
Excluding Loans NAME OF COMMITTEE (In Full)		numbered line)	X 10	
National Democratic Policy Committee				
-				
A. Full Name (Last, First, Middle Initial) of E PUBLICATION & GENERAL MGMT.	Debtor or Creditor		ebt (Purpose): MENT & DP SERVICE	
Mailing Address P.O. BOX 836				
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Peri	od	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 E PUBLICATION & GENERAL MGMT.	Debtor or Creditor		ebt (Purpose): MENT & DP SERVICES	
Mailing Address P.O. BOX 836				
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Peri	bd	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 E PUBLICATION & GENERAL MGMT.	Debtor or Creditor		ebt (Purpose): MENT & DP SERIVCES	
Mailing Address P.O. BOX 836				
City State	ZIP Code			
LEESBURG VA	22075			
Outstanding Balance Beginning This Peri	bo	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	
			0000.00	
1) SUBTOTALS This Period This Page (optic			9000.00	
2) TOTALS This Period (last page this line num	nber only)			
3) TOTAL OUTSTANDING LOANS from S	chedule C (last page only)			
4) ADD 2) and 3) and carry forward to approx	riate line of Summary Page (last page only			

SCHEDULE D (FEC Form 3X)		(1.100	separate	PAGE 122 / 144
		sch	nedule(s)	
DEBTS AND OBLIGATIONS			or each bered 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 of PUBLICATION & GENERAL MGMT.	or 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
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: 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.	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: INV6010000112667
3000.00				
Amount Incurred This Period	Payment This Period		Outotood	ng Balance at Close of This Period
			Outstandi	
0.00	0.00			3000.00
1) SUBTOTALS This Period This Page (optional)		Þ		9000.00
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)		(1.100.1	onorata	PAGE 123 / 144
			separate edule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for	each	(check only one) 9
Excluding Loans		numb	ered line)	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 SERVICES
Mailing Address P.O. BOX 836				
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112668
3000.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			3000.00
B. Full Name (Last, First, Middle Initial) of Debtor 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: INV6010000112669
3000.00				
Amount Incurred This Period	Payment This Period		Outstandir	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: INV6010000112670
3000.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
			Cutotanan	
0.00	0.00			3000.00
1) SUBTOTALS This Period This Page (optional)		►		9000.00
2) TOTALS This Period (last page this line number c				
	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)			PAGE 124 / 144
		(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	****		
	liee		
A. Full Name (Last, First, Middle Initia PUBLICATION & GENERAL MG			Debt (Purpose): EMENT &DP SERVICE
Mailing Address P.O. BOX 836			
City State LEESBURG VA	ZIP Code 22075		
Outstanding Balance Beginning This	s Period	Tra	ansaction ID: INV6010000112671
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
0.00	0.00		3000.00
B. Full Name (Last, First, Middle Initia PUBLICATION & GENERAL MG			Debt (Purpose): EMENT &D P SERVICES
Mailing Address P.O. BOX 836			
City State LEESBURG VA	ZIP Code 22075		
Outstanding Balance Beginning This		Tra	ansaction ID: INV6010000112672
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
0.00	0.00		3000.00
C. Full Name (Last, First, Middle Initia PUBLICATION & GENERAL MG			Debt (Purpose): EMENT &DP SERVICES
Mailing Address P.O. BOX 836			
City State	ZIP Code		
LÉESBURG VA	22075		
Outstanding Balance Beginning This	s Period	Tra	Insaction ID: INV6010000112673
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ing 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 lin	ne number only)		
3) TOTAL OUTSTANDING LOANS fr	rom Schedule C (last page only)	•	
	appropriate line of Summary Page (last page only		

SCHEDULE D (FEC Form 3X)		(1)	acharata	PAGE 125 / 144
. ,			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				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MGMT.	or Creditor			Debt (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
B. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MGMT.	or Creditor			bebt (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 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: INV6010000112676
3000.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			3000.00
				9000.00
1) SUBTOTALS This Period This Page (optional)		<u> </u>		
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)		(11=-	a anarata	PAGE 126 / 144	
			e separate nedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		fc	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 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	ZIP Code				
ALBANY NY	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)		ŀ		3098.55	
2) TOTALS This Period (last page this line number	only)	,			
3) TOTAL OUTSTANDING LOANS from Schedu	ile C (last page only)	•			
4) ADD 2) and 3) and carry forward to appropriate	ine of Summary Page (last page only	/) D			

