Image# 12972477482					PAGE 1 / 144
FEC	REPORT OF AND DISBUR For Other Than An Auth	SEMENT	S	O	ffice Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typin over the lines.	ng, type 1	L2FE4M5	
National Democratic P	olicy Committee				
ADDRESS (number and street)					
Check if different					
than previously reported. (ACC)					20175
2. FEC IDENTIFICATION N		A lateral states and states an	ST	TATE 🔺	ZIP CODE
C C00136531	3. IS RI		NEW N) OR	AMEN (A)	IDED
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (C July 15 Quarterly Report (C X October 15 Quarterly Report (C January 31 Year-End Report (Non-election Year Only) (MY) Termination Report (TER) 	Report Image: Constraint of the second sec	20 (M3)	12C)	Aug 20 Sep 20 Oct 20 (General (120 Special (12S	(M9) Dec 20 (M12) (M9) Jan 31 (YE) (M10) Runoff (12R) (b) (in the State of
5. Covering Period	is Report and to the best of	through	09	, correct and co	2012 pomplete.
	erine Jenkins	[Electronicall	v Filed] Dat	te 10	08 / Y Y Y Y 2012
NOTE: Submission of false, erron	eous, or incomplete information	may subject the per-	son signing this	Report to the p	penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

10/08/2012 11 : 04

FEC Form 3X (Rev. 02/2003)

National Democratic Policy Committee

Write or Type Committee Name

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Y Y Y 2012

D D

01

M – M

07

LINIS				Page 2
	To:	09	30 J	2012

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		3465.72
	(b) Cash on Hand at Beginning of Reporting Period	3585.72	
	(c) Total Receipts (from Line 19)	170.00	530.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	3755.72	3995.72
7.	Total Disbursements (from Line 31)	130.00	370.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3625.72	3625.72
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	449726.38	

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

For further information contact:

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

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

Х

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Page **3**

National Democratic Policy Committee

Report Covering the Period: From: 07	/ D D / Y	To: 09 / 0 / 2012
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)	0.00	0.00
	470.00	530.00
(ii) Unitemized	170.00	330.00
(iii) TOTAL (add	170.00	530.00
Lines 11(a)(i) and (ii)▶	7 7 7 170.00	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines	7 7 7	7
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	170.00	530.00
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	,	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		0.00
Political Committees	0.00	0.00
Other Federal Receipts		0.00
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
	7 7 7	7 7 7 0.00
(b) Louis Funda (from Cohodula LIF)	0.00	0.00
(b) Levin Funds (from Schedule H5)		7 7 7
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		500.00
12, 13, 14, 15, 16, 17, and 18(c))▶	170.00	530.00
Total Enderal Pagainta		
. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	170.00	530.00
	170.00	550.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated 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	125.00	365.00
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) 	125.00	365.00
Transfers to Affiliated/Other Party		
Committees Contributions to Federal Candidates/Committees	0.00	0.00
and Other Political Committees Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	7 0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	5.00	5.00
		0.00
(b) Political Party Committees(c) Other Political Committees	0.00	
(such as PACs)	0.00	0.00
 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) 	5.00	5.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
 (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))► 	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	130.00	370.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	130.00	370.00
· · · · ·		7 7

I

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
8. Total Contributions (other than loans) (from Line 11(d), page 3)	170.00	530.00
 Total Contribution Refunds (from Line 28(d)) 	5.00	5.00
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	165.00	525.00
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	125.00	365.00
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	125.00	365.00

S	CHEDULE B (FEC Form 3X)		FC	DR		NUMBER	:			PA	GE	6 (DF	144
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	(cl		c only 21b 27	one) 22 28a		23 28b		24 28c		25 29		26 30b
	y information copied from such Reports and State for commercial purposes, other than using the na													3
	NAME OF COMMITTEE (In Full) National Democratic Policy Comn	ittee												
Α.	Full Name (Last, First, Middle Initial) EFT CORPORATION					Date o						Ŷ		
	Mailing Address 2911 DIXWELL AVE					07		C)5			012	Y	
	City HAMDEN	StateZip CodeCT06518				Trans	sact	ion ID	D : (010000	0880	10000	083	01
	Purpose of Disbursement EFT PROCESSING FEE			1		Amoun	t of	Each	ı Di	sburse	ment	this I	Peric	bd
			Cate Ty	egor /pe	y/			7		- 7		40	.00	
	Senate President	ment For: Primary General Other (specify) ▼												
в.	State: District: Full Name (Last, First, Middle Initial) EFT CORPORATION					Date o		sburse		ent	Y Y	Ŷ	Y	
	Mailing Address 2911 DIXWELL AVE					08		(05		2	012		
	City HAMDEN Purpose of Disbursement	State Zip Code CT 06518				Trans	sact	tion ID	D : (010000	0890)1000(0084	01
	EFT PROCESSING FEE Candidate Name		0.1	Amount of Each Disbursem					ment	this I	Peric	bd		
	Office Sought: House Disburs	ment For:	Cate Ty	gor /pe	y/			7		7		45	5.00	_
	Senate President State: District:	Primary General Other (specify)												
с.	Full Name (Last, First, Middle Initial) EFT CORPORATION					Date o	_	sburse		ent		Ŷ	V	
	Mailing Address 2911 DIXWELL AVE					09			05	Ĺ		012	T	
	City HAMDEN	StateZip CodeCT06518				Trans	sact	ion ID	D : (010000	0900	01000	0085	01
	Purpose of Disbursement EFT PROCESSING FEE Candidate Name				y/	Amoun	t of	Each	ı Di	sburse	ment		Peric	bd
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) v		/pe										
⊢	UBTOTAL of Disbursements This Page (optional)							5		7	-	125 125		

S	CHEDULE B (FEC Form 3X)		FC	RL	INE N	UMBER	:			PAGE	<u> </u>	OF 144				
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	e schedule(s) (check on				only one)									
		Detailed Summary Page	27		21b 27	22 23 24 25 X 28a 28b 28c 29										
	y information copied from such Reports and Stater for commercial purposes, other than using the nam			any	person	for the		pose	of solic	iting	contrib					
\backslash	NAME OF COMMITTEE (In Full)															
	National Democratic Policy Comm	ittee														
Δ	Full Name (Last, First, Middle Initial)					Date o	of Di	shurse	ment							
	MICHELLE A DUVERNAY					M		D		Y	YY	Y				
	Mailing Address 2513 KENT TOWN PLACE					08		0	6	_	2012					
	,	State Zip Code			Transaction ID : CashIn001000058110											
	LANDOVER Purpose of Disbursement	MD 20785			_											
						Amour	nt of	Each	Disbur	seme	ent this	Period				
	Candidate Name		Cate		//	_						5.00				
	Office Sought: House Disburser	ment For:	Ту	pe				7		7						
	Senate	Primary General														
	President District	Other (specify)														
	State: District: Full Name (Last, First, Middle Initial)															
В.						Date of	of Di	sburse	ement							
	Marthur Adduce					M N	/	D	D /	Y	Y Y	Y				
	Mailing Address									-		_				
	City	State Zip Code														
	Purpose of Disbursement			_	_											
						Amour	nt of	Each	Disbur	seme	ent this	Period				
	Candidate Name		Cate		/											
	Office Sought: House Disburser	ment For:	Ту	pe				7		7						
	Senate	Primary General														
	State: District:	Other (specify)														
	Full Name (Last, First, Middle Initial)															
С.	· ····································					Date o	of Di	sburse	ement							
	Mailing Address					M N	1 /	D	D /	Y	Y Y	Y				
	Mailing Address					-				-						
	City	State Zip Code														
Purpose of Disbursement																
Candidate Name				gory	/	Amour	nt of	Each	Disbur	seme	ent this	Period				
	0/// 0 11		Ту					7		,						
	Office Sought: House Disburser Senate	nent For: Primary General														
	President	Other (specify)														
_	State: District:															
s	UBTOTAL of Disbursements This Page (optional)											5.00				
⊢						F	-	7	-	,		5.00				
T	OTAL This Period (last page this line number only))						7		7		5.00				

