

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines National Democratic Policy Committee

ADDRESS (number and street) 113 HALIFAX PLACE Check if different than previously reported. (ACC) LEESBURG VA 20175

2. FEC IDENTIFICATION NUMBER C00136531 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 01 01 2011 through 06 30 2011

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 Filed by Katherine Jenkins Date 07 11 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
National Democratic Policy Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		3330.22
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning 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									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
National Democratic Policy Committee

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	360.00	360.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	360.00	360.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	360.00	360.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	360.00	360.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	360.00	360.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	240.00	240.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	240.00	240.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	240.00	240.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	240.00	240.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) EFT CORPORATION Mailing Address 2911 DIXWELL AVE City HAMDEN State CT Zip Code 06518 Purpose of Disbursement EFT PROCESSING FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 010000680100006301 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 1 1
	Amount of Each Disbursement this Period 40.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) EFT CORPORATION Mailing Address 2911 DIXWELL AVE City HAMDEN State CT Zip Code 06518 Purpose of Disbursement EFT PROCESSING FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 010000720100006401 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 1 1
	Amount of Each Disbursement this Period 40.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) EFT CORPORATION Mailing Address 2911 DIXWELL AVE City HAMDEN State CT Zip Code 06518 Purpose of Disbursement EFT PROCESSING FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 010000730100006501 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 1 1
	Amount of Each Disbursement this Period 40.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶	40.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) EFT CORPORATION Mailing Address 2911 DIXWELL AVE City HAMDEN State CT Zip Code 06518 Purpose of Disbursement EFT PROCESSING FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 010000690100006601 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 1
	Amount of Each Disbursement this Period 40.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) EFT CORPORATION Mailing Address 2911 DIXWELL AVE City HAMDEN State CT Zip Code 06518 Purpose of Disbursement EFT PROCESSING FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 010000700100006701 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 1 1
	Amount of Each Disbursement this Period 40.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) EFT CORPORATION Mailing Address 2911 DIXWELL AVE City HAMDEN State CT Zip Code 06518 Purpose of Disbursement EFT PROCESSING FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 010000710100006801 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 1 1
	Amount of Each Disbursement this Period 40.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

120.00

TOTAL This Period (last page this line number only) ▶

240.00

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0010000004

LOAN SOURCE Full Name (Last, First, Middle Initial)
HARVEY E. HASCALL - [PERSONAL FUNDS]

Election:
 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 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="1000.00"/>
TOTALS This Period (last page in this line only)	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000002009

LOAN SOURCE Full Name (Last, First, Middle Initial) ALBERT E MC NAIR - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1657 EDDY DR	
City NORTH TONAWANDA State NY ZIP Code 14120	

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 09 D D 24 Y Y Y Y 1984	19841224	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="1000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

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

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000002886

LOAN SOURCE Full Name (Last, First, Middle Initial) ESTHER E. WILSON - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 6241 WARNER #132	
City HUNTINGTON BEACH State CA ZIP Code 92647	

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS

Date Incurred MM DD YY YY 04 30 1984	Date Due 19850430	Interest Rate 1200.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="5000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

LOANS

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1949 S MANCHESTER AVE SPACE 104	
City ANAHEIM State CA ZIP Code 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 08 D D 14 Y Y Y Y 1984	19841114	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="700.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

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

PAGE 12 / 144
FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000003823

LOAN SOURCE Full Name (Last, First, Middle Initial) MINEHART EDSEN - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1949 S MANCHESTER AVE SPACE 104	
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	Date Due	Interest Rate	Secured:
M M 09 D D 12 Y Y Y Y 1984	19841212	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="1250.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

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

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000004982

LOAN SOURCE Full Name (Last, First, Middle Initial) EUGENE L DRUSELL - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1704 SAWYER	
City WEST COVINA State CA ZIP Code 91790	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 8 D D 0 8 Y Y Y Y 1 9 8 4	19841108	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="1000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000004983

LOAN SOURCE Full Name (Last, First, Middle Initial)
EUGENE L DRUSELL - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 1704 SAWYER

City WEST COVINA State CA ZIP Code 91790

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred: MM/08 DD/08 YYYY/1984
 Date Due: 19841108
 Interest Rate: 0 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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 Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000005986

LOAN SOURCE Full Name (Last, First, Middle Initial) BILL SUEDKAMP - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1211 DOUGLAS HWY	
City GILLETTE State WY ZIP Code 82716	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 09 D D 26 Y Y Y Y 1984	19850326	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="1000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

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

LOANS

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1211 DOUGLAS HWY	
City GILLETTE State WY ZIP Code 82716	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 10 D D 18 Y Y Y Y 1984	19841218	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000006929

LOAN SOURCE Full Name (Last, First, Middle Initial)
HENRY C MAYBERRY - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 8071 E 19TH ST

City WESTMINSTER State CA ZIP Code 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: MM DD YYYY 10 25 1984
 Date Due: 19851024
 Interest Rate: 0 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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 Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000007139

LOAN SOURCE Full Name (Last, First, Middle Initial)
RONALD TAI HO CHOI - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 35797 BLAIR PL

City FREMONT State CA ZIP Code 94536

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS

Date Incurred: MM DD YY YY 09 28 1984
 Date Due: 19850928
 Interest Rate: 0 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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 Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000009055

LOAN SOURCE Full Name (Last, First, Middle Initial) ROBERT C MCKINNEY - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 3245	
City SEAL BEACH State CA ZIP Code 90740	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 0 D D 2 2 Y Y Y Y 1 9 8 4	19851022	1200.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="1000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000009557

LOAN SOURCE Full Name (Last, First, Middle Initial)
ROBERT LOFTUS - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 2446 N SUMMIT

City DECATUR State IL ZIP Code 62526

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred: MM DD YY YY YY YY Date Due: 19850705 Interest Rate: 0 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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 Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

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
 Other (specify) ▼

Mailing Address 4125 HAWTHORNE

City DALLAS State TX ZIP Code 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: MM DD YYYY 04 09 1984
 Date Due: 19840709
 Interest Rate: 0 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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 Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000010652

LOAN SOURCE Full Name (Last, First, Middle Initial)
NANCY J STEINER - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 2809 GREER RD

City PALO ALTO State CA ZIP Code 94303

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred: M M 1 2, D D 2 9, Y Y Y Y 1 9 8 6
 Date Due: 19871212
 Interest Rate: 0 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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 Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000011262

LOAN SOURCE Full Name (Last, First, Middle Initial) RAY BRANDENBERG - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1303 AMORETTI	
City THERMOPOLIS State WY ZIP Code 82443	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.00	0.00	200.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 5 D D 1 4 Y Y Y Y 1 9 8 4	19840814	1800.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="200.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000011993

LOAN SOURCE Full Name (Last, First, Middle Initial)
JACKSON B BREEZE - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 419 QUARTZ ST

City REDWOOD CITY State CA ZIP Code 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: MM DD YYYY 11 30 1984
 Date Due: 19850302
 Interest Rate: 0 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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 Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000012031

LOAN SOURCE Full Name (Last, First, Middle Initial)
RICHARD ROPER - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 630 W DUARTE RD #33

City MONROVIA State CA ZIP Code 91016

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred: MM DD YYYY 05 31 1984
 Date Due: 19841130
 Interest Rate: 0 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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 Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

LOANS

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4207 PATRICIA ST	
City FREMONT State CA ZIP Code 94536	

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 0 8 D D 2 4 Y Y Y Y 1 9 8 4	19841124	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="1000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

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

PAGE 27 / 144
FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000013379

LOAN SOURCE Full Name (Last, First, Middle Initial) MARGARET MAMULA - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4321 N EL BURRITO	
City TUCSON State AZ ZIP Code 85705	

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
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TERMS

Date Incurred MM DD YY 06 15 1984	Date Due 19840815	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="1000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000013410

LOAN SOURCE Full Name (Last, First, Middle Initial)
BILL DRAKE - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address RT 4 BOX 126

City DEXTER State MO ZIP Code 63841

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS

Date Incurred: MM DD YYYY 06 19 1984
 Date Due: 19840819
 Interest Rate: 0 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)	▶	100.00
TOTALS This Period (last page in this line only)	▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000017823

LOAN SOURCE Full Name (Last, First, Middle Initial)
HAROLD N LYNGE MD - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 2 S 13TH ST

City SAN JOSSE State CA ZIP Code 95112

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred: MM/08 DD/08 YYYY/1984
 Date Due: 19841008
 Interest Rate: 0 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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 Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000018351

LOAN SOURCE Full Name (Last, First, Middle Initial)
GREGORY R WOLF - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 5258 CARTWRIGHT

City NORTH HOLLYWOOD State CA ZIP Code 91601

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	300.00

TERMS

Date Incurred: MM DD YY YY YY YY Date Due: 19841114 Interest Rate: 0 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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) ▶ **300.00**

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.

SCHEDULE C (FEC Form 3X)

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

LOANS

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5258 CARTWRIGHT	
City NORTH HOLLYWOOD State CA ZIP Code 91601	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 08 D D 14 Y Y Y Y 1984	19841114	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)	▶	100.00
TOTALS This Period (last page in this line only)	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000018353

LOAN SOURCE Full Name (Last, First, Middle Initial)
GREGORY R WOLF - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 5258 CARTWRIGHT

City NORTH HOLLYWOOD State CA ZIP Code 91601

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS

Date Incurred: MM DD YY 08 14 1984
 Date Due: 19841114
 Interest Rate: 0 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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)	▶	100.00
TOTALS This Period (last page in this line only)	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000018611

LOAN SOURCE Full Name (Last, First, Middle Initial) WILLIAM O MC KAY - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4627 W 137TH PL	
City HAWTHORNE State CA ZIP Code 90250	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 08 D D 17 Y Y Y Y 1984	19851117	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="1000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

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
 Other (specify) ▼

Mailing Address 1210 W PUENTE AVE

City WEST COVINA State CA ZIP Code 91790

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred: MM DD YY 08 17 1984
 Date Due: 19841117
 Interest Rate: 0 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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 Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000018817

LOAN SOURCE Full Name (Last, First, Middle Initial)
LEONARD K NITZ - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 5343 CALLISTER AVE

City SACRAMENTO State CA ZIP Code 95819

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred: MM DD YY YY 08 20 19 84
 Date Due: 19841120
 Interest Rate: 0 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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 Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000019658

LOAN SOURCE Full Name (Last, First, Middle Initial) WARREN BANDY - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 934 TAMARACK LN #6	
City SUNNYVALE State CA ZIP Code 94086	

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 0 9 D D 0 6 Y Y Y Y 1 9 8 4	19841206	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="1000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 245 W LORRAINE ST APT 121	
City GLENDALE State CA ZIP Code 91202	

Original Amount of Loan 1500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1500.00
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TERMS

Date Incurred MM DD YY YY 09 10 1984	Date Due 19841210	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="1500.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000021069

LOAN SOURCE Full Name (Last, First, Middle Initial)
LOUIS HARDING - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 815 N MADISON

City PIERRE State SD ZIP Code 57501

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred: MM DD YYYY 09 27 1984
 Date Due: 19850327
 Interest Rate: 0 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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 Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000021171

LOAN SOURCE Full Name (Last, First, Middle Initial) MARILYN PEARSON - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address RR 1	
City SPENCER State IA ZIP Code 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	Interest Rate	Secured:
M M 0 9 D D 2 8 Y Y Y Y 1 9 8 4	19850328	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="900.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000021412

LOAN SOURCE Full Name (Last, First, Middle Initial)
MARJORIE CZECZOK - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 820 LAKE ST S

City KIRKLAND State WA ZIP Code 98033

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250.00	50.00	200.00

TERMS

Date Incurred: MM DD YYYY 10 25 1984
 Date Due: 19841125
 Interest Rate: 0 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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)	▶	200.00
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.