SCHEDULE D (FEC Form 3X)		(1.100	separate	PAGE 127 / 144
			edule(s)	
DEBTS AND OBLIGATIONS			r each ered 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 RAMADA INN CASPER	or Creditor		Nature of D ROOM RE	ebt (Purpose): ENTALS
Mailing Address PO BOX 2917				
City State CASPER WY	ZIP Code 82602			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112893
108.85				
Amount Incurred This Period	Payment This Period		Outstandir	ng 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		Nature of D ROOM RE	ebt (Purpose): ENTALS
Mailing Address 9636 NATURAL BRIDGE F	RD.			
City State ST. LOUIS MO	ZIP Code 63134			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112894
52.31				
Amount Incurred This Period	Payment This Period		Outstandir	ng 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		Nature of D ROOM RE	ebt (Purpose): ENTALS
Mailing Address 3645 N. PAN AM EXPRES	SWAY			
City State SAN ANTONIO TX	ZIP Code 78219			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112897
60.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng 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 I	ine of Summary Page (last page only	^{')}		

SCHEDULE D (FEC Form 3X)]	(1.100.0000	at a	PAGE 128	/ 144
		(Use separa schedule(FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		for each	(ch	eck only one)	9
Excluding Loans		numbered l	ne)		X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Deb RENAISSANCE MARKETING	otor or Creditor		e of Debt (P CE RENT		
Mailing Address 1249 WASHINGTON BL	-VD. STE. 626				
City State DETROIT MI	ZIP Code 48226				
Outstanding Balance Beginning This Period			Transacti	ion ID: INV6010	000112898
600.00					
Amount Incurred This Period	Payment This Period	Outs	tanding Bal	ance at Close of TI	nis Period
		Ulia	lanuing bai		
0.00	0.00			6	00.00
 B. Full Name (Last, First, Middle Initial) of Deb RHEA, BOYD & RHEA Mailing Address 930 FORREST AVENUE 			e of Debt (P DRNEY FE	urpose): EES & EXPENS	ES
Maining Address 950 FORMEST AVENUE	=				
City State GADSDEN AL	ZIP Code 35901				
Outstanding Balance Beginning This Period			Transacti	ion ID: INV6010	000114208
24.60					
Amount Incurred This Period	Payment This Period	Outs	tanding Bala	ance at Close of TI	nis Period
0.00	0.00		J		24.60
	0.00				24.00
C. Full Name (Last, First, Middle Initial) of Deb RICHARD MAGRAW	otor or Creditor		e of Debt (P D RENTAL		
Mailing Address 22-60 23RD ST.					
City State	ZIP Code				
ASTORIA NY	11105				
Outstanding Balance Beginning This Period			Transacti	ion ID: INV6010	000112394
114.90					
Amount Incurred This Period	Payment This Period	Outs	tanding Bala	ance at Close of TI	nis Period
0.00	0.00			1	14.90
1) SUBTOTALS This Period This Page (optiona	۱)	•		739.5	0
2) TOTALS This Period (last page this line numb		•			
3) TOTAL OUTSTANDING LOANS from Sch	edule C (last page only)	•	0 0		0 0
4) ADD 2) and 3) and carry forward to appropria	te line of Summary Page (last page only)				

SCHEDULE D (FEC Form 3X)		(1.100	aoparata	PAGE 129 / 144	
			separate edule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS			or each bered line)	(check only one) 9	
Excluding Loans NAME OF COMMITTEE (In Full)		num		X 10	
National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor of ROBERT COLE	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS	
Mailing Address 4119 W. BELLEPLAINE #2	N				
City State CHICAGO IL	ZIP Code 60641				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112305	
1243.95					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
			Outstandi		
0.00	0.00			1243.95	
B. Full Name (Last, First, Middle Initial) of Debtor of ROBERT KAY	or Creditor			ebt (Purpose): AND LODGING	
Mailing Address 22-49 38TH ST.					
City State ASTORIA NY	ZIP Code 11105				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112375	
19.74					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			19.74	
C. Full Name (Last, First, Middle Initial) of Debtor of ROGER HAM	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS	
Mailing Address 2 PINEHURST					
City State NEW YORK CITY NY	ZIP Code 10033				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112330	
207.82					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
		-			
0.00	0.00			207.82	
1) SUBTOTALS This Period This Page (optional)		Þ		1471.51	
2) TOTALS This Period (last page this line number of		,			
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	') Þ			