Use separate schedule(s)	PAGE	8	OF	144	
for each category of the Detailed Summary Page	FOR I	LINE	13 OF	FORM	зх

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OF 144 PAGE 8

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0010000004				
-					
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:				
HARVEY E. HASCALL	Primary				
	General				
Mailing Address 2137 S 1150 EAST	Other (specify)				
2137 S 1150 EAST					
	de 84010				
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period				
1000.00	0.00 1000.00				
TERMS					
Date Incurred Date Due	Interest Rate Secured:				
12 22 1986 11 28 Y	1987 0.00 % (apr) Yes X No				
List All Endorsers or Guarantors (if any) to Loan Source					
1. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed				
	Outstanding:				
4. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Amount Guaranteed				
	Outstanding:				
SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line only)	······				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.					

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

PAGE 9 OF 144 FOR LINE 13 OF FORM 3X

Transaction ID : LOAN000002009
[PERSONAL FUNDS]
Primary
General
Other (specify)
ude 14120
Date Balance Outstanding at Close of This Period
0.00 1000.00
Interest Rate Secured:
1984 0.00 % (apr) Yes X No
Name of Employer
Occupation
Amount
Guaranteed
Outstanding:
Name of Employer
Occupation
Amount
Guaranteed Outstanding:
Name of Employer
Occupation
Amount
Guaranteed
Outstanding:
Name of Employer
Occupation
Amount
Guaranteed
Outstanding:
1000.00
no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 10 OF 144 FOR LINE 13 OF FORM 3X

	Detailed Summary Page
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN000002886
LOAN SOURCE Full Name (Last, First, Middle Initial) ESTHER E. WILSON	[PERSONAL FUNDS] Election: Primary General
Mailing Address 6241 WARNER #132	Other (specify)
City HUNTINGTON BEACH State CA ZIP Cod	de 92647
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
5000.00	0.00 5000.00
TERMS	Internet Data Convert
Date Incurred Date Due Mo4 / 30 / 1984 04 / 30 / Y	Interest RateSecured:19851200.00% (apr)YesYes
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	5000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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

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PAGE 11 OF 144 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN000003820
National Democratic Funcy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	(RERSONAL EUNDS) Election:
MINEHART EDSEN	[PERSONAL FUNDS] Election:
	General
Mailing Address	
Mailing Address 1949 S MANCHESTER AVE	Other (specify)
SPACE 104	
City ANAHEIM State CA ZIP Con	de 92802
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
700.00	0.00 700.00
TERMS	Internet Data Coouradu
Date Incurred Date Due	Interest Rate Secured:
08 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
	- F - Z -
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
	7 7 7
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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

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PAGE 12 OF 144 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	Transaction ID : LOAN000003823
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
MINEHART EDSEN	Primary
	General
Mailing Address 1949 S MANCHESTER AVE	Other (specify)
SPACE 104	
	de ₉₂₈₀₂
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1250.00	0.00 1250.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
09 12 1984 12 12	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
4. I uli Ivallie (Last, Filst, iviluule Ilillia)	
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
CURTOTAL C This Davied This Davie (articipal)	1250.00
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	······
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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

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PAGE 13 OF 144 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN000004982
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
EUGENE L DRUSELL	Primary
	General
Mailing Address 1704 SAWYER	Other (specify)
	ode 91790
Original Amount of Loan Cumulative Payment To	D Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS	
Date Incurred Date Due	
08 / D D / Y Y Y Y M M / D D / Y Y Y Y Y M M M / D D / Y	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
1	
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.
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Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

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PAGE 14 OF 144 FOR LINE 13 OF FORM 3X

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
Mailing Address 1704 SAWYER	Other (specify)
	le 91790
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M m / D m / Y <td>^Y 1984 0.00 % (apr) Yes X №</td>	^Y 1984 0.00 % (apr) Yes X №
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If r	no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 15 OF 144 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN000005986
LOAN SOURCE Full Name (Last, First, Middle Initial) BILL SUEDKAMP Mailing Address 1211 DOUGLAS HWY	[PERSONAL FUNDS] Election: Primary General Other (specify) ▼
City GILLETTE State WY ZIF	P Code 82716
Original Amount of Loan Cumulative Paymer	
1000.00	0.00 1000.00
TERMS	
Date Incurred Date 09 / 26 / 1984 03 / 26 /	Due Interest Rate Secured: Y Y 0.00 Y 1985 Yes
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3. Schedule D. for this lin	e. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 16 OF 144 FOR LINE 13 OF FORM 3X

	Detailed Summary Page	
NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000005987	
National Democratic Policy Committee		
LOAN SOURCE Full Name (Last, First, Middle Initial)	IDEDSONAL FUNDS	
BILL SUEDKAMP	[PERSONAL FUNDS]	
	General	
Mailing Address 1211 DOUGLAS HWY	Other (specify)	
City GILLETTE State WY ZIP Co	de 82716	
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period	
1000.00	0.00 1000.00	
TERMS Date Incurred Date Due	Interest Rate Secured:	
10 18 1984 12 18 1984 12 18	1984 0.00 9 (()) Ves Via	
	1984 0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
	Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
	Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
	Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
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Use separate schedule(s)	PAGE	17	OF	144
for each category of the Detailed Summary Page	FOR	LINE	13 OF	FORM 3X

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN000006929		
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:		
HENRY C MAYBERRY	Primary		
	General		
Mailing Address 8071 E 19TH ST	Other (specify)		
80/1 E 191H SI			
City WESTMINSTER State CA ZIP Co	de 92683		
Original Amount of Loan Cumulative Payment To			
Chymai Amount of Loan Cumulative Payment 10			
500.00	0.00 500.00		
	p		
TERMS			
Date Incurred Date Due	Interest Rate Secured:		
10 25 1984 10 24 Y	1985 0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source			
1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
Maning Address			
	Amount		
City State ZIP Code	Guaranteed		
	Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed		
	Outstanding:		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
Walling Address			
	Amount		
City State ZIP Code	Guaranteed		
	Outstanding:		
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Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