SCHEDULE C (FEC Form 3X)

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

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000022667

LOAN SOURCE Full Name (Last, First, Middle Initial) ROBERT A FUDO - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 24922 MUIRLANDS SP 36	
City EL TORO State CA ZIP Code 92630	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
750.00	0.00	750.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 0 D D 2 2 Y Y Y Y 1 9 8 4	19850122	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="750.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

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

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000023255

LOAN SOURCE Full Name (Last, First, Middle Initial) KEITH J ORR - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 441 PUERTO PL	
City HAYWARD State CA ZIP Code 94541	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 0 D D 2 4 Y Y Y Y 1 9 8 4	19841224	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="500.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000023300

LOAN SOURCE Full Name (Last, First, Middle Initial)
H WYVONNE LANDRY - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 18346 COLLINS ST #17

City TARZANA State CA ZIP Code 91356

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
800.00	0.00	800.00

TERMS

Date Incurred: MM DD YYYY 10 25 1984
 Date Due: 19850125
 Interest Rate: 0 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	800.00
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.

SCHEDULE C (FEC Form 3X)

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

LOANS

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4371 SUNRISE DR	
City CASPER State WY ZIP Code 82604	

Original Amount of Loan 250.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 250.00
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TERMS

Date Incurred M M 10 D D 22 Y Y Y Y 1984	Date Due 19850122	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="250.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

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
 Other (specify) ▼

Mailing Address 46 SOMERSET AVE

City RIVERSIDE State RI ZIP Code 02915

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred: MM DD YY 10 22 1984 Date Due: 19850122 Interest Rate: 0 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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 Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000023624

LOAN SOURCE Full Name (Last, First, Middle Initial) BRYCE JONES - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 213 W OAKRIDGE DR	
City FARMINGTON State UT ZIP Code 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 1 0 D D 2 2 Y Y Y Y 1 9 8 4	19850122	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="1000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000023627

LOAN SOURCE Full Name (Last, First, Middle Initial)
MRS BRYCE JONES - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 213 W OAKRIDGE DR

City FARMINGTON State UT ZIP Code 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: MM DD YY 10 22 1984
 Date Due: 19850122
 Interest Rate: 0 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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 Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000023628

LOAN SOURCE Full Name (Last, First, Middle Initial)
MRS DONALD MILLS - [PERSONAL FUNDS]

Election:
Primary
General
Other (specify)

Mailing Address 4495 WOODLAWN

City BEAUMONT State TX ZIP Code 77703

Table with 3 columns: Original Amount of Loan (500.00), Cumulative Payment To Date (0.00), Balance Outstanding at Close of This Period (500.00)

TERMS

Date Incurred (MM/YY) 10/22/1984 Date Due 19851022 Interest Rate 0 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Table with 4 columns: Full Name, Mailing Address, City/State/ZIP, Name of Employer/Occupation/Amount Guaranteed Outstanding. Contains 5 empty rows for data entry.

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.

SCHEDULE C (FEC Form 3X)

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

LOANS

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1202 S GLADYS AVE	
City SAN GABRIEL State CA ZIP Code 91776	

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
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TERMS

Date Incurred MM DD YY Y 10 25 1984	Date Due 19851025	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="1000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

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

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000024453

LOAN SOURCE Full Name (Last, First, Middle Initial) JAMES HOWARD PETERS - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2380 GRANADA AVE	
City LONG BEACH State CA ZIP Code 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 1 1 D D 2 6 Y Y Y Y 1 9 8 4	19850526	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="1000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

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

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000024908

LOAN SOURCE Full Name (Last, First, Middle Initial) LARS THELANDER - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 14 MOUNT CASTLE PL	
City JOHNSON CITY State TN ZIP Code 37601	

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 1 1 D D 0 2 Y Y Y Y 1 9 8 4	19850202	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="500.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

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

LOANS

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3447 STERNE ST	
City SAN DIEGO State CA ZIP Code 92106	

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
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TERMS

Date Incurred MM DD YY 11 07 1984	Date Due 19850507	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="500.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

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

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000026096

LOAN SOURCE Full Name (Last, First, Middle Initial) GABRIEL DICK - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address BOX 274	
City CARMEL State CA ZIP Code 93921	

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 1 1 D D 3 0 Y Y Y Y 1 9 8 4	19841230	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="500.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Transaction ID: LOAN0000032658

LOAN SOURCE Full Name (Last, First, Middle Initial)
JOHN PRICE - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 101 S COTTAGE RD

City STERLING State VA ZIP Code 22170

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
750.00	0.00	750.00

TERMS

Date Incurred: MM DD YY YY 05 20 19 85
 Date Due: 19860520
 Interest Rate: 0 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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)	750.00
TOTALS This Period (last page in this line only)	41400.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AIRBORNE FREIGHT CORP.			Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE
Mailing Address P O BOX 662			
City SEATTLE	State WA	ZIP Code 98111	

Outstanding Balance Beginning This Period 12.50		Transaction ID: INV6010000112089	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12.50	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AMFAC HOTEL			Nature of Debt (Purpose): ROOM RENTAL
Mailing Address P O BOX 1926			
City ALBUQUERQUE	State NM	ZIP Code 87119	

Outstanding Balance Beginning This Period 198.49		Transaction ID: INV6010000112090	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 198.49	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ARLINGTON HILTON			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 2401 EAST LAMAR BOULEVARD			
City ARLINGTON	State TX	ZIP Code 76011	

Outstanding Balance Beginning This Period 139.00		Transaction ID: INV6010000112363	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 139.00	

1) SUBTOTALS This Period This Page (optional).....	349.99
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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AUDIO VISUAL CENTER	Nature of Debt (Purpose): EQUIPMENT RENTAL
Mailing Address 235 NORTH BROAD STREET	
City State ZIP Code PHILADELPHIA PA 19107	

Outstanding Balance Beginning This Period 25.00	Transaction ID: INV6010000112091	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AUDIO VISUAL HEADQUARTERS CORP	Nature of Debt (Purpose): EQUIPMENT RENTAL
Mailing Address 361 NORTH OAK STREET	
City State ZIP Code INGLEWOOD CA 90301	

Outstanding Balance Beginning This Period 11.08	Transaction ID: INV6010000112092	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11.08

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor AVW AUDIO VISUAL INC	Nature of Debt (Purpose): EQUIPMENT RENTAL
Mailing Address 1372 WYCLIFF AVE	
City State ZIP Code DALLAS TX 75207	

Outstanding Balance Beginning This Period 65.64	Transaction ID: INV6010000112093	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 65.64

1) SUBTOTALS This Period This Page (optional).....	101.72
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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BANK OF THE COMMONWEALTH			Nature of Debt (Purpose): MISC. EXPENSE
Mailing Address PO BOX 32900			
City DETROIT	State MI	ZIP Code 48232	

Outstanding Balance Beginning This Period 1430.00		Transaction ID: INV6010000112095	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1430.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor BELMONT RESTAURANT			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 541 LEXINGTON AVE.			
City NEW YORK	State NY	ZIP Code 10022	

Outstanding Balance Beginning This Period 110.00		Transaction ID: INV6010000112096	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 110.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor BROWN PALACE HOTEL			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address P.O. BOX 1440			
City DENVER	State CO	ZIP Code 80201	

Outstanding Balance Beginning This Period 273.00		Transaction ID: INV6010000112097	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 273.00	

1) SUBTOTALS This Period This Page (optional).....	1813.00
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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRUKOFF, BERAS & STEWART,P.C.	Nature of Debt (Purpose): ATTY FEES-ZIEGLER/CONG
Mailing Address 3000 TOWN CENTER SUITE 2550	
City State ZIP Code SOUTHFIELD MI 48075	

Outstanding Balance Beginning This Period 285.00	Transaction ID: INV6010000112099	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 285.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS	Nature of Debt (Purpose): PRESS RELATIONS SERVICE
Mailing Address P.O. BOX 17726	
City State ZIP Code WASHINGTON DC 20041	

Outstanding Balance Beginning This Period 2700.00	Transaction ID: INV6010000111880	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2700.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS	Nature of Debt (Purpose): RENT
Mailing Address P.O. BOX 17726	
City State ZIP Code WASHINGTON DC 20041	

Outstanding Balance Beginning This Period 64.51	Transaction ID: INV6010000111909	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 64.51

1) SUBTOTALS This Period This Page (optional).....	3049.51
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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): ADVERTISING
Mailing Address P.O. BOX 17726			
City WASHINGTON	State DC	ZIP Code 20041	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000111912	
1567.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1567.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): ADVERTISING
Mailing Address P.O. BOX 17726			
City WASHINGTON	State DC	ZIP Code 20041	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000111913	
60.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	60.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address P.O. BOX 17726			
City WASHINGTON	State DC	ZIP Code 20041	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000111914	
7316.85			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	7316.85	

1) SUBTOTALS This Period This Page (optional).....	▶	8943.85
2) TOTALS This Period (last page this line number 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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): RENT
Mailing Address P.O. BOX 17726			
City WASHINGTON	State DC	ZIP Code 20041	

Outstanding Balance Beginning This Period 800.00		Transaction ID: INV6010000111915	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 800.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): PHOTOCOPIER USAGE
Mailing Address P.O. BOX 17726			
City WASHINGTON	State DC	ZIP Code 20041	

Outstanding Balance Beginning This Period 250.00		Transaction ID: INV6010000111916	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 250.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): TELECOMMUNICATIONS
Mailing Address P.O. BOX 17726			
City WASHINGTON	State DC	ZIP Code 20041	

Outstanding Balance Beginning This Period 1000.00		Transaction ID: INV6010000111917	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00	