50	HEDULE D (FEC Form 3X)		(1.100	accorato	PAGE 130 / 144	
				e separate nedule(s)	FOR LINE NUMBER:	
	BTS AND OBLIGATIONS			or each bered line)	(check only one) 9	
			num	beleu lille)	X 10	
	ME OF COMMITTEE (In Full) tional Democratic Policy Committee					
	A. Full Name (Last, First, Middle Initial) of Debto RONALD KOKINDA	r or Creditor		Nature of D CONSUL	ebt (Purpose): TING	
-	Mailing Address 36-5 FORT EVANS ROAD	, NE				
	City State LEESBURG VA	ZIP Code 22075				
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114750	
	524.50					
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			524.50	
	B. Full Name (Last, First, Middle Initial) of Debto RONALD KOKINDA			Nature of D CONSUL	ebt (Purpose): TING	
	Mailing Address 36-5 FORT EVANS ROAD					
	City State LEESBURG VA	ZIP Code 22075				
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114756	
	1600.00					
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			1600.00	
	C. Full Name (Last, First, Middle Initial) of Debto SAFEWAY PRINTING	r or Creditor		Nature of D PRINTINO	ebt (Purpose): G	
	Mailing Address 3276 WEST 6TH ST.					
	City State LOS ANGELES CA	ZIP Code 90020				
- F						
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112901	
	Outstanding Balance Beginning This Period 300.38			Tra	nsaction ID: INV6010000112901	
		Payment This Period			nsaction ID: INV6010000112901 ng Balance at Close of This Period	
	300.38	Payment This Period				
1)	300.38 Amount Incurred This Period 0.00	0.00			ng Balance at Close of This Period	
	300.38 Amount Incurred This Period 0.00 SUBTOTALS This Period This Page (optional).	0.00		Outstandi	ng Balance at Close of This Period 300.38	
2)	300.38 Amount Incurred This Period 0.00 SUBTOTALS This Period This Page (optional). TOTALS This Period (last page this line number	0.00	! !	Outstandi	ng Balance at Close of This Period 300.38	
2) 3)	300.38 Amount Incurred This Period 0.00 SUBTOTALS This Period This Page (optional). TOTALS This Period (last page this line number	only)))		ng Balance at Close of This Period 300.38	

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 131 / 144
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 SAN FRANCISCO LABOR CTTE.	or Creditor	Nature of POSTA	Debt (Purpose): GE
Mailing Address 1826 NOREIGA ST.			
City State SAN FRANCISCO CA	ZIP Code 94122		
Outstanding Balance Beginning This Period		т	ransaction ID: INV6010000112902
413.47			
Amount Incurred This Period	Payment This Period	Outetan	ding Balance at Close of This Period
		Guisian	
0.00	0.00		413.47
B. Full Name (Last, First, Middle Initial) of Debtor of SANS SOUCI TRAVEL	or Creditor	Nature of AIR TR	Debt (Purpose): AVEL
Mailing Address 253 - 12 UNION TURNPIKE	1		
City State FLORAL PARK NY	ZIP Code 11004		
Outstanding Balance Beginning This Period		т	ransaction ID: INV6010000113737
290.00			
Amount Incurred This Period	Payment This Period	Outstan	ding 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	1		
City State FLORAL PARK NY	ZIP Code 11004		
Outstanding Balance Beginning This Period		т	ransaction ID: INV6010000113743
40.00			
Amount Incurred This Period	Payment This Period	Outstan	ding Balance at Close of This Period
0.00	0.00		40.00
1) SUBTOTALS This Period This Page (optional)			743.47
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)50	separate	PAGE 132 / 144	
		sch	edule(s)		
			r 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 SEGAL, MORAN & FEINBERG	or Creditor		Nature of D ATTORNI	ebt (Purpose): EY FEES	
Mailing Address 210 COMMERCIAL STREE	Г				
City State BOSTON MA	ZIP Code 02109				
Outstanding Balance Beginning This Period			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 Debtor of SEVEN SEAS MOTOR INN	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS	
Mailing Address 1823 OLD RED TRAIL					
City State MANDAN ND	ZIP Code 58554				
Outstanding Balance Beginning This Period			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 Debtor of SHERATON COLUMBUS PLAZA	or Creditor			ebt (Purpose): -SCOTT/CONG	
Mailing Address 50 NORTH THIRD STREET					
City State COLUMBUS OH	ZIP Code 43215				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112906	
50.00					
Amount Incurred This Period	Payment This Period		Outstandii	ng Balance at Close of This Period	
0.00	0.00	-	Outstandi	50.00	
	0.00			50.00	
1) SUBTOTALS This Period This Page (optional)		►		808.62	
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	ne of Summary Page (last page only	·) Þ			