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NAME OF COMMITTEE (In Full)	Transaction ID : LOAN000007139
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	(PERSONAL FUNDS) Election:
RONALD TAI HO CHOI	[PERSONAL FUNDS] Election: Primary
	General
Mailing Address 35797 BLAIR PL	Other (specify)
City FREMONT State CA ZIP Co	de 94536
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
	500.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
09 / 28 / 1984 09 / 28 / Y	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount
City State ZIP Code	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
A Full Name (Last Einst Middle Jatia)	Outstanding.
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	· · · · · ·
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
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	, ,	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN000009055	
LOAN SOURCE Full Name (Last, First, Middle Initial)		
ROBERT C MCKINNEY	[PERSONAL FUNDS] Election:	
	General	
Mailing Address PO BOX 3245	Other (specify)	
City SEAL BEACH State CA ZIP Cod	le 90740	
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period	
	0.00	
1000.00	0.00 1000.00	
TERMS	Internet Data Coouradi	
Date Incurred Date Due	Interest Rate Secured:	
10 22 1984 10 22	1985 1200.00 % (apr) Yes X No	
البالباليتيا ليتبال	1985 Yes X No	
List All Endorsors or Querenters (if any) to Lean Source		
List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
Maining Address	occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
	г / -	
Mailing Addroso	Occuration	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
4. Full Name (Last, First, Middle Initial)	5	
+. I UII INATHE (LASI, FIISI, INIUUIE ITIILIAI)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
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	Dotaliou outilitary r ugo
NAME OF COMMITTEE (In Full)	Transaction ID : LOAN000009557
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	REPSONAL FUNDS
ROBERT LOFTUS	[PERSONAL FUNDS]
	General
Mailing Address 2446 N SUMMIT	Other (specify)
City DECATUR State IL ZIP Co	de 62526
Original Amount of Loan Cumulative Payment To	
1000.00	0.00 1000.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
06 05 1984 07 05 / Y	1985 0.00 o (() Ves X No
	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2 Full Name (Last First Middle Initial)	0
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000010472	
National Democratic Policy Committee		
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:	
SCOTT BEARD	[PERSONAL FUNDS] Election:	
	General	
Mailing Address 4125 HAWTHORNE	Other (specify)	
4125 HAWTHORNE		
City DALLAS State TX ZIP Co	ode 75202	
Original Amount of Loan Cumulative Payment To		
1000.00	0.00 1000.00	
	7	
TERMS Date Incurred Date Due	Interest Rate Secured:	
	Y Y Y	
04 09 1984 07 09	1984 0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Occupation	
	Amagunt	
City State ZIP Code	Amount Guaranteed	
	Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
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NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000010652
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
NANCY J STEINER	[PERSONAL PONDS]
	General
Mailing Address 2809 GREER RD	Other (specify)
City PALO ALTO State CA 2	ZIP Code 94303
Original Amount of Loan Cumulative Paym	nent To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS	Dur Dur during Data
	e Due Interest Rate Secured:
12 ² 29 1986 12 ¹ 12 ²	1987 0.00 % (apr) Yes ∑ No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
	· · · · · · · · · · · · · · · · · · ·
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
	Outstanding.
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NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000011262
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
RAY BRANDENBERG	Primary
	General
Mailing Address 1303 AMORETTI	Other (specify)
City THERMOPOLIS State WY ZIP Con	de 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:
	Y Y Y Y
05 14 1984 08 14	1984 1800.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Amount Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
4. Full Name (Last, First, Middle Initial)	Outstanding:
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
	Catatanung.
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IAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000011993
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
JACKSON B BREEZE	Primary
	General
Mailing Address 419 QUARTZ ST	Other (specify)
City REDWOOD CITY State CA ZIP Cod	de 94062
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Data Secured:
	Interest Rate Secured:
11 30 1984 03 02 1	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Indining Audiess	Occupation
	1 mount
City State ZIP Code	Amount Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
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NAME OF COMMITTEE (In Full) National Democratic Policy Committe	е	Trans	saction ID : LOAN0000012031
LOAN SOURCE Full Name (Last, First, Middle RICHARD ROPER Mailing Address 630 W DUARTE RD #33	Initial)	[PERSONAL FUNDS]	Election: Primary General Other (specify)
City MONROVIA Sta	ate CA ZIP Co	de 91016	
Original Amount of Loan C	umulative Payment To	Date Balar	nce Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS Date Incurred	Date Due	Interest Rate	Secured:
	M / D D / Y	1984 0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any) to Le	oan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State 2	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State 2	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
	ZIP Code	Amount Guaranteed Outstanding:	аранананананананананананананананананана
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State 2	ZIP Code	Amount Guaranteed Outstanding:	м н н н н н н н н м н н м н н н н
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IAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000012946
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
FLOYD T WRIGHT	Primary
	General
Mailing Address 4207 PATRICIA ST	Other (specify)
	ode 94536
Original Amount of Loan Cumulative Payment Te	o Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS	
Date Incurred Date Due	e Interest Rate Secured:
08 / 24 / 1984 11 / 24 / Y	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
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NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000013379
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	IDEDSONAL FUNDST Election:
MARGARET MAMULA	[PERSONAL FUNDS] Election:
	General
Mailing Address	Other (specify)
Mailing Address 4321 N EL BURRITO	
City TUCSON State AZ ZIP Co	ode 85705
Original Amount of Loan Cumulative Payment To	
	b Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	e Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y	V V V
06 15 1984 08 15	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
O. Full Name (Lest First Middle Isitial)	C C
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Maning Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
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NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000013410
National Democratic Policy Committee	
•	REPSONAL ELINDST Election:
LOAN SOURCE Full Name (Last, First, Middle Initial) BILL DRAKE	[PERSONAL FUNDS] Election:
	General
Mailing Address RT 4 BOX 126	Other (specify)
City DEXTER State MO ZIP Cod	de 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 Date Due	Interest Rate Secured:
	Y Y Y Y 0.00
06 19 1984 08 19	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D. carry forward to appropriate line of Summary.

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Detailed Summary Page	

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	Bolanda Caninary Pago
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000017823
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
HAROLD N LYNGE MD	Primary
	General
Mailing Address 2 S 13TH ST	Other (specify)
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:
	Y Y Y
08 08 1984 10 08	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Amount Guaranteed
,	Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000018351
LOAN SOURCE Full Name (Last, First, Middle Initial) GREGORY R WOLF Mailing Address 5258 CARTWRIGHT	[PERSONAL FUNDS] Election: Primary General Other (specify) ▼
City NORTH HOLLYWOOD State CA ZIF	2 Code 91601
Original Amount of Loan Cumulative Paymen	
300.00	0.00 300.00
TERMS Date Incurred Date I	Due Interest Rate Secured:
Mom / D D / Y Y Y Y M M / D D / 08 / 14 / 1984 11 / 14 /	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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AME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000018352
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
GREGORY R WOLF	Primary
	General
Mailing Address 5258 CARTWRIGHT	Other (specify)
City NORTH HOLLYWOOD State CA ZIP Coc	le 91601
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
100.00	0.00
100.00	0.00 100.00
TERMS	Interact Pate
Date Incurred Date Due	Interest Rate Secured:
Mom / D D / Y Y Y M M / D D / Y 08 14 1984 11 14	^Y 1984 0.00 % (apr) Yes X №
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Walling Audiess	οιταμαιιστ
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
	0
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
	.
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
UBTOTALS This Period This Page (optional)	100.00
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If r	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	
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	Detailed editinitary r age	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000018353	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:	
GREGORY R WOLF	Primary	
	General	
Mailing Address 5258 CARTWRIGHT	Other (specify)	
	de 91601	
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period	
100.00	0.00 100.00	
TERMS Date Incurred Date Due	Interest Rate Secured:	
08 14 1984 11 14	1984 0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D. carry forward to appropriate line of Summory	
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for each category of the	
Detailed Summary Page	

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NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000018611
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
WILLIAM O MC KAY	[PERSONAL FONDS] Primary
	General
Mailing Address 4627 W 137TH PL	Other (specify)
4627 W 137TH PL	
City HAWTHORNE State CA ZIP Co	de 90250
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS	ladament Data
Date Incurred Date Due	Interest Rate Secured:
08 17 1984 11 17	1985 0.00 % (apr) Yes X No
	/o (apr)
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4 Full Name (Last First Middle Initial)	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Maining Audiess	
	Amount
City State ZIP Code	Amount Guaranteed
	Outstanding:
CURTOTAL & This David This David (anti-	1000.00
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TOTALS This Period (last page in this line only)	
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for each category of the	
Detailed Summary Page	