1) SUBTOTALS This Period This Page (optional).....	2050.00
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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): PRESS RELATIONS SERVICE
Mailing Address P.O. BOX 17726			
City	State	ZIP Code	
WASHINGTON	DC	20041	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000111918	
8170.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	8170.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): ADVERTISING
Mailing Address P.O. BOX 17726			
City	State	ZIP Code	
WASHINGTON	DC	20041	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000111919	
1310.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1310.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address P.O. BOX 17726			
City	State	ZIP Code	
WASHINGTON	DC	20041	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000111920	
11948.30			
Amount Incurred This Period	Payment This Period	Outstanding 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 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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): RENT
Mailing Address P.O. BOX 17726			
City WASHINGTON	State DC	ZIP Code 20041	

Outstanding Balance Beginning This Period 800.00		Transaction ID: INV6010000111921	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 800.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): PHOTOCOPIER USAGE
Mailing Address P.O. BOX 17726			
City WASHINGTON	State DC	ZIP Code 20041	

Outstanding Balance Beginning This Period 250.00		Transaction ID: INV6010000111922	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 250.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): TELECOMMUNICATIONS
Mailing Address P.O. BOX 17726			
City WASHINGTON	State DC	ZIP Code 20041	

Outstanding Balance Beginning This Period 1000.00		Transaction ID: INV6010000111923	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00	

1) SUBTOTALS This Period This Page (optional).....	2050.00
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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): PRESS RELATIONS SERVICE
Mailing Address P.O. BOX 17726			
City	State	ZIP Code	
WASHINGTON	DC	20041	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000111924	
8170.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	8170.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): ADVERTISING
Mailing Address P.O. BOX 17726			
City	State	ZIP Code	
WASHINGTON	DC	20041	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000111925	
150.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	150.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): ADVERTISING
Mailing Address P.O. BOX 17726			
City	State	ZIP Code	
WASHINGTON	DC	20041	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000111926	
30.00			
Amount Incurred This Period	Payment This Period	Outstanding 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 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)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 64 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address P.O. BOX 17726	
City State ZIP Code WASHINGTON DC 20041	

Outstanding Balance Beginning This Period 5852.00	Transaction ID: INV6010000111927	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5852.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address P.O. BOX 17726	
City State ZIP Code WASHINGTON DC 20041	

Outstanding Balance Beginning This Period 13773.65	Transaction ID: INV6010000112054	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 13773.65

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS	Nature of Debt (Purpose): ADVERTISING
Mailing Address P.O. BOX 17726	
City State ZIP Code WASHINGTON DC 20041	

Outstanding Balance Beginning This Period 302.50	Transaction ID: INV6010000112055	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 302.50

1) SUBTOTALS This Period This Page (optional).....	19928.15
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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address P.O. BOX 17726			
City WASHINGTON	State DC	ZIP Code 20041	

Outstanding Balance Beginning This Period 7910.00		Transaction ID: INV6010000112056	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7910.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): ADVERTISING
Mailing Address P.O. BOX 17726			
City WASHINGTON	State DC	ZIP Code 20041	

Outstanding Balance Beginning This Period 40.00		Transaction ID: INV6010000112057	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 40.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address P.O. BOX 17726			
City WASHINGTON	State DC	ZIP Code 20041	

Outstanding Balance Beginning This Period 7989.60		Transaction ID: INV6010000112058	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7989.60	

1) SUBTOTALS This Period This Page (optional).....	15939.60
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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): RENT
Mailing Address P.O. BOX 17726			
City WASHINGTON	State DC	ZIP Code 20041	

Outstanding Balance Beginning This Period 800.00		Transaction ID: INV6010000112059	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 800.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): TELECOMMUNICATIONS
Mailing Address P.O. BOX 17726			
City WASHINGTON	State DC	ZIP Code 20041	

Outstanding Balance Beginning This Period 1000.00		Transaction ID: INV6010000112060	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): RENT
Mailing Address P.O. BOX 17726			
City WASHINGTON	State DC	ZIP Code 20041	

Outstanding Balance Beginning This Period 800.00		Transaction ID: INV6010000112061	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 800.00	

1) SUBTOTALS This Period This Page (optional).....	▶ 2600.00
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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): TELECOMMUNICATIONS
Mailing Address P.O. BOX 17726			
City WASHINGTON	State DC	ZIP Code 20041	

Outstanding Balance Beginning This Period 1000.00		Transaction ID: INV6010000112062	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): RENT
Mailing Address P.O. BOX 17726			
City WASHINGTON	State DC	ZIP Code 20041	

Outstanding Balance Beginning This Period 800.00		Transaction ID: INV6010000112063	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 800.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): TELECOMMUNICATIONS
Mailing Address P.O. BOX 17726			
City WASHINGTON	State DC	ZIP Code 20041	

Outstanding Balance Beginning This Period 1000.00		Transaction ID: INV6010000112064	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00	

1) SUBTOTALS This Period This Page (optional).....	2800.00
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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAPITOL PLAZA	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 240 WEST STATE STREET	
City State ZIP Code TRENTON NJ 08608	

Outstanding Balance Beginning This Period 93.10	Transaction ID: INV6010000112103	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 93.10

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAPITOL PLAZA HOTEL	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address HOLIDAY INN 300 J STREET	
City State ZIP Code SACRRAMENTO CA 95814	

Outstanding Balance Beginning This Period 15.78	Transaction ID: INV6010000112102	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15.78

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.	Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION	
City State ZIP Code NEW YORK NY 10101	

Outstanding Balance Beginning This Period 8023.57	Transaction ID: INV6010000112274	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8023.57

1) SUBTOTALS This Period This Page (optional).....	8132.45
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)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 69 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.	Nature of Debt (Purpose): MTG PLANNING FEES & EXPNS
Mailing Address PO BOX 748 RADIO CITY STATION	
City NEW YORK State NY ZIP Code 10101	

Outstanding Balance Beginning This Period <input type="text" value="1529.35"/>	Transaction ID: INV6010000112275	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1529.35"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.	Nature of Debt (Purpose): FIELD OFFICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION	
City NEW YORK State NY ZIP Code 10101	

Outstanding Balance Beginning This Period <input type="text" value="2614.35"/>	Transaction ID: INV6010000112281	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2614.35"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.	Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION	
City NEW YORK State NY ZIP Code 10101	

Outstanding Balance Beginning This Period <input type="text" value="9834.85"/>	Transaction ID: INV6010000112282	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="9834.85"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="13978.55"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 70 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.	Nature of Debt (Purpose): MTG PLANNING FEES & EXPNS
Mailing Address PO BOX 748 RADIO CITY STATION	
City NEW YORK State NY ZIP Code 10101	

Outstanding Balance Beginning This Period 235.00	Transaction ID: INV6010000112283	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 235.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.	Nature of Debt (Purpose): FIELD OFFICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION	
City NEW YORK State NY ZIP Code 10101	

Outstanding Balance Beginning This Period 2614.35	Transaction ID: INV6010000112284	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2614.35

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.	Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION	
City NEW YORK State NY ZIP Code 10101	

Outstanding Balance Beginning This Period 7844.75	Transaction ID: INV6010000112285	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7844.75

1) SUBTOTALS This Period This Page (optional).....	10694.10
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)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 71 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.	Nature of Debt (Purpose): FIELD OFFICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION	
City NEW YORK State NY ZIP Code 10101	

Outstanding Balance Beginning This Period	Transaction ID: INV6010000112286	
2614.35		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2614.35

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.	Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION	
City NEW YORK State NY ZIP Code 10101	

Outstanding Balance Beginning This Period	Transaction ID: INV6010000112287	
5250.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	5250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.	Nature of Debt (Purpose): MTG PLANNING FEES & EXPNS
Mailing Address PO BOX 748 RADIO CITY STATION	
City NEW YORK State NY ZIP Code 10101	

Outstanding Balance Beginning This Period	Transaction ID: INV6010000112288	
1151.71		
Amount Incurred This Period	Payment This Period	Outstanding 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 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)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 72 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.	Nature of Debt (Purpose): FIELD OFFICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION	
City State ZIP Code NEW YORK NY 10101	

Outstanding Balance Beginning This Period <input type="text" value="2614.35"/>	Transaction ID: INV6010000112289	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2614.35"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.	Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION	
City State ZIP Code NEW YORK NY 10101	

Outstanding Balance Beginning This Period <input type="text" value="2296.00"/>	Transaction ID: INV6010000112290	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2296.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.	Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION	
City State ZIP Code NEW YORK NY 10101	

Outstanding Balance Beginning This Period <input type="text" value="10085.00"/>	Transaction ID: INV6010000112291	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10085.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="14995.35"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 73 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.	Nature of Debt (Purpose): FIELD OFFICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION	
City State ZIP Code NEW YORK NY 10101	

Outstanding Balance Beginning This Period 2200.00	Transaction ID: INV6010000112292	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2200.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.	Nature of Debt (Purpose): FIELD OFFICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION	
City State ZIP Code NEW YORK NY 10101	

Outstanding Balance Beginning This Period 2000.00	Transaction ID: INV6010000112293	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.	Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION	
City State ZIP Code NEW YORK NY 10101	

Outstanding Balance Beginning This Period 9170.00	Transaction ID: INV6010000112294	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9170.00

1) SUBTOTALS This Period This Page (optional).....	13370.00
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)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 74 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.	Nature of Debt (Purpose): FIELD OFFICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION	
City State ZIP Code NEW YORK NY 10101	

Outstanding Balance Beginning This Period 2000.00	Transaction ID: INV6010000112295	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.	Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION	
City State ZIP Code NEW YORK NY 10101	

Outstanding Balance Beginning This Period 9170.00	Transaction ID: INV6010000112296	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9170.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.	Nature of Debt (Purpose): MTG PLANNING FEES & EXPNS
Mailing Address PO BOX 748 RADIO CITY STATION	
City State ZIP Code NEW YORK NY 10101	

Outstanding Balance Beginning This Period 2144.91	Transaction ID: INV6010000112297	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2144.91

1) SUBTOTALS This Period This Page (optional).....	13314.91
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)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 75 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.	Nature of Debt (Purpose): ADJUST 1986 TEL USAGE CHG
Mailing Address PO BOX 748 RADIO CITY STATION	
City NEW YORK State NY ZIP Code 10101	

Outstanding Balance Beginning This Period 18135.97	Transaction ID: INV6010000112298	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 18135.97

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.	Nature of Debt (Purpose): RENT
Mailing Address PO BOX 748 RADIO CITY STATION	
City NEW YORK State NY ZIP Code 10101	

Outstanding Balance Beginning This Period 2000.00	Transaction ID: INV6010000112299	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.	Nature of Debt (Purpose): TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION	
City NEW YORK State NY ZIP Code 10101	

Outstanding Balance Beginning This Period 9170.00	Transaction ID: INV6010000112300	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9170.00