sc	CHEDULE D (FEC Form 3X)		(Llsc	sonarato	PAGE 133 / 144
	EBTS AND OBLIGATIONS		(Use separate schedule(s)		
			or each bered line)	(check only one) 9	
	cluding Loans AME OF COMMITTEE (In Full)		Indin		X 10
	ational Democratic Policy Committee				
	A. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor			ebt (Purpose): E: L. BOYLE/CONG
	Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDI	NG			
	City State	ZIP Code			
	DETROIT MI	48226			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112908
	538.45				
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			538.45
		0.00			
	B. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor			ebt (Purpose): E: S. CROCKER/CONG
	Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDI	NG			
	City State	ZIP Code			
	DETROIT MI	48226			
	Outstanding Balance Beginning This Period 538,45			Tra	nsaction ID: INV6010000112909
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00	0		538.45
	C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor			ebt (Purpose): E: M. DEAN/USS
	Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDI	NG			
	City State	ZIP Code			
	DETROIT MI	48226			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112910
	538.46				
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			538.46
		0.00			
1)	SUBTOTALS This Period This Page (optional)		I		1615.36
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	') I		

sc	CHEDULE D (FEC Form 3X)		(1)	e separate	PAGE 134 / 144
				redule(s)	FOR LINE NUMBER:
	EBTS AND OBLIGATIONS			or each bered line)	(check only one) 9
			num	bered line)	X 10
	AME OF COMMITTEE (In Full) ational Democratic Policy Committee				
	A. Full Name (Last, First, Middle Initial) of Debtor of SOLOMON, FOLEY & MORAN	or Creditor			ebt (Purpose): E: S. JOHNSON/CONG
	Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDI	NG			
	City State	ZIP Code			
	DETROIT MI	48226			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112911
	538.46				
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	0.00	0.00			538.46
	B. Full Name (Last, First, Middle Initial) of Debtor of SOLOMON, FOLEY & MORAN	or Creditor			ebt (Purpose): E: E.SEFCOVIC/CONG
	Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDI	NG			
	City State DETROIT MI	ZIP Code 48226			
	Outstanding Balance Beginning This Period	40220		Tra	nsaction ID: INV6010000112912
	538.46			114	
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	0.00	0.00			538.46
	C. Full Name (Last, First, Middle Initial) of Debtor of SOLOMON, FOLEY & MORAN	or Creditor			ebt (Purpose): E: G SHEPPARD/CONG
	Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDI	NG			
	City State	ZIP Code			
	DETROIT MI	48226			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112913
	538.46				
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	0.00	0.00			538.46
1)	SUBTOTALS This Period This Page (optional)				1615.38
	TOTALS This Period (last page this line number of				
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 135 / 144
		sche	edule(s)	FOR LINE NUMBER:
Excluding Loans			r 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 SOLOMON, FOLEY & MORAN	or Creditor			ebt (Purpose): E: H. SHORE/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILD	ING			
City State DETROIT MI	ZIP Code 48226			
Outstanding Balance Beginning This Period	40220		Tra	nsaction ID: INV6010000112914
538.46			IIa	isaction id. INV0010000112314
Amount Incurred This Period	Payment This Period		Outetandii	ng Balance at Close of This Period
			Outstandi	
0.00	0.00			538.46
B. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor			ebt (Purpose): E: J. STAMPS/CONG
Mailing Address ATTORNEYS AT LAW				
2280 PENOBSCOT BUILD City State	ZIP Code			
DÉTROIT MI	48226			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112915
538.46				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			538.46
C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor			ebt (Purpose): E: J. VAUGHN/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILD	ING			
City State	ZIP Code			
DETROIT MI Outstanding Balance Beginning This Period	48226		.	
538.46			Ira	nsaction ID: INV6010000112916
			.	
Amount Incurred 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) TOTALS This Period (last page this line number of	only)	•		
	le C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page only	·) ►		