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NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000018612
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
ALFRED MONTEROS	[PERSONAL FUNDS]
	General
Mailing Address	Other (specify)
Mailing Address 1210 W PUENTE AVE	
City WEST COVINA State CA ZIP Co	de 91790
Original Amount of Loan Cumulative Payment To	
	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
	y /w /y /y /w
TERMS Date Incurred Date Due	Interest Rate Secured:
	YYYY
08 17 1984 11 17	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4 Full Nome (Lest First Midelle Wittel)	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Maining Address	
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000018817
National Democratic Folicy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
LEONARD K NITZ	Primary
	General
Mailing Address 5343 CALLISTER AVE	Other (specify)
City SACRAMENTO State CA ZIP Co	de 95819
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
1000.00	0.00 1000.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
08 20 1984 11 20 Y	1984 0.00 % (apr) Yes X No
	76 (apr) 100 ∑ 100
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
Side ZIF OULE	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
	······································
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	
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AME OF COMMITTEE (In Full) National Democratic Polic	cy Committee	Tr	ansaction ID : LOAN0000019658
	•		
LOAN SOURCE Full Name (La	ast, First, Middle Initial)	[PERSONAL FUND	SJ Election:
WARREN BANDY		•	Primary
			General
Mailing Address 934 TAMARACH	KIN #6		Other (specify)
954 TAMAKACI	X LIN #0		
City SUNNYVALE	State CA ZIP C	Code 94086	
Original Amount of Loan	Cumulative Payment	Io Date B	alance Outstanding at Close of This Period
	1000.00	0.00	1000.00
			1000.00
TERMS			
Date Incurred	Date Du	e Interest R	ate Secured:
			.00
09 06 19	84 12 06	1984 0.	
List All Endorsers or Guaranto			
1. Full Name (Last, First, Midd	le Initial)	Name of Employer	
Mailing Address		Occupation	
5			
		A	
City	State ZID Code	Amount	
City	State ZIP Code	Guaranteed Outstanding:	
		e e e e e e e e e e e e e e e e e e e	
2. Full Name (Last, First, Middle	e Initial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed	
		Outstanding:	7 7 7 7
3. Full Name (Last, First, Middle		Name of Employer	
5. Full Name (Last, First, Middle		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed	
		Outstanding:	y /y /w
4. Full Name (Last, First, Middle	e Initial)	Name of Employer	
Mailing Address		Occupation	
C:h/		Amount Guaranteed	
City	State ZIP Code	Outstanding:	
		Outstanung.	
		1	
IRTOTALS This Pariod This Par	ge (optional)		1000.00
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NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000019945
National Democratic Policy Committee	
•	
LOAN SOURCE Full Name (Last, First, Middle Initial) IAN MC CLASHAN	[PERSONAL FUNDS] Election:
	General
Mailing Address 245 W LORRAINE ST APT 121	Other (specify)
	de 91202
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1500.00	0.00 1500.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
09 10 1984 12 10	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
SUBTOTALS This Period This Page (optional)	1500.00
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AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000021069
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
LOUIS HARDING	Primary
	General
Mailing Address 815 N MADISON	Other (specify)
	ZIP Code 57501
Original Amount of Loan Cumulative Pay	ment To Date Balance Outstanding at Close of This Perio
1000.00	0.00 1000.00
TERMS Date Incurred Da	ate Due Interest Rate Secured:
09 27 1984 03 27	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
Sity State ZIP 5008	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
S an Mario (Last, 1 113t, Minute IIIIIa)	
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
JBTOTALS This Period This Page (optional)	1000.00
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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000021171
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
MARILYN PEARSON	Primary
	General
Mailing Address RR 1	Other (specify)
City SPENCER State IA	ZIP Code 51301
Original Amount of Loan Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
1000.00	100.00 900.00
TERMS Date Incurred D	Date Due Interest Rate Secured:
09 / D D / Y Y Y Y 03 / D D 28	⁷ 1985 0.00 % (apr) Yes X №
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
, view of the second se	
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
	900.00
SUBTOTALS This Period This Page (optional)	
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			Detailed Summary Pag	FOR LINE 13 OF FORM 3X
NA	ME OF COMMITTEE (In Full)		Tra	nsaction ID : LOAN0000021412
	lational Democratic Policy Commi	ttee		
	LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)	[PERSONAL FUNDS]	Election:
	MARJORIE CZECZOK		[FERSONAL FUNDS]	Primary
				General
	Mailing Address 820 LAKE ST S			Other (specify)
	City KIRKLAND	State WA ZIP Coo	de 98033	
	Original Amount of Loan	Cumulative Payment To	Date Bal	ance Outstanding at Close of This Period
	250.00		50.00	200.00
	230.00		50.00	200.00
	TERMS			
	Date Incurred	Date Due	Interest Rat	te Secured:
	10 / Y Y Y Y 10 25 1984	11 25 Y	1984 0.0	0 🛛 🖌 (apr) Yes 🗙 No
				/o (api)
	List All Endorsers or Guarantors (if any) to	o Loan Source		
	1. Full Name (Last, First, Middle Initial)		Name of Employer	
	Mailing Address		Occupation	
	City State	ZIP Code	Amount Guaranteed	
	State	ZIF COUE	Outstanding:	7
	2. Full Name (Last, First, Middle Initial)		Name of Employer	
	Mailing Address		Occupation	
			Amount	
	City State	ZIP Code	Guaranteed	
			Outstanding:	, , , , , , , , , , , , , , , , , , , ,
	3. Full Name (Last, First, Middle Initial)		Name of Employer	
	Mailing Address		Occupation	
	Ivialing Address		Occupation	
			Amount	
	City State	ZIP Code	Guaranteed	
			Outstanding:	
	4. Full Name (Last, First, Middle Initial)		Name of Employer	
	Mailing Address		Occupation	
	Oltata Otata		Amount	
	City State	ZIP Code	Guaranteed Outstanding:	- (y) - 1 - (y) - 1 - (w) - 1
C	IRTOTALS This Pariod This Page (antional)			200.00
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	Botallou ourinnary r ugo
NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000022667
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
ROBERT A FUDO	[PERSONAL FUNDS] Election:
	General
Mailing Address 24922 MUIRLANDS SP 36	Other (specify)
City EL TORO State CA ZIP Cod	le 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:
10 22 1984 01 22	1985 0.00 o (()) Ves X No.
	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
City State ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
	outourianty.
	750.00
SUBTOTALS This Period This Page (optional)	750.00
TOTAL O This Deviad (last means in this line with)	
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	Detailed Califinary 1 age
NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000023255
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
KEITH J ORR	Primary
	General
Mailing Address 441 PUERTO PL	Other (specify)
	de 94541
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS Date Incurred Date Due	Interest Rate Secured:
	Y Y Y
10 24 1984 12 24	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Coupaidin
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D. carry forward to appropriate line of Summary
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for each category of the	
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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000023300
LOAN SOURCE Full Name (Last, First, Middle Initial)	IPERSONAL FUNDS
H WYVONNE LANDRY	[PERSONAL FUNDS] Election:
	General
Mailing Address	
Mailing Address 18346 COLLINS ST #17	Other (specify)
	ode 91356
Original Amount of Loan Cumulative Payment To	D Date Balance Outstanding at Close of This Period
800.00	0.00 800.00
TERMS	lateral Data
Date Incurred Date Due	
10 / 25 / Y Y Y Y MON / D D / Y Y Y Y O O O O / Y	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4 Full Name (Least First Middle 1=:4:51)	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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for each category of the	
Detailed Summary Page	

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	, , ,
NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000023612
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	IPERSONAL ELINDS1 Election:
JACOB S PAINTER	[PERSONAL FUNDS] Election:
	General
Mailing Address 4371 SUNRISE DR	Other (specify)
City CASPER State WY Z	IP Code 82604
Original Amount of Loan Cumulative Payme	ent To Date Balance Outstanding at Close of This Period
250.00	0.00 250.00
TERMS Date Incurred Date	Due Interest Rate Secured:
10 / 22 / 1984 01 / 22	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZID Code	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City Ctate ZID Cade	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
	Culturing.
SUBTOTALS This Period This Page (optional)	250.00
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NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000023623
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
RONALD A BOWDEN	Primary
	General
Mailing Address 46 SOMERSET AVE	Other (specify)
City RIVERSIDE State RI ZIP Co	ode 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 Date Due	
10 22 1984 01 22	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial)	Name of Employer
1. Fuil Name (Last, Filst, Midule Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Intaining Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
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SUBTOTALS This Period This Page (optional)	1000.00
TOTAL & This Deviad /last page in this line anti-	
TOTALS This Period (last page in this line only)	······
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 46 OF 144 FOR LINE 13 OF FORM 3X

	Detailed Summary Fage
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000023624
National Democratic Fully Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) BRYCE JONES	[PERSONAL FUNDS] Election: Primary General
Mailing Address 213 W OAKRIDGE DR	Other (specify)
City FARMINGTON State UT ZIP Con	de 84025
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	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.