1) SUBTOTALS This Period This Page (optional).....	29305.97
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)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 76 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CITICORP	Nature of Debt (Purpose): MISC. EXPENSES
Mailing Address CCSI COLLECTION DEPARTMENT P.O. BOX C5216	
City MELVILLE State NY ZIP Code 11750	

Outstanding Balance Beginning This Period 760.00	Transaction ID: INV6010000112302	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 760.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CLIFFORD B KOENIG	Nature of Debt (Purpose): TRAVEL AND LODGING
Mailing Address 7195 COOPER SPUR ROAD	
City MT HOOD/PARKDALE State OR ZIP Code 97041	

Outstanding Balance Beginning This Period 556.76	Transaction ID: INV6010000112378	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 556.76

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor COACHMAN HOTEL	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 123 E. POST RD. (RT 22)	
City WHITE PLAINS State NY ZIP Code 10610	

Outstanding Balance Beginning This Period 120.00	Transaction ID: INV6010000112303	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 120.00

1) SUBTOTALS This Period This Page (optional).....	1436.76
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)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 77 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor COACHMAN INN & RESTAURANT	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 10 JACKSON DRIVE	
City State ZIP Code CRANFORD NJ 07016	

Outstanding Balance Beginning This Period 150.00	Transaction ID: INV6010000112304	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 150.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor DALE ANDERSON'S	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 7041 FIRST AVE.	
City State ZIP Code SCOTTSDALE AZ 85251	

Outstanding Balance Beginning This Period 238.50	Transaction ID: INV6010000112308	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 238.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID JAY, ESQ.	Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES
Mailing Address ATTORNEY AT LAW 120 DELAWARE AVENUE, STE 100	
City State ZIP Code BUFFALO NY 14202	

Outstanding Balance Beginning This Period 306.35	Transaction ID: INV6010000112373	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 306.35

1) SUBTOTALS This Period This Page (optional).....	694.85
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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID KILBUR			Nature of Debt (Purpose): POSTAGE
Mailing Address 1901 NORIEGA #5			
City SAN FRANCISCO	State CA	ZIP Code 94122	

Outstanding Balance Beginning This Period 194.93		Transaction ID: INV6010000112376	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 194.93	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor DOUBLEWOOD INN BEST WESTERN			Nature of Debt (Purpose): ROOM RENTAL
Mailing Address 3333 13TH AVE. SOUTH			
City FARGO	State ND	ZIP Code 58103	

Outstanding Balance Beginning This Period 36.40		Transaction ID: INV6010000113252	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 36.40	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor EASTERN STATES DISTRIBUTORS			Nature of Debt (Purpose): FIELD OFFICE RENT
Mailing Address P.O. BOX 268			
City DREXEL HILL	State PA	ZIP Code 19026	

Outstanding Balance Beginning This Period 200.00		Transaction ID: INV6010000114470	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 200.00	

1) SUBTOTALS This Period This Page (optional).....	▶	431.33
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)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 79 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor EASTERN STATES DISTRIBUTORS	Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Mailing Address P.O. BOX 268	
City State ZIP Code DREXEL HILL PA 19026	

Outstanding Balance Beginning This Period <input type="text" value="915.00"/>	Transaction ID: INV6010000114471	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="915.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor EASTERN STATES DISTRIBUTORS	Nature of Debt (Purpose): FIELD OFFICE RENT
Mailing Address P.O. BOX 268	
City State ZIP Code DREXEL HILL PA 19026	

Outstanding Balance Beginning This Period <input type="text" value="200.00"/>	Transaction ID: INV6010000114472	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="200.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor EASTERN STATES DISTRIBUTORS	Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Mailing Address P.O. BOX 268	
City State ZIP Code DREXEL HILL PA 19026	

Outstanding Balance Beginning This Period <input type="text" value="915.00"/>	Transaction ID: INV6010000114473	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="915.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2030.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor EASTERN STATES DISTRIBUTORS			Nature of Debt (Purpose): FIELD OFFICE RENT
Mailing Address P.O. BOX 268			
City DREXEL HILL	State PA	ZIP Code 19026	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000114474	
200.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	200.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor EASTERN STATES DISTRIBUTORS			Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Mailing Address P.O. BOX 268			
City DREXEL HILL	State PA	ZIP Code 19026	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000114475	
915.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	915.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor EASTERN STATES DISTRIBUTORS			Nature of Debt (Purpose): RENT
Mailing Address P.O. BOX 268			
City DREXEL HILL	State PA	ZIP Code 19026	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000114476	
200.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	200.00	

1) SUBTOTALS This Period This Page (optional).....	▶	1315.00
2) TOTALS This Period (last page this line number 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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor EASTERN STATES DISTRIBUTORS			Nature of Debt (Purpose): TELEPHONE USAGE
Mailing Address P.O. BOX 268			
City DREXEL HILL	State PA	ZIP Code 19026	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000114477	
915.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	915.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor EDGEWATER INN			Nature of Debt (Purpose): ROOM RENTAL
Mailing Address PIER 67			
City SEATTLE	State WA	ZIP Code 98121	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000113744	
205.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	205.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor EDWARD CORPUS			Nature of Debt (Purpose): PRINTING
Mailing Address 1339 MARYLAND ST. APT. 1			
City LOS ANGELES	State CA	ZIP Code 90017	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000112307	
22.95			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	22.95	

1) SUBTOTALS This Period This Page (optional).....	▶	1142.95
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)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 82 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor EMERY WORLDWIDE	Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE
Mailing Address P.O. BOX 100	
City State ZIP Code BALTIMORE MD 21277	

Outstanding Balance Beginning This Period <input type="text" value="11.50"/>	Transaction ID: INV6010000112315	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="11.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ERIE HILTON HOTEL--ERIE/PA	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address C/O METROPOLITAN HOTELS, INC. 2 EAST FAYETTE STREET	
City State ZIP Code BALTIMORE MD 21202	

Outstanding Balance Beginning This Period <input type="text" value="37.10"/>	Transaction ID: INV6010000112364	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="37.10"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ERNEST BAALS	Nature of Debt (Purpose): TRAVEL AND LODGING
Mailing Address 826 GARWOOD ROAD	
City State ZIP Code ERIAL NJ 08081	

Outstanding Balance Beginning This Period <input type="text" value="206.00"/>	Transaction ID: INV6010000112094	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="206.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="254.60"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 83 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor EVELYN LANTZ	Nature of Debt (Purpose): PRINTING
Mailing Address 1826 NORIEGA STREET	
City State ZIP Code SAN FRANCISCO CA 94122	

Outstanding Balance Beginning This Period 60.98	Transaction ID: INV6010000112386	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 60.98

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor EXECUTIVE HOTEL & SPA	Nature of Debt (Purpose): MEETING ROOM RENTAL
Mailing Address 1055 FIRST AVE.	
City State ZIP Code SAN DIEGO CA 92101	

Outstanding Balance Beginning This Period 100.00	Transaction ID: INV6010000114372	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor EXECUTIVE RED CARPET INNS	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 4020 SOUTHWEST FREEWAY	
City State ZIP Code HOUSTON TX 77027	

Outstanding Balance Beginning This Period 22.00	Transaction ID: INV6010000112317	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 22.00

1) SUBTOTALS This Period This Page (optional).....	182.98
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 84 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FEDERAL EXPRESS	Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE
Mailing Address PO BOX 727, DEPT. A	
City MEMPHIS State TN ZIP Code 38194	

Outstanding Balance Beginning This Period 275.97	Transaction ID: INV6010000112318	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 275.97

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FEDERAL EXPRESS	Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE
Mailing Address PO BOX 727, DEPT. A	
City MEMPHIS State TN ZIP Code 38194	

Outstanding Balance Beginning This Period 14.00	Transaction ID: INV6010000112319	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 14.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor FERRANTE TRAVEL CENTER	Nature of Debt (Purpose): TRAVEL-TARPLEY/SENATE
Mailing Address 135 BROAD AVENUE	
City PALISADES PARK State NJ ZIP Code 07650	

Outstanding Balance Beginning This Period 254.00	Transaction ID: INV6010000113745	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 254.00

1) SUBTOTALS This Period This Page (optional).....	543.97
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)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 85 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FERRANTE TRAVEL CENTER	Nature of Debt (Purpose): TRAVEL-TARPLEY/SENATE
Mailing Address 135 BROAD AVENUE	
City State ZIP Code PALISADES PARK NJ 07650	

Outstanding Balance Beginning This Period <input type="text" value="57.00"/>	Transaction ID: INV6010000113746	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="57.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FUSION ENERGY FOUNDATION	Nature of Debt (Purpose): LIST PURCHASE
Mailing Address 250 W 57TH ST. STE.1711	
City State ZIP Code NEW YORK NY 10019	

Outstanding Balance Beginning This Period <input type="text" value="4439.10"/>	Transaction ID: INV6010000112327	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4439.10"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HENRY MCBRIDE	Nature of Debt (Purpose): MISC. EXPENSE
Mailing Address C/O HENRY'S AUTO PARTS 91 SO WHITE HORSE PIKE	
City State ZIP Code BERLIN NJ 08009	

Outstanding Balance Beginning This Period <input type="text" value="233.00"/>	Transaction ID: INV6010000112396	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="233.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="4729.10"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 86 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 1614 CENTRAL AVENUE	
City State ZIP Code ALBANY NY 12205	

Outstanding Balance Beginning This Period 40.00	Transaction ID: INV6010000112341	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 40.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN & HOLIDOME	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 1501 FREEWAY BLVD.	
City State ZIP Code MINNEAPOLIS MN 55430	

Outstanding Balance Beginning This Period 42.00	Transaction ID: INV6010000112996	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 42.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN AIRPORT 2	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 5401 GREEN VALLEY DRIVE	
City State ZIP Code BLOOMINGTON MN 55437	

Outstanding Balance Beginning This Period 157.50	Transaction ID: INV6010000112340	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 157.50

1) SUBTOTALS This Period This Page (optional).....	239.50
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule 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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN CHEEKTOWAGA			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 609 DINGENS ST.			
City CHEEKTOWAGA	State NY	ZIP Code 14206	

Outstanding Balance Beginning This Period <input type="text" value="23.15"/>		Transaction ID: INV6010000112342	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="23.15"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN CHERRY HILL			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address RTE 70 & SAYRE AVENUE			
City CHERRY HILL	State NJ	ZIP Code 08034	

Outstanding Balance Beginning This Period <input type="text" value="50.00"/>		Transaction ID: INV6010000112343	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN CHICO			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 685 MANZANITA COURT			
City CHICO	State CA	ZIP Code 95926	