SC	HEDULE D (FEC Form 3X)		(Llee	separate	PAGE 136 / 144
			sch	nedule(s)	
DEBTS AND OBLIGATIONS				or each bered line)	(check only one) 9
	Liuding Loans ME OF COMMITTEE (In Full)		nam		X 10
	ational Democratic Policy Committee				
	A. Full Name (Last, First, Middle Initial) of Debtor of SOLOMON, FOLEY & MORAN	or Creditor			ebt (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	nsaction ID: INV6010000112917
	538.46				
	Amount Incurred This Period	Payment This Period		Outstandir	ng 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			ebt (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: INV6010000114478
	915.00				
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	0.00	0.00			915.00
-	C. Full Name (Last, First, Middle Initial) of Debtor c SOUTHEAST POLITICAL LITERATURE	or Creditor			ebt (Purpose): FICE RENT
-	Mailing Address SALES & DISTRIBUTION, I 3916-A VERO ROAD	NC.			
Ī	City State	ZIP Code			
	BALTIMORE MD	21227			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114479
	200.00				
	Amount Incurred This Period	Payment This Period		Outstandii	ng Balance at Close of This Period
	0.00	0.00			200.00
1)	SUBTOTALS This Period This Page (optional)		I	•	1653.46
2)	TOTALS This Period (last page this line number or	ıly)]		
3)	TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	;		
4)	ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only	/) I		

SCHEDULE D (FEC Form 3X)		(1)50	separate	PAGE 137 / 144
DEBTS AND OBLIGATIONS		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 Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of SOUTHEAST POLITICAL LITERATURE	or Creditor			vebt (Purpose): C TELEPHONE USAGE
Mailing Address SALES & DISTRIBUTION, II 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			Pebt (Purpose): FFICE RENT
Mailing Address SALES & DISTRIBUTION, II 3916-A VERO ROAD City State BALTIMORE MD	NC. 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, II 3916-A VERO ROAD	NC.			
City State	ZIP Code			
BALTIMORE MD Outstanding Balance Beginning This Period	21227		.	
			Ira	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)		J		2030.00
2) TOTALS This Period (last page this line number or		;		
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	') D		

s	HEDULE D (FEC F	form 3X)		(Use sep	arato	PAGE 138 / 144
			schedul	e(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS Excluding Loans			for each		(check only one) 9 X 10	
	AME OF COMMITTEE (In	n Full)			/	X 10
	ational Democratic Po					
	A. Full Name (Last, First SOUTHEAST POLIT	st, Middle Initial) of Debtor ICAL LITERATURE	or Creditor	Nati RE		ebt (Purpose):
		ES & DISTRIBUTION, A VERO ROAD	INC.			
	City BALTIMORE	State MD	ZIP Code 21227			
	Outstanding Balance	Beginning This Period			Tra	nsaction ID: INV6010000114483
		200.00				
	Amount Incurr	ed This Period	Payment This Period	Ou	utstandir	ng Balance at Close of This Period
		0.00	0.00			200.00
		0.00	0.00			200.00
	B. Full Name (Last, Fire STATE OF CALIFOR	st, Middle Initial) of Debtor RNIA	or Creditor		ure of D INTING	ebt (Purpose): G
	-	ICE OF STATE PRINT ISLATIVE BILL ROOM				
	City SACRAMENTO	State CA	ZIP Code 95814			
	Outstanding Balance	Beginning This Period			Trai	nsaction ID: INV6010000112389
		53.00				
	Amount Incurr	ed This Period	Payment This Period	Οι	utstandir	ng Balance at Close of This Period
		0.00	0.00			53.00
	C. Full Name (Last, Fire STATLER BUFFALC	st, Middle Initial) of Debtor)	or Creditor			ebt (Purpose): ENTALS
	Mailing Address 107	DELAWARE AVENUE				
	City BUFFALO	State NY	ZIP Code 14202			
	Outstanding Balance	Beginning This Period			Tra	nsaction ID: INV6010000112918
		85.00				
	Amount Incurr	ed This Period	Payment This Period	0	itetandir	ng Balance at Close of This Period
		0.00	0.00			85.00
1)	SUBTOTALS This Pe	riod This Page (optional)		► [338.00
			nly)	•		
3)	TOTAL OUTSTANDING	G LOANS from Schedu	e C (last page only)	•		
4)	ADD 2) and 3) and ca	rry forward to appropriate li	ne of Summary Page (last page only) 🕨		