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

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PAGE 47 OF 144 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000023627
National Democratic Policy Committee	Transaction ID . LOAN000002302/
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
MRS BRYCE JONES	Primary
	General
Mailing Address 213 W OAKRIDGE DR	Other (specify)
City FARMINGTON State UT ZIP Co	de 84025
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
10 22 1984 01 22	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
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.

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

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PAGE 48 OF 144 FOR LINE 13 OF FORM 3X

	Bolaliou Gullinary Pago
NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000023628
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) MRS DONALD MILLS	[PERSONAL FUNDS] Election: Primary General
Mailing Address 4495 WOODLAWN	Other (specify)
	de 77703
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:
	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	500.00
TOTALS This Period (last page in this line only)	······
Carry outstanding balance only to LINE 3, Schedule D, for this line. If r	no Schedule D, carry forward to appropriate line of Summary.

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

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PAGE 49 OF 144 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000023683
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
AMY G BRAINARD	Primary
	General
Mailing Address 1202 S GLADYS AVE	Other (specify)
	ZIP Code 91776
Original Amount of Loan Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
1000.00	0.00
TERMS Date Incurred Da	ate Due Interest Rate Secured:
10 / 25 / 1984 10 / 25	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
	Guaranteed
City State ZIP Code	
	Outstanding.
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
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Use separate schedule(s)	
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Detailed Summary Page	

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PAGE 50 OF 144 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000024453
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
JAMES HOWARD PETERS	Primary
	General
Mailing Address 2380 GRANADA AVE	Other (specify)
City LONG BEACH State CA ZIP Co	ode 90815
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS	laterat Data
Date Incurred Date Due	
11 26 1984 05 26 7 1	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
SUBTOTALS This Period This Page (optional)	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.

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

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	Detailed Barminary Fage
NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000024908
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	IPERSONAL FUNDS
LARS THELANDER	[PERSONAL FUNDS] Election:
	General
Mailing Address	
Mailing Address 14 MOUNT CASTLE PL	Other (specify)
	de 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:
11 02 1984 02 02	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	▶ 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.

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000025202
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
ALMA G UBER	[PERSONAL FONDS] Primary
	General
Mailian Addaese	
Mailing Address 3447 STERNE ST	Other (specify)
City SAN DIEGO State CA ZIP Co	de 92106
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
	y/y/y//y////////////////
TERMS	laterest Data Costructu
Date Incurred Date Due	Interest Rate Secured:
11 07 1984 05 07	1985 0.00 % (apr) Yes 🗙 No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
	1
SUBTOTALS This Period This Page (optional)	> 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.

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

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NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000026096
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
GABRIEL DICK	Primary
	General
Mailing Address BOX 274	Other (specify)
	de 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:
11 30 1984 12 30 7 1 30 1984 30 7 1	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
	1
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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

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PAGE 54 OF 144 FOR LINE 13 OF FORM 3X

	, ,
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000032658
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
JOHN PRICE	Primary
	General
Mailing Address 101 S COTTAGE RD	Other (specify)
City STERLING State VA ZIP Cod	de 22170
Original Amount of Loan Cumulative Payment To	
750.00	0.00 750.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
05 / 20 / 1985 05 / 20 / Y	1986 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occuration
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)			(Use separate	PAGE 55 OF 144
DEBTS AND OBLIGATIONS			schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			,	
National Democratic Policy Committe	е			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of [Debt (Purpose):
AIRBORNE FREIGHT CORP.				PACKAGE SERVICE
Mailing Address P O BOX 662				
City State	Zip Code			
SEATTLE	WA	98111		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112089
12.50				
Amount Incurred This Period	Payr	nent This Period	Outstand	ng Balance at Close of This Period
0.00		(0.00	12.50
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		Nature of E ROOM RE	Debt (Purpose):
AMFAC HOTEL				
Mailing Address P O BOX 1926				
	7:0			
City State ALBUQUERQUE	Zip Code NM	87119		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112090
			Tansac	
198.49				
Amount Incurred This Period	Payr	nent This Period	Outstand	ng Balance at Close of This Period
0.00		C	0.00	198.49
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of [Debt (Purpose):
ARLINGTON HILTON			ROOM RE	
Mailing Address 2401 EAST LAMAR BOULEVARE)			
O'h	State	Zip Code		
City				
ARLINGTON	ТХ	76011		
-	ТХ	76011	Transac	tion ID : INV6010000112363
ARLINGTON	ТХ	76011	Transac	tion ID : INV6010000112363
ARLINGTON Outstanding Balance Beginning This Period		76011		tion ID : INV6010000112363
ARLINGTON Outstanding Balance Beginning This Period 139.00 Amount Incurred This Period		nent This Period	Outstand	ng Balance at Close of This Period
ARLINGTON Outstanding Balance Beginning This Period 139.00		nent This Period		
ARLINGTON Outstanding Balance Beginning This Period 139.00 Amount Incurred This Period		nent This Period	Outstand	ng Balance at Close of This Period
ARLINGTON Outstanding Balance Beginning This Period 139.00 Amount Incurred This Period	Payr	nent This Period	Outstandi	ng Balance at Close of This Period
ARLINGTON Outstanding Balance Beginning This Period 139.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	Payr	nent This Period	Outstand	ng Balance at Close of This Period 139.00
ARLINGTON Outstanding Balance Beginning This Period 139.00 Amount Incurred This Period 0.00	Payr	nent This Period	Outstand	ng Balance at Close of This Period 139.00
ARLINGTON Outstanding Balance Beginning This Period 139.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	Payr 7	nent This Period	Outstand	ng Balance at Close of This Period 139.00