Outstanding Balance Beginning This Period <input type="text" value="45.00"/>		Transaction ID: INV6010000112344	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="45.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="118.15"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 88 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN COLISEUM	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 440 WEST 57TH STREET	
City NEW YORK State NY ZIP Code 10019	

Outstanding Balance Beginning This Period 224.00	Transaction ID: INV6010000112345	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 224.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN CONCORD	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 1050 BURNETT AVE.	
City CONCORD State CA ZIP Code 94520	

Outstanding Balance Beginning This Period 97.24	Transaction ID: INV6010000112346	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 97.24

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN DOWNTOWN	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 1015 ELM STREET	
City DALLAS State TX ZIP Code 75202	

Outstanding Balance Beginning This Period 52.00	Transaction ID: INV6010000112347	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 52.00

1) SUBTOTALS This Period This Page (optional).....	373.24
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)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 89 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN ERIE	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 8040 PERRY HWY.	
City State ZIP Code ERIE PA 16509	

Outstanding Balance Beginning This Period <input type="text" value="47.70"/>	Transaction ID: INV6010000112348	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="47.70"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN HAUPPAUGE	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address .	
City State ZIP Code HAUPPAUGE NY 11788	

Outstanding Balance Beginning This Period <input type="text" value="60.00"/>	Transaction ID: INV6010000112349	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="60.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN KENILWORTH	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address BLVD. & SOUTH 31ST ST.	
City State ZIP Code KENILWORTH NJ 07033	

Outstanding Balance Beginning This Period <input type="text" value="45.00"/>	Transaction ID: INV6010000112352	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="45.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="152.70"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN NORWALK			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 789 CONNECTICUT AVENUE			
City NORWALK	State CT	ZIP Code 06854	

Outstanding Balance Beginning This Period 90.00		Transaction ID: INV6010000112356	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 90.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN OF LAMAR			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address RD #2 EXIT 25 INTERSTATE 80			
City MILL HALL	State PA	ZIP Code 17751	

Outstanding Balance Beginning This Period 52.78		Transaction ID: INV6010000112353	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 52.78	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN OF NEWTON			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address P.O. BOX 4305			
City BOSTON	State MA	ZIP Code 02211	

Outstanding Balance Beginning This Period 90.00		Transaction ID: INV6010000112355	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 90.00	

1) SUBTOTALS This Period This Page (optional).....	232.78
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)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 91 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN OF RICHMOND BELLS	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 4303 COMMERCE RD.	
City Richmond State VA ZIP Code 23234	

Outstanding Balance Beginning This Period 157.30	Transaction ID: INV6010000112358	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 157.30

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN OF WILLMAR	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address P.O. BOX 1157	
City WILLMAR State MN ZIP Code 56201	

Outstanding Balance Beginning This Period 45.00	Transaction ID: INV6010000112362	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 45.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN PROVIDENCE RI	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 21 ATWELLS AVENUE	
City PROVIDENCE State RI ZIP Code 02903	

Outstanding Balance Beginning This Period 75.00	Transaction ID: INV6010000112357	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 75.00

1) SUBTOTALS This Period This Page (optional).....	277.30
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)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 92 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN ROCHESTER-AIRPORT	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 911 BROOKS AVENUE	
City ROCHESTER State NY ZIP Code 14624	

Outstanding Balance Beginning This Period <input type="text" value="50.00"/>	Transaction ID: INV6010000112359	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN ROCKVILLE	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 173 SUNRISE HWY.	
City ROCKVILLE, L.I. State NY ZIP Code 11570	

Outstanding Balance Beginning This Period <input type="text" value="50.00"/>	Transaction ID: INV6010000112360	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN SCHENECTADY	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address DOWNTOWN 100 NOTT TERRACE & FRANKLIN	
City SCHENECTADY State NY ZIP Code 12305	

Outstanding Balance Beginning This Period <input type="text" value="45.00"/>	Transaction ID: INV6010000112361	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="45.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="145.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN-AIRPORT/NORTH	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 4545 N. LINDBURGH BLVD.	
City BRIDGETON State MO ZIP Code 63044	

Outstanding Balance Beginning This Period	Transaction ID: INV6010000112354	
79.22		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	79.22

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOOVER BROTHERS, INC.	Nature of Debt (Purpose): EQUIPMENT RENTAL
Mailing Address P.O. BOX 728	
City TEMPLE State TX ZIP Code 76503	

Outstanding Balance Beginning This Period	Transaction ID: INV6010000112369	
33.90		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	33.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOWARD JOHNSON'S	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address P.O. BOX 3045	
City BOSTON State MA ZIP Code 02107	

Outstanding Balance Beginning This Period	Transaction ID: INV6010000112365	
102.92		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	102.92

1) SUBTOTALS This Period This Page (optional).....	216.04
2) TOTALS This Period (last page this line number 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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HUDSON'S WASHINGTON NEWS MEDIA	Nature of Debt (Purpose): MEDIA DIRECTORY PURCHASE
Mailing Address 7315 WISCONSIN AVENUE SUITE 1200N	
City State ZIP Code BETHESDA MD 20814	

Outstanding Balance Beginning This Period 88.04	Transaction ID: INV6010000112370	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 88.04

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HYATT PALO ALTO	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 4290 EL CAMINO REAL	
City State ZIP Code PALO ALTO CA 94306	

Outstanding Balance Beginning This Period 58.43	Transaction ID: INV6010000112371	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 58.43

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor IVON BUCHANON	Nature of Debt (Purpose): CREDIT CARD MERCHANT DISC
Mailing Address 423L UNIVERSITY BOULEVARD	
City State ZIP Code DALLAS TX 75205	

Outstanding Balance Beginning This Period 1000.00	Transaction ID: INV6010000112100	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

1) SUBTOTALS This Period This Page (optional).....	1146.47
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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor JACK TAR HOTEL			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address VAN NESS GEARY			
City SAN FRANCISCO	State CA	ZIP Code 94101	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000112372	
16.40			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	16.40	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor JERRY LITTON MEMORIAL FUND			Nature of Debt (Purpose): LITERATURE
Mailing Address PO BOX 220			
City CHILLICOTHE	State MO	ZIP Code 64601	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000112390	
10.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	10.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor KAREN BRUBAKER			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 1516 VINEWOOD #207			
City DETROIT	State MI	ZIP Code 48216	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000112098	
59.03			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	59.03	

1) SUBTOTALS This Period This Page (optional).....	▶	85.43
2) TOTALS This Period (last page this line number 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)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 96 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KING COLE PROJECTION SERVICE	Nature of Debt (Purpose): EQUIPMENT RENTAL
Mailing Address 36-16 29TH STREET	
City State ZIP Code LONG ISLAND CITY NY 11106	

Outstanding Balance Beginning This Period <input type="text" value="84.95"/>	Transaction ID: INV6010000112377	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="84.95"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.	Nature of Debt (Purpose): SUB. NOT ENTERED IN 1987
Mailing Address RT. 1, BOX 22	
City State ZIP Code STERLING VA 22170	

Outstanding Balance Beginning This Period <input type="text" value="45071.87"/>	Transaction ID: INV6010000115120	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="45071.87"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22	
City State ZIP Code STERLING VA 22170	

Outstanding Balance Beginning This Period <input type="text" value="1649.60"/>	Transaction ID: INV6010000115123	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1649.60"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="46806.42"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 97 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22	
City State ZIP Code STERLING VA 22170	

Outstanding Balance Beginning This Period <input type="text" value="1349.80"/>	Transaction ID: INV6010000115207	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1349.80"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22	
City State ZIP Code STERLING VA 22170	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID: INV6010000115362	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22	
City State ZIP Code STERLING VA 22170	

Outstanding Balance Beginning This Period <input type="text" value="1410.40"/>	Transaction ID: INV6010000115364	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1410.40"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="3760.20"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 98 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22	
City State ZIP Code STERLING VA 22170	

Outstanding Balance Beginning This Period <input type="text" value="1350.85"/>	Transaction ID: INV6010000115365	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1350.85"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22	
City State ZIP Code STERLING VA 22170	

Outstanding Balance Beginning This Period <input type="text" value="554.90"/>	Transaction ID: INV6010000115368	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="554.90"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22	
City State ZIP Code STERLING VA 22170	

Outstanding Balance Beginning This Period <input type="text" value="239.90"/>	Transaction ID: INV6010000115371	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="239.90"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2145.65"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 99 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22	
City State ZIP Code STERLING VA 22170	

Outstanding Balance Beginning This Period 119.75	Transaction ID: INV6010000115372	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 119.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22	
City State ZIP Code STERLING VA 22170	

Outstanding Balance Beginning This Period 185.10	Transaction ID: INV6010000115375	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 185.10

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22	
City State ZIP Code STERLING VA 22170	

Outstanding Balance Beginning This Period 81.00	Transaction ID: INV6010000115377	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 81.00

1) SUBTOTALS This Period This Page (optional).....	385.85
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from 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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.			Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170	

Outstanding Balance Beginning This Period <input type="text" value="62.35"/>		Transaction ID: INV6010000115378	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="62.35"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.			Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170	

Outstanding Balance Beginning This Period <input type="text" value="42.10"/>		Transaction ID: INV6010000115379	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="42.10"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.			Nature of Debt (Purpose): SUBUCRITOINS PURCHASE
Mailing Address RT. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170	

Outstanding Balance Beginning This Period <input type="text" value="51.10"/>		Transaction ID: INV6010000115380	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="51.10"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="155.55"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.			Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170	

Outstanding Balance Beginning This Period <input type="text" value="13.45"/>		Transaction ID: INV6010000115381	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="13.45"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.			Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASES
Mailing Address RT. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170	

Outstanding Balance Beginning This Period <input type="text" value="4567.27"/>		Transaction ID: INV6010000115383	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4567.27"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.			Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170	

Outstanding Balance Beginning This Period <input type="text" value="19.20"/>		Transaction ID: INV6010000115384	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="19.20"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="4599.92"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 102 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22	
City State ZIP Code STERLING VA 22170	

Outstanding Balance Beginning This Period <input type="text" value="25.34"/>	Transaction ID: INV6010000115385	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25.34"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22	
City State ZIP Code STERLING VA 22170	

Outstanding Balance Beginning This Period <input type="text" value="397.04"/>	Transaction ID: INV6010000115386	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="397.04"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22	
City State ZIP Code STERLING VA 22170	

Outstanding Balance Beginning This Period <input type="text" value="33.88"/>	Transaction ID: INV6010000115387	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="33.88"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="456.26"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 103 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22	
City State ZIP Code STERLING VA 22170	

Outstanding Balance Beginning This Period <input type="text" value="101.14"/>	Transaction ID: INV6010000115388	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="101.14"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22	
City State ZIP Code STERLING VA 22170	

Outstanding Balance Beginning This Period <input type="text" value="121.51"/>	Transaction ID: INV6010000115410	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="121.51"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22	
City State ZIP Code STERLING VA 22170	