SCHEDULE D (FEC Form 3X)		(1.10-	aoporata	PAGE 139 / 144
			separate edule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		fo	r each ((check only one) 9
		num	pered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of SYRACUSE AIRPORT INN	or Creditor		Nature of D ROOM R	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		Outstandi	ng Balance at Close of This Period
			Outstandi	
0.00	0.00			19.00
B. Full Name (Last, First, Middle Initial) of Debtor of TED HERBERT				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	Ŭ R		1088.20
C. Full Name (Last, First, Middle Initial) of Debtor of TED HERBERT	or 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		Outstand	ng Balance at Close of This Bovied
			Ouisiandii	ng Balance at Close of This Period
0.00	0.00			800.00
1) SUBTOTALS This Period This Page (optional)		Þ		1907.20
2) TOTALS This Period (last page this line number or	yl)	•		
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	r) 🕨		

SCHEDIII E D (EEC Form 3X)		(1.100	o o noroto	PAGE 140 / 144
			separate edule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		fc	or each ((check only one) 9
Excluding Loans		numi	bered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of THE CHANCELLOR HOTEL	r Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 1501 SOUTH NEIL STREET	-			
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		Outstandii	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	r Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 120 HUNTINGTON AVENUE	Ξ			
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
			Outstandi	
0.00	0.00			75.00
C. Full Name (Last, First, Middle Initial) of Debtor of THE PRESS CLUB OF HOUSTON	r Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address THE WORLD TRADE CENT	ER			
1520 TEXAS AVENUE				
City State HOUSTON TX	ZIP Code 77002			
Outstanding Balance Beginning This Period	11002		T	nsaction ID: INV6010000112890
			Ira	nsaction ID: 11100010000112090
25.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			25.00
1) SUBTOTALS This Period This Page (optional)		Þ		125.00
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	/) Þ		

sc	CHEDULE D (FEC Form 3X)			e separate	PAGE 141 / 144
			hedule(s)		
	BTS AND OBLIGATIONS		fo	or each bered line)	(check only one) 9
			num	ibered line)	X 10
	AME OF COMMITTEE (In Full) ational Democratic Policy Committee				
	A. Full Name (Last, First, Middle Initial) of Debtor TONI JENNINGS	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 Period			Tra	nsaction ID: INV6010000112374
	30.15				
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			30.15
	B. Full Name (Last, First, Middle Initial) of Debtor TREAT CATERERS	or Creditor		Nature of D ROOM R	Debt (Purpose): ENTALS
	Mailing Address 50 PARK PLACE				
	City State NEWARK NJ	ZIP Code 07101			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112922
	100.00				
	Amount Incurred This Period	Payment This Period	-	Outstandi	ng Balance at Close of This Period
		0.00			100.00
	C. Full Name (Last, First, Middle Initial) of Debtor TUTTLES RESTAURANT	or Creditor		Nature of D ROOM R	Debt (Purpose): ENTALS
	Mailing Address (C/O GILBERT ROBINSON P.O. BOX 16000	I COLLEX)		-	
	City State	ZIP Code		1	
	KANSAS CITY MO	64112			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112923
	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 (optional)		I		180.15
	TOTALS This Period (last page this line number of		<u> </u>		
3)	TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	I		
	ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	/) I		