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SCHEDULE D (FEC Form 3X)		(1)	o concrete	PAGE 56 OF 144	
DEBTS AND OBLIGATIONS			e separate hedule(s)	FOR LINE NUMBER:	
Excluding Loans			for each 1bered line)	(check only one) 9 X 10	
NAME OF COMMITTEE (In Full)				X 10	
National Democratic Policy Commit	tee				
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor			ebt (Purpose): NT RENTAL	
AUDIO VISUAL CENTER					
Mailing Address 235 NORTH BROAD STREET					
City State	Zip Code		-		
PHILADELPHIA	D 4	107			
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112091	
25.00					
Amount Incurred This Period	Payment Th	is Period	Outstandi	ng Balance at Close of This Period	
0.00		0.00		25.00	
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):	
AUDIO VISUAL HEADQUARTE				NT RENTAL	
Mailing Address 361 NORTH OAK STREET					
City State	Zip Code		-		
INGLEWOOD	CA 903	301			
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000112092	
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000112092	
11.08	Payment Th	is Period			
11.08 Amount Incurred This Period	Payment Th			ng Balance at Close of This Period	
11.08	Payment Th	is Period 0.00			
11.08 Amount Incurred This Period			Outstandi	ng Balance at Close of This Period	
11.08 Amount Incurred This Period 0.00			Outstandi	ng Balance at Close of This Period 11.08	
C. Full Name (Last, First, Middle Initial) of Debt AVW AUDIO VISUAL INC			Outstandi	ng Balance at Close of This Period 11.08 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debt			Outstandi	ng Balance at Close of This Period 11.08 ebt (Purpose):	
11.08 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City	or or Creditor State Zip C	0.00	Outstandi	ng Balance at Close of This Period 11.08 ebt (Purpose):	
11.08 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE	or or Creditor	0.00	Outstandi	ng Balance at Close of This Period 11.08 ebt (Purpose):	
11.08 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City	or or Creditor State Zip C	0.00	Outstandii	ng Balance at Close of This Period 11.08 ebt (Purpose):	
11.08 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City DALLAS	or or Creditor State Zip C	0.00	Outstandii	ng Balance at Close of This Period 11.08 ebt (Purpose): NT RENTAL	
11.08 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City DALLAS Outstanding Balance Beginning This Period	or or Creditor State Zip C	0.00	Outstandii	ng Balance at Close of This Period 11.08 ebt (Purpose): NT RENTAL	
11.08 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City DALLAS Outstanding Balance Beginning This Period 65.64 Amount Incurred This Period	or or Creditor State Zip C TX 7520	0.00 Code 07 is Period	Outstandii	ng Balance at Close of This Period 11.08 Pebt (Purpose): NT RENTAL	
11.08 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City DALLAS Outstanding Balance Beginning This Period 65.64	or or Creditor State Zip C TX 7520	0.00	Outstandii	ng Balance at Close of This Period 11.08 ebt (Purpose): NT RENTAL	
11.08 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City DALLAS Outstanding Balance Beginning This Period 65.64 Amount Incurred This Period	or or Creditor State Zip C TX 7520	0.00 Code 07 is Period	Outstandii	ng Balance at Close of This Period 11.08 Pebt (Purpose): NT RENTAL	
11.08 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City DALLAS Outstanding Balance Beginning This Period 65.64 Amount Incurred This Period	or or Creditor State Zip C TX 752C Payment Th	0.00 Code 07 is Period 0.00	Outstandii	ng Balance at Close of This Period 11.08 Pebt (Purpose): NT RENTAL	
11.08 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City DALLAS Outstanding Balance Beginning This Period 65.64 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	or or Creditor State Zip C TX 752C Payment Th	0.00 Code 07 is Period 0.00	Outstandii	ng Balance at Close of This Period 11.08 ebt (Purpose): NT RENTAL tion ID : INV6010000112093 ng Balance at Close of This Period 65.64	
11.08 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City DALLAS Outstanding Balance Beginning This Period 65.64 Amount Incurred This Period 0.00	or or Creditor State Zip C TX 752C Payment Th	0.00 Code 07 is Period 0.00	Outstandii	ng Balance at Close of This Period 11.08 ebt (Purpose): NT RENTAL tion ID : INV6010000112093 ng Balance at Close of This Period 65.64	
11.08 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City DALLAS Outstanding Balance Beginning This Period 65.64 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	or or Creditor State Zip C TX 7520 Payment Th	0.00 Code 07 is Period 0.00	Outstandii	ng Balance at Close of This Period 11.08 ebt (Purpose): NT RENTAL tion ID : INV6010000112093 ng Balance at Close of This Period 65.64	
11.08 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City DALLAS Outstanding Balance Beginning This Period 65.64 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number)	or or Creditor State Zip C TX 752C Payment Th r only) C (last page only)	0.00 Code 07 is Period 0.00	Outstandii	ng Balance at Close of This Period 11.08 ebt (Purpose): NT RENTAL tion ID : INV6010000112093 ng Balance at Close of This Period 65.64	

CHEDULE D (FEC Form 3X)			PAGE 57 OF 144
. ,		(Use separate schedule(s)	FOR LINE NUMBER:
EBTS AND OBLIGATIONS		for each	(check only one) 9
cluding Loans		numbered line)	X 10
IAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee		
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D	ebt (Purpose):
BANK OF THE COMMONWE	ALTH	MISC. EXP	ENSE
Mailing Address PO BOX 32900			
City State DETROIT	Zip Code MI 48232		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112095
1430.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0	.00	1430.00
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of D	ebt (Purpose):
BELMONT RESTAURANT		ROOM REI	NTALS
Mailing Address 541 LEXINGTON AVE.			
City State	Zip Code		
NEW YORK	NY 10022		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112096
110.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
	Payment This Period	Outstandir	ng Balance at Close of This Period 110.00
Amount Incurred This Period 0.00	0.	.00	110.00
Amount Incurred This Period	0.	.00	110.00 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb	0.	.00 Nature of D	110.00 ebt (Purpose):
Amount Incurred This Period O.00 C. Full Name (Last, First, Middle Initial) of Deb BROWN PALACE HOTEL Mailing Address P.O. BOX 1440 City	0.	.00 Nature of D	110.00 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb BROWN PALACE HOTEL Mailing Address P.O. BOX 1440	tor or Creditor	.00 Nature of D	110.00 ebt (Purpose):
Amount Incurred This Period O.00 C. Full Name (Last, First, Middle Initial) of Deb BROWN PALACE HOTEL Mailing Address P.O. BOX 1440 City	tor or Creditor State Zip Code	.00 Nature of D ROOM RE	110.00 ebt (Purpose):
Amount Incurred This Period O.00 C. Full Name (Last, First, Middle Initial) of Deb BROWN PALACE HOTEL Mailing Address P.O. BOX 1440 City DENVER	tor or Creditor State Zip Code	.00 Nature of D ROOM RE	110.00 ebt (Purpose): NTALS
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb BROWN PALACE HOTEL Mailing Address P.O. BOX 1440 City DENVER Outstanding Balance Beginning This Period	tor or Creditor State Zip Code	.00 Nature of D ROOM RE	110.00 ebt (Purpose): NTALS
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb BROWN PALACE HOTEL Mailing Address P.O. BOX 1440 City DENVER Outstanding Balance Beginning This Period 273.00	tor or Creditor State Zip Code CO 80201 Payment This Period	.00 Nature of D ROOM RE	110.00 ebt (Purpose): NTALS
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb BROWN PALACE HOTEL Mailing Address P.O. BOX 1440 City DENVER Outstanding Balance Beginning This Period 273.00 Amount Incurred This Period 0.00	tor or Creditor State Zip Code CO 80201 Payment This Period 0	.00 Nature of D ROOM RE Transact Outstandir	110.00 ebt (Purpose): NTALS ion ID : INV6010000112097 ng Balance at Close of This Period
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb BROWN PALACE HOTEL Mailing Address P.O. BOX 1440 City DENVER Outstanding Balance Beginning This Period 273.00 Amount Incurred This Period 0.00	tor or Creditor State Zip Code CO 80201 Payment This Period 0	.00 Nature of D ROOM RE Transact Outstandir	110.00 ebt (Purpose): NTALS ion ID : INV6010000112097 ng Balance at Close of This Period 273.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb BROWN PALACE HOTEL Mailing Address P.O. BOX 1440 City DENVER Outstanding Balance Beginning This Period 273.00 Amount Incurred This Period 0.00 (0.00) SUBTOTALS This Period This Page (optional). P.O. BOX 1440 (ast page this line number)	tor or Creditor State Zip Code CO 80201 Payment This Period 0 er only)	.00 Nature of D ROOM RE Transact .00 Outstandir	110.00 ebt (Purpose): NTALS ion ID : INV6010000112097 ng Balance at Close of This Period 273.00
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SCHEDULE D (FEC Form 3X)		1	(1)	PAGE 58 OF 144
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			,	
National Democratic Policy Committ	ee			
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			ebt (Purpose): S-ZIEGLER/CONG
BRUKOFF, BERAS & STEWA	RT,P.C.			5-ZIEGEEN/CONG
Mailing Address 3000 TOWN CENTER SUITE 2550				
City State	Zip Code			
SOUTHFIELD	MI	48075		
Outstanding Balance Beginning This Period			Transactio	on ID : INV6010000112099
285.00				
Amount Incurred This Period	Paym	ent This Period	Outstandir	ng Balance at Close of This Period
0.00	· · · · ·		00	285.00
				, , , , , , , , , , , , , , , , , , , ,
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
CAMPAIGNER PUBLICATIONS	5		PRESS RE	LATIONS SERVICE
Mailing Address P.O. BOX 17726				
Mailing Address P.O. BOX 17726				
City State	Zip Code			
WASHINGTON	DC	20041		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000111880
2700.00				
Amount Incurred This Period	Paym	ent This Period	Outstandir	ng Balance at Close of This Period
			00	2700.00
0.00	7			, , , ,
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of D	ebt (Purpose):
CAMPAIGNER PUBLICATION	S		RENT	
Mailing Address PO BOX 17726				
Mailing Address P.O. BOX 17726				
City	State	Zip Code		
WASHINGTON	DC	20041		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000111909
64.51				
Amount Incurred This Period	Paym	ent This Period	Outstandir	ng Balance at Close of This Period
0.00			00	64.51
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1) SUBTOTALS This Period This Page (optional)			▶	3049.51
	(a rah v)			
2) TOTALS This Period (last page this line number	only)			7 7 7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate	line of Summary	Page (last page on	ly) 🕨	л