Outstanding Balance Beginning This Period <input type="text" value="25.00"/>	Transaction ID: INV6010000115422	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="247.65"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.			Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170	

Outstanding Balance Beginning This Period 1125.00		Transaction ID: INV6010000115444	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1125.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.			Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170	

Outstanding Balance Beginning This Period 800.00		Transaction ID: INV6010000115457	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 800.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.			Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170	

Outstanding Balance Beginning This Period 12.75		Transaction ID: INV6010000115458	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12.75	

1) SUBTOTALS This Period This Page (optional).....	1937.75
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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.			Nature of Debt (Purpose): SUBSCRIPTION
Mailing Address RT. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170	

Outstanding Balance Beginning This Period <input type="text" value="50.00"/>		Transaction ID: INV6010000115469	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.			Nature of Debt (Purpose): SUBSCRIPTION PURCHASES
Mailing Address RT. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170	

Outstanding Balance Beginning This Period <input type="text" value="750.00"/>		Transaction ID: INV6010000115470	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="750.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.			Nature of Debt (Purpose): SUBSCRIPTION PURCHASES
Mailing Address RT. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170	

Outstanding Balance Beginning This Period <input type="text" value="50.00"/>		Transaction ID: INV6010000115471	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="850.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 106 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.	Nature of Debt (Purpose): SUBSCRIPTION PRUCHASES
Mailing Address RT. 1, BOX 22	
City State ZIP Code STERLING VA 22170	

Outstanding Balance Beginning This Period <input type="text" value="50.00"/>	Transaction ID: INV6010000115472	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.	Nature of Debt (Purpose): SUBSCRIPTION PURCHASE
Mailing Address RT. 1, BOX 22	
City State ZIP Code STERLING VA 22170	

Outstanding Balance Beginning This Period <input type="text" value="3734.90"/>	Transaction ID: INV6010000115481	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3734.90"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22	
City State ZIP Code STERLING VA 22170	

Outstanding Balance Beginning This Period <input type="text" value="199.25"/>	Transaction ID: INV6010000115482	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="199.25"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="3984.15"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.			Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170	

Outstanding Balance Beginning This Period <input type="text" value="2030.98"/>		Transaction ID: INV6010000115483	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2030.98"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.			Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170	

Outstanding Balance Beginning This Period <input type="text" value="25.00"/>		Transaction ID: INV6010000115484	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.			Nature of Debt (Purpose): SUBSCRIPTION PURCHASE
Mailing Address RT. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170	

Outstanding Balance Beginning This Period <input type="text" value="10.00"/>		Transaction ID: INV6010000115486	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2065.98"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.			Nature of Debt (Purpose): SUBSCRIPTION PURCHASE
Mailing Address RT. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170	

Outstanding Balance Beginning This Period <input type="text" value="25.00"/>		Transaction ID: INV6010000115487	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.			Nature of Debt (Purpose): SUBSCRIPTION PURCHASE
Mailing Address RT. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170	

Outstanding Balance Beginning This Period <input type="text" value="25.00"/>		Transaction ID: INV6010000115488	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.			Nature of Debt (Purpose): SUBSCRIPTION PURCHASE
Mailing Address RT. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170	

Outstanding Balance Beginning This Period <input type="text" value="50.00"/>		Transaction ID: INV6010000115489	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="100.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 109 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.	Nature of Debt (Purpose): PURCHASES OF SUBSCRIPTIONS
Mailing Address RT. 1, BOX 22	
City State ZIP Code STERLING VA 22170	

Outstanding Balance Beginning This Period 25.00	Transaction ID: INV6010000115490	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.	Nature of Debt (Purpose): SUBSCRIPTION PURCHASES
Mailing Address RT. 1, BOX 22	
City State ZIP Code STERLING VA 22170	

Outstanding Balance Beginning This Period 25.00	Transaction ID: INV6010000115491	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor KREINGOLD DATA SERVICES	Nature of Debt (Purpose): COMPUTER SERVICES
Mailing Address STE. 5D, 119 PAYSON AVE.	
City State ZIP Code NEW YORK NY 10034	

Outstanding Balance Beginning This Period 2156.53	Transaction ID: INV6010000112384	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2156.53

1) SUBTOTALS This Period This Page (optional).....	2206.53
2) TOTALS This Period (last page this line number 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)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 110 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KVAR-FM	Nature of Debt (Purpose): MEDIA-RADIO
Mailing Address TEXAS LOTAS CORP. 8400 DAPAPOINT ST. 535	
City State ZIP Code SAN ANTONIO TX 78229	

Outstanding Balance Beginning This Period 544.00	Transaction ID: INV6010000112385	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 544.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LOS ANGELES LABOR COMMITTEE	Nature of Debt (Purpose): FLD OFC RENT AND PHONE
Mailing Address 711 S. VERMONT AVE. #207	
City State ZIP Code LOS ANGELES CA 90005	

Outstanding Balance Beginning This Period 21277.77	Transaction ID: INV6010000112391	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 21277.77

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LOUIS JOLIET RENAISSANCE CENTR	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 214 NORTH OTTAWA STREET	
City State ZIP Code JOLIET IL 60431	

Outstanding Balance Beginning This Period 38.21	Transaction ID: INV6010000112393	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 38.21

1) SUBTOTALS This Period This Page (optional).....	21859.98
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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MARK CALNEY			Nature of Debt (Purpose): PRINTING
Mailing Address 269 E. NEWTON ST.			
City SEATTLE	State WA	ZIP Code 98102	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000112101	
205.80			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	205.80	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MARRIOT HOTEL PITTSBURGH			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 101 MALL BLVD.			
City MONROEVILLE	State PA	ZIP Code 15146	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000112395	
227.73			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	227.73	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MARRIOTT - SANTA CLARA			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address GREAT AMERICAN PARKWAY			
City SANTA CLARA	State CA	ZIP Code 95054	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000112997	
24.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	24.50	

1) SUBTOTALS This Period This Page (optional).....	▶	458.03
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)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 112 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MARTY SIMON	Nature of Debt (Purpose): FREIGHT AND POSTAGE
Mailing Address 2971 W 8TH ST. #111	
City State ZIP Code LOS ANGELES CA 96402	

Outstanding Balance Beginning This Period 154.47	Transaction ID: INV6010000112907	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 154.47

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MC GUINNESS & WILLIAMS	Nature of Debt (Purpose): ATTORNEY EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200	
City State ZIP Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period 446.69	Transaction ID: INV6010000114180	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 446.69

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MC GUINNESS & WILLIAMS	Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200	
City State ZIP Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period 626.32	Transaction ID: INV6010000114182	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 626.32

1) SUBTOTALS This Period This Page (optional).....	1227.48
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)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 113 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MC GUINNESS & WILLIAMS	Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200	
City State ZIP Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period 800.00	Transaction ID: INV6010000114183	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 800.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MC GUINNESS & WILLIAMS	Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200	
City State ZIP Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period 3179.29	Transaction ID: INV6010000114184	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3179.29

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MC GUINNESS & WILLIAMS	Nature of Debt (Purpose): ATTORNEY EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200	
City State ZIP Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period 3.32	Transaction ID: INV6010000114185	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3.32

1) SUBTOTALS This Period This Page (optional).....	3982.61
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)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 114 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MC GUINNESS & WILLIAMS	Nature of Debt (Purpose): ATTORNEY EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200	
City State ZIP Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period <input type="text" value="5.50"/>	Transaction ID: INV6010000114186	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MC GUINNESS & WILLIAMS	Nature of Debt (Purpose): ATTORNEY FEES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200	
City State ZIP Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period <input type="text" value="255.00"/>	Transaction ID: INV6010000114189	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="255.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MEDIAWIRE	Nature of Debt (Purpose): PRESS RELEASE DISTRIBUTN
Mailing Address 117 SOUTH 17TH ST. SUITE 210	
City State ZIP Code PHILADELPHIA PA 19103	

Outstanding Balance Beginning This Period <input type="text" value="60.00"/>	Transaction ID: INV6010000112397	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="60.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="320.50"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 115 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MEDIWIRE	Nature of Debt (Purpose): PRS REL DIST-ELDER/USS
Mailing Address 117 SOUTH 17TH ST. SUITE 210	
City State ZIP Code PHILADELPHIA PA 19103	

Outstanding Balance Beginning This Period <input type="text" value="65.00"/>	Transaction ID: INV6010000112398	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="65.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MEDIWIRE	Nature of Debt (Purpose): PRS REL DIST-DOUGLAS/GOV
Mailing Address 117 SOUTH 17TH ST. SUITE 210	
City State ZIP Code PHILADELPHIA PA 19103	

Outstanding Balance Beginning This Period <input type="text" value="35.00"/>	Transaction ID: INV6010000112399	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="35.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MELVIN S. NASH	Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES
Mailing Address 204 WASHINGTON AVENUE, N.E.	
City State ZIP Code MARIETTA GA 30060	

Outstanding Balance Beginning This Period <input type="text" value="2354.40"/>	Transaction ID: INV6010000114254	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2354.40"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2454.40"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 116 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MELVIN S. NASH	Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES
Mailing Address 204 WASHINGTON AVENUE, N.E.	
City State ZIP Code MARIETTA GA 30060	

Outstanding Balance Beginning This Period 1496.91	Transaction ID: INV6010000114255	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1496.91

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MICHAEL FRANK, ESQ.	Nature of Debt (Purpose): ATTY FEES-WINTER/CONG
Mailing Address 434 SPITZER BLDG	
City State ZIP Code TOLEDO OH 43604	

Outstanding Balance Beginning This Period 400.00	Transaction ID: INV6010000112321	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 400.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MICHAEL HODGEKISS	Nature of Debt (Purpose): PRINTING
Mailing Address 1265 48TH AVE.	
City State ZIP Code SAN FRANCISCO CA 94122	

Outstanding Balance Beginning This Period 127.20	Transaction ID: INV6010000112368	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 127.20

1) SUBTOTALS This Period This Page (optional).....	2024.11
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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW BENJAMIN FRANKLIN HOUSE			Nature of Debt (Purpose): LITERATURE PURCHASE
Mailing Address 304 W 58TH ST.			
City NEW YORK	State NY	ZIP Code 10019	

Outstanding Balance Beginning This Period 176.50		Transaction ID: INV6010000112400	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 176.50	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW HAMPSHIRE HIGHWAY HOTEL			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address FT. EDDY ROAD			
City CONCORD	State NH	ZIP Code 03301	

Outstanding Balance Beginning This Period 75.20		Transaction ID: INV6010000112401	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 75.20	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW SOLIDARITY INT'L PRESS			Nature of Debt (Purpose): ADVERTISING
Mailing Address 304 W. 58TH ST. 5TH FL.			
City NEW YORK	State NY	ZIP Code 10019	