	Form 3X)		/Lice conora	PAGE 142 / 144
SCHEDULE D (FEC Form 3X)			(Use separa schedule(s	
			for each numbered li	(check only one) 9
Excluding Loans	(In Full)			ne) X 10
National Democratic	. ,			
	,			
A. Full Name (Last, F VITA OBERSCHN	First, Middle Initial) of Debtor EIDER	or Creditor		e of Debt (Purpose): M RENTALS
Mailing Address 544	4 OAK HILL RD.			
City ELGIN	State IL	ZIP Code 60120		
Outstanding Balance	ce Beginning This Period			Transaction ID: INV6010000112404
	149.16			
Amount Inci	urred This Period	Payment This Period	Outst	tanding Balance at Close of This Period
	0.00	0.00		149.16
	0.00	0.00		143.10
B. Full Name (Last, FWESTBOROUGH	First, Middle Initial) of Debtor PLAZA HOTEL	or Creditor		e of Debt (Purpose): TING ROOM RENTAL
Mailing Address 5 T	URNPIKE ROAD			
City WESTBOROUGH	State MA	ZIP Code 01581		
Outstanding Baland	ce Beginning This Period			Transaction ID: INV6010000114249
	54.25			
Amount Inci	urred This Period	Payment This Period	Outst	tanding Balance at Close of This Period
	0.00	0.00		54.25
	First, Middle Initial) of Debtor	or Creditor		e of Debt (Purpose): PHONE
Mailing Address BC	X 6022 CHRUCH ST. S	TA.		
City	State	ZIP Code		
NEW YORK	NY	10008		
Outstanding Baland	ce Beginning This Period			Transaction ID: INV6010000112926
	18.42			
Amount Inci	urred This Period	Payment This Period	Outst	tanding Balance at Close of This Period
	0.00	0.00		18.42
1) SUBTOTALS This	Period This Page (optional)		▶□	221.83
		nly)		
3) TOTAL OUTSTAND	NG LOANS from Schedu	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)		(1.100	separate	PAGE 143 / 144	
			edule(s)	FOR LINE NUMBER:	
			r each bered 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 c	r Creditor		Nature of D	ebt (Purpose):	
WORLDCOMP			TYPE SE		
Mailing Address 722 EAST MARKET STREE	Т				
City State LEESBURG VA	ZIP Code 22075				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112983	
741.67					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			741.67	
B. Full Name (Last, First, Middle Initial) of Debtor of WORLDCOMP	r Creditor		Nature of D TYPE & A	ebt (Purpose): .RT	
Mailing Address 722 EAST MARKET STREE	Т				
City State LEESBURG VA	ZIP Code 22075				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112988	
926.37					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			926.37	
C. Full Name (Last, First, Middle Initial) of Debtor of WORLDCOMP	r Creditor		Nature of D TYPE & A	ebt (Purpose): \RT	
Mailing Address 722 EAST MARKET STREE	Т				
City State LEESBURG VA	ZIP Code 22075				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV601000011299	
71.58					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			71.58	
1) SUBTOTALS This Period This Page (optional)		►		1739.62	
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		r) ►			

SCHEDULE D (FEC Form 3X)		(1100		PAGE 144 / 144
			e separate nedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		fc	or each ((check only one) 9
Excluding Loans		num	bered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor WORLDCOMP	or Creditor		Nature of D TYPE SE	ebt (Purpose): TTING
Mailing Address 722 EAST MARKET STRE	ET			
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112993
50.00				
Amount Incurred This Period	Payment This Period		Outstandii	ng Balance at Close of This Period
			Outstandi	
0.00	0.00			50.00
B. Full Name (Last, First, Middle Initial) of Debtor YMCA SYRACUSE	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 340 MONTGOMERY STRE	ET			
City State SYRACUSE NY	ZIP Code 13202			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112994
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 ZELLER & LETICA INC.	or Creditor			ebt (Purpose): LABELS-SUB LISTS
Mailing Address 15 E. 26TH ST.				
City State	ZIP Code			
NEW YORK NY	10010			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV601000011299
57.84				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			57.84
1) SUBTOTALS This Period This Page (optional)		•		132.84
2) TOTALS This Period (last page this line number of		,		408326.38
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)			41400.00
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only)		449726.38