	D (FEC Form 3X) D OBLIGATIONS ans		(Use separate schedule(s) for each numbered line)	PAGE 59 OF 144 FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COM	MITTEE (In Full) emocratic Policy Committ	ee		
	e (Last, First, Middle Initial) of Debto PAIGNER PUBLICATION		Nature of D ADVERTIS	ebt (Purpose): IING
Mailing Addre	P.O. BOX 17726			
City WASHINGTO	State DN	Zip Code DC 20041		
Outstandin	g Balance Beginning This Period 1567.00		Transacti	on ID : INV6010000111912
Am	ount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00		0.00	1567.00
	e (Last, First, Middle Initial) of Debto AIGNER PUBLICATIONS		Nature of D ADVERTIS	ebt (Purpose): ING
Mailing Addre	ess P.O. BOX 17726			
City WASHINGTC	State DN	Zip Code DC 20041		
Outstandin	g Balance Beginning This Period		Transact	ion ID : INV6010000111913
Outstandin	g Balance Beginning This Period 60.00		Transact	ion ID : INV6010000111913
		Payment This Period		ion ID: INV6010000111913
	, 60.00	Payment This Period		
C. Full Nam	60.00 nount Incurred This Period	or or Creditor	Outstandi	ng Balance at Close of This Period
C. Full Nam	60.00 nount Incurred This Period 0.00 e (Last, First, Middle Initial) of Debto PAIGNER PUBLICATION	or or Creditor	Outstandi	ng Balance at Close of This Period 60.00 ebt (Purpose):
C. Full Nam CAMF	60.00 nount Incurred This Period 0.00 e (Last, First, Middle Initial) of Debto PAIGNER PUBLICATION PSS P.O. BOX 17726	or or Creditor	Outstandi	ng Balance at Close of This Period 60.00 ebt (Purpose):
C. Full Nam CAMF Mailing Addre City WASHINGTO	60.00 nount Incurred This Period 0.00 e (Last, First, Middle Initial) of Debto PAIGNER PUBLICATION PSS P.O. BOX 17726	or or Creditor S State Zip Code	Outstandi	ng Balance at Close of This Period 60.00 ebt (Purpose):
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C. Full Nam CAMF Mailing Addre City WASHINGTO Outstandin	60.00 nount Incurred This Period 0.00 e (Last, First, Middle Initial) of Debto PAIGNER PUBLICATION PSS P.O. BOX 17726 DN ng Balance Beginning This Period 7316.85	or or Creditor S State Zip Code DC 20041	Outstandii 0.00 Nature of D SUBSCRIF	ebt (Purpose): PTIONS PURCHASE
C. Full Nam CAMF Mailing Addre City WASHINGTO Outstandin Am	60.00 nount Incurred This Period 0.00 PAIGNER PUBLICATION PSS P.O. BOX 17726 DN ng Balance Beginning This Period 7316.85 nount Incurred This Period	or or Creditor S State Zip Code DC 20041 Payment This Period	Outstandi 0.00 Nature of D SUBSCRIF Transact Outstandi	ng Balance at Close of This Period 60.00 ebt (Purpose): PTIONS PURCHASE
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SCHEDULE D (FEC Form 3X)		(Lles constate	PAGE 60 OF 144
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)			X 10
National Democratic Policy Committ	ee		
	0		
A. Full Name (Last, First, Middle Initial) of Debta		RENT	Debt (Purpose):
CAMPAIGNER PUBLICATION	S		
Mailing Address P.O. BOX 17726			
City State	Zip Code		
WASHINGTON	DC 20041		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000111915
800.00			
Amount Incurred This Period	Payment This Perio	d Outstand	ing Balance at Close of This Period
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B. Full Name (Last, First, Middle Initial) of Debto	r ar Craditar	Noturo of I	Debt (Purpose):
CAMPAIGNER PUBLICATIONS			OPIER USAGE
Mailing Address P.O. BOX 17726			
City State	Zip Code		
WASHINGTON	DC 20041		
WAOHINGTON	20 200		
		Transac	tion ID : INV6010000111916
Outstanding Balance Beginning This Period		Transac	tion ID : INV6010000111916
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SCHEDULE D (FEC Form 3X)			PAGE 61 OF 144
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			X 10
National Democratic Policy Committee	ee		
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		ebt (Purpose):
CAMPAIGNER PUBLICATION	S	PRESS RE	LATIONS SERVICE
Mailing Address P.O. BOX 17726			
City State	Zip Code		
WASHINGTON	DC 20041		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000111918
8170.00			
Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period
0.00		0.00	8170.00
B. Full Name (Last, First, Middle Initial) of Debtor			ebt (Purpose):
CAMPAIGNER PUBLICATIONS		ADVERTIS	ING
Mailing Address P.O. BOX 17726			
F.O. BOX 11120			
City State WASHINGTON	Zip Code DC 20041		
WASHINGTON	DC 20041		
Outstanding Balance Beginning This Period		Transact	ion ID:INV6010000111919
Outstanding Balance Beginning This Period		Transact	ion ID:INV6010000111919
	Payment This Period		ion ID : INV6010000111919 ng Balance at Close of This Period
1310.00			
1310.00 Amount Incurred This Period 0.00	0	Outstandir	ng Balance at Close of This Period 1310.00
1310.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor	Outstandir	ng Balance at Close of This Period
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1310.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor	Outstandir	ng Balance at Close of This Period 1310.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS	o r or Creditor S	Outstandir	ng Balance at Close of This Period 1310.00 ebt (Purpose):
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C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726	o r or Creditor S State Zip Code	Outstandir	ng Balance at Close of This Period 1310.00 ebt (Purpose):
1310.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City WASHINGTON	o r or Creditor S State Zip Code	Outstandir	ng Balance at Close of This Period 1310.00 ebt (Purpose): PTIONS PURCHASE
1310.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period	o r or Creditor S State Zip Code	Outstandir .00 Nature of D SUBSCRIF	ng Balance at Close of This Period 1310.00 ebt (Purpose): PTIONS PURCHASE
1310.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 11948.30	o r or Creditor S State Zip Code DC 20041 Payment This Period	Outstandir .00 Nature of D SUBSCRIF	ag Balance at Close of This Period 1310.00 ebt (Purpose): TIONS PURCHASE
1310.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 11948.30 Amount Incurred This Period	o r or Creditor S State Zip Code DC 20041 Payment This Period	Outstandir 000 Nature of D SUBSCRIF Transact Outstandir	ag Balance at Close of This Period 1310.00 ebt (Purpose): PTIONS PURCHASE
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Image# 12972477543				
SCHEDULE D (FEC Form 3X)			(1)	PAGE 62 OF 144
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each	(check only one) 9
			numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committe				
National Democratic Folicy Commute				
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Debt (Purpose):
CAMPAIGNER PUBLICATIONS	6		RENT	
Mailing Address P.O. BOX 17726				
Mailing Address P.O. BOX 17726				
City State	Zip Code			
WASHINGTON	DC	20041		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000111921
800.00				
Amount Insurred This Devied		ant This Dariad	Outotondi	ng Balance at Class of This Deviad
Amount Incurred This Period	Payn	nent This Period	Outstand	ng Balance at Close of This Period
0.00		(0.00	800.00
B. Full Name (Last, First, Middle Initial) of Debtor of	or Craditar		Noture of C) obt (Dumooo);
CAMPAIGNER PUBLICATIONS				Debt (Purpose): DPIER USAGE
Mailing Address P.O. BOX 17726				
	7: 0 1			