Outstanding Balance Beginning This Period 540.00		Transaction ID: INV6010000112402	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 540.00	

1) SUBTOTALS This Period This Page (optional).....	791.70
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)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 118 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW YORK TELEPHONE	Nature of Debt (Purpose): TELEPHONE
Mailing Address 10 COLUMBUS CIRCLE	
City State ZIP Code NEW YORK NY 10019	

Outstanding Balance Beginning This Period 236.83	Transaction ID: INV6010000112403	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 236.83

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PATRICK F ADAMS P.C.	Nature of Debt (Purpose): ATTY FEES - NY BEAM DEMS
Mailing Address ATTORNEY AT LAW ONE EAST MAIN STREET	
City State ZIP Code BAY SHORE NY 11706	

Outstanding Balance Beginning This Period 5762.50	Transaction ID: INV6010000112085	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5762.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PATRICK F ADAMS P.C.	Nature of Debt (Purpose): CIK-ATTY FEES-NY BEAM DEM
Mailing Address ATTORNEY AT LAW ONE EAST MAIN STREET	
City State ZIP Code BAY SHORE NY 11706	

Outstanding Balance Beginning This Period 400.00	Transaction ID: INV6010000112086	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 400.00

1) SUBTOTALS This Period This Page (optional).....	6399.33
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)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 119 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PETER ENNIS	Nature of Debt (Purpose): TRAVEL AND LODGING
Mailing Address 65 SEAMAN AVE.	
City NEW YORK State NY ZIP Code 10034	

Outstanding Balance Beginning This Period	Transaction ID: INV6010000112316	
16.76		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	16.76

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PMR PRINTING	Nature of Debt (Purpose): PRINTING
Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22	
City STERLING State VA ZIP Code 22170	

Outstanding Balance Beginning This Period	Transaction ID: INV6010000112882	
2500.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PMR PRINTING	Nature of Debt (Purpose): PRINTING
Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22	
City STERLING State VA ZIP Code 22170	

Outstanding Balance Beginning This Period	Transaction ID: INV6010000112885	
6123.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	6123.00

1) SUBTOTALS This Period This Page (optional).....	8639.76
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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PROVIDENCE MARRIOTT INN			Nature of Debt (Purpose): ROOM RENTAL
Mailing Address CHARLES & ORMS STREETS			
City PROVIDENCE	State RI	ZIP Code 02904	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000113747	
125.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	125.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.			Nature of Debt (Purpose): ACCOUNTING & DP SERVICE
Mailing Address P.O. BOX 836			
City LEESBURG	State VA	ZIP Code 22075	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000112654	
1700.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1700.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.			Nature of Debt (Purpose): ACCOUNTING & DP SERVICE
Mailing Address P.O. BOX 836			
City LEESBURG	State VA	ZIP Code 22075	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000112656	
3000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	3000.00	

1) SUBTOTALS This Period This Page (optional).....	▶	4825.00
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)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 121 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & DP SERVICE
Mailing Address P.O. BOX 836	
City State ZIP Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID: INV6010000112657	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & DP SERVICES
Mailing Address P.O. BOX 836	
City State ZIP Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID: INV6010000112658	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & DP SERVICES
Mailing Address P.O. BOX 836	
City State ZIP Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID: INV6010000112661	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="9000.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 122 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & DP SREVICES
Mailing Address P.O. BOX 836	
City State ZIP Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID: INV6010000112662	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & DP SERVICES
Mailing Address P.O. BOX 836	
City State ZIP Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID: INV6010000112666	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & DP SERVICES
Mailing Address P.O. BOX 836	
City State ZIP Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID: INV6010000112667	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="9000.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & DP SERVICES
Mailing Address P.O. BOX 836	
City State ZIP Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period 3000.00	Transaction ID: INV6010000112668	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & DP SERVICES
Mailing Address P.O. BOX 836	
City State ZIP Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period 3000.00	Transaction ID: INV6010000112669	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & DP SERVICES
Mailing Address P.O. BOX 836	
City State ZIP Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period 3000.00	Transaction ID: INV6010000112670	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

1) SUBTOTALS This Period This Page (optional).....	9000.00
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 124 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & DP SERVICE
Mailing Address P.O. BOX 836	
City State ZIP Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID: INV6010000112671	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & D P SERVICES
Mailing Address P.O. BOX 836	
City State ZIP Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID: INV6010000112672	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & DP SERVICES
Mailing Address P.O. BOX 836	
City State ZIP Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID: INV6010000112673	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="9000.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.			Nature of Debt (Purpose): MANGEMENT & DP SERVICES
Mailing Address P.O. BOX 836			
City LEESBURG	State VA	ZIP Code 22075	

Outstanding Balance Beginning This Period 3000.00		Transaction ID: INV6010000112674	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.			Nature of Debt (Purpose): MANAGEMENT & DP SERVICES
Mailing Address P.O. BOX 836			
City LEESBURG	State VA	ZIP Code 22075	

Outstanding Balance Beginning This Period 3000.00		Transaction ID: INV6010000112675	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.			Nature of Debt (Purpose): MANAGEMENT & DP SERVICES
Mailing Address P.O. BOX 836			
City LEESBURG	State VA	ZIP Code 22075	

Outstanding Balance Beginning This Period 3000.00		Transaction ID: INV6010000112676	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00	

1) SUBTOTALS This Period This Page (optional).....	9000.00
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & DP SERVICE
Mailing Address P.O. BOX 836	
City State ZIP Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period 3000.00	Transaction ID: INV6010000112677	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUROLATOR COURIER CORP.	Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE
Mailing Address 3333 NEW HYDE PARK ROAD	
City State ZIP Code NEW HYDE PARK NY 11042	

Outstanding Balance Beginning This Period 55.10	Transaction ID: INV6010000112891	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 55.10

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor QUALITY INN ALBANY	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 1-3 WATERVLIET AVE.	
City State ZIP Code ALBANY NY 12206	

Outstanding Balance Beginning This Period 43.45	Transaction ID: INV6010000112892	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 43.45

1) SUBTOTALS This Period This Page (optional).....	3098.55
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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RAMADA INN CASPER			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address PO BOX 2917			
City CASPER	State WY	ZIP Code 82602	

Outstanding Balance Beginning This Period 108.85		Transaction ID: INV6010000112893	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 108.85	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RAMADA INN ST. LOUIS			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 9636 NATURAL BRIDGE RD.			
City ST. LOUIS	State MO	ZIP Code 63134	

Outstanding Balance Beginning This Period 52.31		Transaction ID: INV6010000112894	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 52.31	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RAMADA INN-SAN ANTONIO			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 3645 N. PAN AM EXPRESSWAY			
City SAN ANTONIO	State TX	ZIP Code 78219	

Outstanding Balance Beginning This Period 60.00		Transaction ID: INV6010000112897	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 60.00	

1) SUBTOTALS This Period This Page (optional).....	▶	221.16
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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RENAISSANCE MARKETING			Nature of Debt (Purpose): OFFICE RENT
Mailing Address 1249 WASHINGTON BLVD. STE. 626			
City DETROIT	State MI	ZIP Code 48226	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000112898	
600.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	600.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RHEA, BOYD & RHEA			Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES
Mailing Address 930 FORREST AVENUE			
City GADSDEN	State AL	ZIP Code 35901	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000114208	
24.60			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	24.60	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RICHARD MAGRAW			Nature of Debt (Purpose): AUTO RENTAL
Mailing Address 22-60 23RD ST.			
City ASTORIA	State NY	ZIP Code 11105	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000112394	
114.90			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	114.90	

1) SUBTOTALS This Period This Page (optional).....	▶	739.50
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ROBERT COLE			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 4119 W. BELLEPLAINE #2W			
City CHICAGO	State IL	ZIP Code 60641	

Outstanding Balance Beginning This Period <input type="text" value="1243.95"/>		Transaction ID: INV6010000112305	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1243.95"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ROBERT KAY			Nature of Debt (Purpose): TRAVEL AND LODGING
Mailing Address 22-49 38TH ST.			
City ASTORIA	State NY	ZIP Code 11105	

Outstanding Balance Beginning This Period <input type="text" value="19.74"/>		Transaction ID: INV6010000112375	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="19.74"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ROGER HAM			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 2 PINEHURST			
City NEW YORK CITY	State NY	ZIP Code 10033	

Outstanding Balance Beginning This Period <input type="text" value="207.82"/>		Transaction ID: INV6010000112330	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="207.82"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1471.51"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RONALD KOKINDA			Nature of Debt (Purpose): CONSULTING
Mailing Address 36-5 FORT EVANS ROAD, NE			
City LEESBURG	State VA	ZIP Code 22075	

Outstanding Balance Beginning This Period 524.50		Transaction ID: INV6010000114750	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 524.50	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RONALD KOKINDA			Nature of Debt (Purpose): CONSULTING
Mailing Address 36-5 FORT EVANS ROAD, NE			
City LEESBURG	State VA	ZIP Code 22075	

Outstanding Balance Beginning This Period 1600.00		Transaction ID: INV6010000114756	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1600.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SAFEWAY PRINTING			Nature of Debt (Purpose): PRINTING
Mailing Address 3276 WEST 6TH ST.			
City LOS ANGELES	State CA	ZIP Code 90020	

Outstanding Balance Beginning This Period 300.38		Transaction ID: INV6010000112901	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 300.38	

1) SUBTOTALS This Period This Page (optional).....	2424.88
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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SAN FRANCISCO LABOR CTTE.			Nature of Debt (Purpose): POSTAGE
Mailing Address 1826 NOREIGA ST.			
City SAN FRANCISCO	State CA	ZIP Code 94122	

Outstanding Balance Beginning This Period 413.47		Transaction ID: INV6010000112902	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 413.47	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SANS SOUCI TRAVEL			Nature of Debt (Purpose): AIR TRAVEL
Mailing Address 253 - 12 UNION TURNPIKE			
City FLORAL PARK	State NY	ZIP Code 11004	

Outstanding Balance Beginning This Period 290.00		Transaction ID: INV6010000113737	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 290.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SANS SOUCI TRAVEL			Nature of Debt (Purpose): ADDER TO 4/10 INV-TRAVEL
Mailing Address 253 - 12 UNION TURNPIKE			
City FLORAL PARK	State NY	ZIP Code 11004	

Outstanding Balance Beginning This Period 40.00		Transaction ID: INV6010000113743	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 40.00	

1) SUBTOTALS This Period This Page (optional).....	743.47
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SEGAL, MORAN & FEINBERG			Nature of Debt (Purpose): ATTORNEY FEES
Mailing Address 210 COMMERCIAL STREET			
City BOSTON	State MA	ZIP Code 02109	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000113750	
712.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	712.50	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SEVEN SEAS MOTOR INN			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 1823 OLD RED TRAIL			
City MANDAN	State ND	ZIP Code 58554	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000112903	
46.12			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	46.12	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SHERATON COLUMBUS PLAZA			Nature of Debt (Purpose): RM-RNTL-SCOTT/CONG
Mailing Address 50 NORTH THIRD STREET			
City COLUMBUS	State OH	ZIP Code 43215	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000112906	
50.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	50.00	

1) SUBTOTALS This Period This Page (optional).....	▶	808.62
2) TOTALS This Period (last page this line number only).....	▶	
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)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 133 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN	Nature of Debt (Purpose): ATTY FEE: L. BOYLE/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING	
City State ZIP Code DETROIT MI 48226	

Outstanding Balance Beginning This Period <input type="text" value="538.45"/>	Transaction ID: INV6010000112908	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="538.45"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN	Nature of Debt (Purpose): ATTY FEE: S. CROCKER/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING	
City State ZIP Code DETROIT MI 48226	

Outstanding Balance Beginning This Period <input type="text" value="538.45"/>	Transaction ID: INV6010000112909	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="538.45"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN	Nature of Debt (Purpose): ATTY FEE: M. DEAN/USS
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING	
City State ZIP Code DETROIT MI 48226	

Outstanding Balance Beginning This Period <input type="text" value="538.46"/>	Transaction ID: INV6010000112910	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="538.46"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1615.36"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 134 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN	Nature of Debt (Purpose): ATTY FEE: S. JOHNSON/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSHOT BUILDING	
City State ZIP Code DETROIT MI 48226	

Outstanding Balance Beginning This Period 538.46	Transaction ID: INV6010000112911	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 538.46

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN	Nature of Debt (Purpose): ATTY FEE: E.SEFICOVIC/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSHOT BUILDING	
City State ZIP Code DETROIT MI 48226	

Outstanding Balance Beginning This Period 538.46	Transaction ID: INV6010000112912	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 538.46

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN	Nature of Debt (Purpose): ATTY FEE: G SHEPPARD/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSHOT BUILDING	
City State ZIP Code DETROIT MI 48226	

Outstanding Balance Beginning This Period 538.46	Transaction ID: INV6010000112913	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 538.46

1) SUBTOTALS This Period This Page (optional).....	1615.38
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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN	Nature of Debt (Purpose): ATTY FEE: H. SHORE/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING	
City State ZIP Code DETROIT MI 48226	

Outstanding Balance Beginning This Period 538.46	Transaction ID: INV6010000112914	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 538.46

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN	Nature of Debt (Purpose): ATTY FEE: J. STAMPS/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING	
City State ZIP Code DETROIT MI 48226	

Outstanding Balance Beginning This Period 538.46	Transaction ID: INV6010000112915	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 538.46

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN	Nature of Debt (Purpose): ATTY FEE: J. VAUGHN/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING	
City State ZIP Code DETROIT MI 48226	

Outstanding Balance Beginning This Period 538.46	Transaction ID: INV6010000112916	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 538.46

1) SUBTOTALS This Period This Page (optional).....	1615.38
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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN	Nature of Debt (Purpose): ATTY FEE: O. WALKER/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING	
City State ZIP Code DETROIT MI 48226	

Outstanding Balance Beginning This Period 538.46	Transaction ID: INV6010000112917	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 538.46

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHEAST POLITICAL LITERATURE	Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD	
City State ZIP Code BALTIMORE MD 21227	

Outstanding Balance Beginning This Period 915.00	Transaction ID: INV6010000114478	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 915.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHEAST POLITICAL LITERATURE	Nature of Debt (Purpose): FIELD OFFICE RENT
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD	
City State ZIP Code BALTIMORE MD 21227	

Outstanding Balance Beginning This Period 200.00	Transaction ID: INV6010000114479	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 200.00

1) SUBTOTALS This Period This Page (optional).....	1653.46
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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHEAST POLITICAL LITERATURE			Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD			
City	State	ZIP Code	
BALTIMORE	MD	21227	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000114480	
915.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	915.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHEAST POLITICAL LITERATURE			Nature of Debt (Purpose): FIELD OFFICE RENT
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD			
City	State	ZIP Code	
BALTIMORE	MD	21227	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000114481	
200.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	200.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHEAST POLITICAL LITERATURE			Nature of Debt (Purpose): TELEPHONE USAGE
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD			
City	State	ZIP Code	
BALTIMORE	MD	21227	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000114482	
915.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	915.00	

1) SUBTOTALS This Period This Page (optional).....	2030.00
2) TOTALS This Period (last page this line number only).....	
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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHEAST POLITICAL LITERATURE	Nature of Debt (Purpose): RENT
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD	
City State ZIP Code BALTIMORE MD 21227	

Outstanding Balance Beginning This Period 200.00	Transaction ID: INV6010000114483	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 200.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor STATE OF CALIFORNIA	Nature of Debt (Purpose): PRINTING
Mailing Address OFFICE OF STATE PRINTING LEGISLATIVE BILL ROOM	
City State ZIP Code SACRAMENTO CA 95814	

Outstanding Balance Beginning This Period 53.00	Transaction ID: INV6010000112389	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 53.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor STATLER BUFFALO	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 107 DELAWARE AVENUE	
City State ZIP Code BUFFALO NY 14202	

Outstanding Balance Beginning This Period 85.00	Transaction ID: INV6010000112918	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 85.00

1) SUBTOTALS This Period This Page (optional).....	338.00
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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SYRACUSE AIRPORT INN	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address HANCOCK AIRPORT	
City State ZIP Code NORTH SYRACUSE NY 13212	

Outstanding Balance Beginning This Period 19.00	Transaction ID: INV6010000112921	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 19.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor TED HERBERT	Nature of Debt (Purpose): ATTY FEES & EXP-GA DEM SL
Mailing Address 142 FOREST AVENUE N.E.	
City State ZIP Code MARIETTA GA 30060	

Outstanding Balance Beginning This Period 1088.20	Transaction ID: INV6010000114387	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1088.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor TED HERBERT	Nature of Debt (Purpose): ATTY FEES & EXP-GA DEM SL
Mailing Address 142 FOREST AVENUE N.E.	
City State ZIP Code MARIETTA GA 30060	

Outstanding Balance Beginning This Period 800.00	Transaction ID: INV6010000114393	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 800.00

1) SUBTOTALS This Period This Page (optional).....	1907.20
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

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 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE CHANCELLOR HOTEL			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 1501 SOUTH NEIL STREET			
City CHAMPAIGN	State IL	ZIP Code 61820	

Outstanding Balance Beginning This Period <input type="text" value="25.00"/>		Transaction ID: INV6010000112301	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE COLONNADE			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 120 HUNTINGTON AVENUE			
City BOSTON	State MA	ZIP Code 02116	

Outstanding Balance Beginning This Period <input type="text" value="75.00"/>		Transaction ID: INV6010000112306	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="75.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE PRESS CLUB OF HOUSTON			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE			
City HOUSTON	State TX	ZIP Code 77002	

Outstanding Balance Beginning This Period <input type="text" value="25.00"/>		Transaction ID: INV6010000112890	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="125.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor TONI JENNINGS			Nature of Debt (Purpose): POSTAGE
Mailing Address 2414 13TH AVE. SO. #104			
City SEATTLE	State WA	ZIP Code 98144	

Outstanding Balance Beginning This Period 30.15		Transaction ID: INV6010000112374	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 30.15	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor TREAT CATERERS			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 50 PARK PLACE			
City NEWARK	State NJ	ZIP Code 07101	

Outstanding Balance Beginning This Period 100.00		Transaction ID: INV6010000112922	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor TUTTLES RESTAURANT			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address (C/O GILBERT ROBINSON COLLEX) P.O. BOX 16000			
City KANSAS CITY	State MO	ZIP Code 64112	

Outstanding Balance Beginning This Period 50.00		Transaction ID: INV6010000112923	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00	

1) SUBTOTALS This Period This Page (optional).....	180.15
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule 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)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 142 / 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor VITA OBERSCHEIDER	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 544 OAK HILL RD.	
City ELGIN State IL ZIP Code 60120	

Outstanding Balance Beginning This Period	Transaction ID: INV6010000112404	
149.16		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	149.16

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WESTBOROUGH PLAZA HOTEL	Nature of Debt (Purpose): MEETING ROOM RENTAL
Mailing Address 5 TURNPIKE ROAD	
City WESTBOROUGH State MA ZIP Code 01581	

Outstanding Balance Beginning This Period	Transaction ID: INV6010000114249	
54.25		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	54.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WESTERN UNION INTERNATIONAL	Nature of Debt (Purpose): TELEPHONE
Mailing Address BOX 6022 CHRUCH ST. STA.	
City NEW YORK State NY ZIP Code 10008	

Outstanding Balance Beginning This Period	Transaction ID: INV6010000112926	
18.42		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	18.42

1) SUBTOTALS This Period This Page (optional).....	221.83
2) TOTALS This Period (last page this line number 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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor WORLDCOMP	Nature of Debt (Purpose): TYPE SETTING
Mailing Address 722 EAST MARKET STREET	
City LEESBURG State VA ZIP Code 22075	

Outstanding Balance Beginning This Period 741.67	Transaction ID: INV6010000112983	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 741.67

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WORLDCOMP	Nature of Debt (Purpose): TYPE & ART
Mailing Address 722 EAST MARKET STREET	
City LEESBURG State VA ZIP Code 22075	

Outstanding Balance Beginning This Period 926.37	Transaction ID: INV6010000112988	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 926.37

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WORLDCOMP	Nature of Debt (Purpose): TYPE & ART
Mailing Address 722 EAST MARKET STREET	
City LEESBURG State VA ZIP Code 22075	

Outstanding Balance Beginning This Period 71.58	Transaction ID: INV6010000112992	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 71.58

1) SUBTOTALS This Period This Page (optional).....	1739.62
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)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor WORLDCOMP			Nature of Debt (Purpose): TYPE SETTING
Mailing Address 722 EAST MARKET STREET			
City LEESBURG	State VA	ZIP Code 22075	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000112993	
50.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	50.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor YMCA SYRACUSE			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 340 MONTGOMERY STREET			
City SYRACUSE	State NY	ZIP Code 13202	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000112994	
25.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	25.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ZELLER & LETICA INC.			Nature of Debt (Purpose): MAILING LABELS-SUB LISTS
Mailing Address 15 E. 26TH ST.			
City NEW YORK	State NY	ZIP Code 10010	

Outstanding Balance Beginning This Period		Transaction ID: INV6010000112995	
57.84			
Amount Incurred This Period	Payment This Period	Outstanding 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 only).....	▶	408326.38
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	41400.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	449726.38