City State WASHINGTON	Zip Code DC	20041		
	00	20011		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000111922
Outstanding Balance Beginning This Period 250.00			Transac	tion ID : INV6010000111922
	Payn	nent This Period		tion ID : INV6010000111922 ng Balance at Close of This Period
250.00 Amount Incurred This Period	Payn		Outstandi	
250.00	Payn			ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Outstandi	ng Balance at Close of This Period
250.00 Amount Incurred This Period 0.00	or Creditor		Outstandi 0.00 Nature of E	ng Balance at Close of This Period 250.00
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor		Outstandi 0.00 Nature of E	ng Balance at Close of This Period 250.00 Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Outstandi 0.00 Nature of E	ng Balance at Close of This Period 250.00 Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor		Outstandi 0.00 Nature of E	ng Balance at Close of This Period 250.00 Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor		Outstandi 0.00 Nature of E	ng Balance at Close of This Period 250.00 Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726	or Creditor State	Zip Code	Outstandi 0.00 Nature of E TELECOM	ng Balance at Close of This Period 250.00 Debt (Purpose):
250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period	or Creditor State	Zip Code	Outstandi 0.00 Nature of E TELECOM	ng Balance at Close of This Period 250.00 Debt (Purpose): IMUNICATIONS
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SCHEDULE D (FEC Form 3X)			PAGE 63 OF 144
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9
		numbered line)	X 10
National Democratic Policy Committee	96		
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		ebt (Purpose):
CAMPAIGNER PUBLICATIONS	6	PRESS RE	LATIONS SERVICE
Mailing Address P.O. BOX 17726			
City State WASHINGTON	Zip Code DC 20041		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000111924
8170.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	C	0.00	8170.00
			, , , ,
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS		ADVERTIS	ebt (Purpose): ING
Mailing Address P.O. BOX 17726			
City State	Zip Code		
WASHINGTON	DC 20041		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000111925
Outstanding Balance Beginning This Period 150.00		Transact	ion ID : INV6010000111925
	Payment This Period		ion ID : INV6010000111925 ng Balance at Close of This Period
150.00			
150.00 Amount Incurred This Period 0.00	0	Outstandir	ng Balance at Close of This Period
150.00 Amount Incurred This Period	r or Creditor	Outstandir	ng Balance at Close of This Period 150.00 ebt (Purpose):
150.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS	r or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 150.00 ebt (Purpose):
150.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 150.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City	r or Creditor State Zip Code	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 150.00 ebt (Purpose):
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SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans		(Use separate schedule(s) for each	PAGE 64 OF 144 FOR LINE NUMBER: (check only one) 9
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	e	numbered line)	X 10
A. Full Name (Last, First, Middle Initial) of Debtor			ebt (Purpose): TIONS PURCHASE
Mailing Address P.O. BOX 17726			
City State WASHINGTON	Zip Code DC 20041		
Outstanding Balance Beginning This Period 5852.00		Transacti	on ID : INV6010000111927
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00	5852.00
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor		ebt (Purpose): TIONS PURCHASE
Mailing Address P.O. BOX 17726			
City State WASHINGTON	Zip Code DC 20041		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112054
Outstanding Balance Beginning This Period 13773.65		Transact	ion ID:INV6010000112054
	Payment This Period		ion ID : INV6010000112054
13773.65			
13773.65 Amount Incurred This Period	or Creditor	Outstandir	ng Balance at Close of This Period 13773.65 ebt (Purpose):
13773.65 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 13773.65 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 13773.65 ebt (Purpose):
13773.65 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period	or Creditor State Zip Code	Outstandir 0.00 Nature of D ADVERTIS	ng Balance at Close of This Period 13773.65 ebt (Purpose):
13773.65 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 302.50	or Creditor State Zip Code DC 20041	Outstandir 0.00 Nature of D ADVERTIS	ion ID : INV6010000112055
13773.65 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period	or Creditor State Zip Code DC 20041 Payment This Period	Outstandir 0.00 Nature of D ADVERTIS	ng Balance at Close of This Period 13773.65 ebt (Purpose): ING
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SCHEDULE D (FEC Form 3X)			PAGE 65 OF 144
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9
		numbered line)	X 10
National Democratic Policy Committee	e		
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		ebt (Purpose):
CAMPAIGNER PUBLICATIONS	6	SUBSCRIF	TIONS PURCHASE
Mailing Address P.O. BOX 17726			
City State WASHINGTON	Zip Code DC 20041		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112056
7910.00			
Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period
0.00	C	0.00	7910.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):
CAMPAIGNER PUBLICATIONS		ADVERTIS	
Mailing Address P.O. BOX 17726			
City State	Zip Code		
WASHINGTON	DC 20041		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112057
Outstanding Balance Beginning This Period 40.00		Transact	ion ID : INV6010000112057
	Payment This Period		
40.00	Payment This Period		ion ID : INV6010000112057 Ig Balance at Close of This Period 40.00
40.00 Amount Incurred This Period		Outstandir	g Balance at Close of This Period
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40.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Outstandir 0.00 Nature of D	g Balance at Close of This Period 40.00 ebt (Purpose):
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40.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor	Outstandir 0.00 Nature of D	g Balance at Close of This Period 40.00 ebt (Purpose):
40.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City	or Creditor State Zip Code	Outstandir	g Balance at Close of This Period 40.00 ebt (Purpose):
40.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City WASHINGTON	or Creditor State Zip Code	Outstandir	g Balance at Close of This Period 40.00 ebt (Purpose): TIONS PURCHASE
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40.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 7989.60	or Creditor State Zip Code DC 20041 Payment This Period	Outstandir 0.00 Nature of D SUBSCRIF	ag Balance at Close of This Period 40.00 ebt (Purpose): TIONS PURCHASE
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SCHEDULE D (FEC Form 3X)		(Lies concrete	PAGE 66 OF 144
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)			X 10
National Democratic Policy Committ	ee		
A. Full Name (Last, First, Middle Initial) of Debto		RENT	Debt (Purpose):
CAMPAIGNER PUBLICATION	5		
Mailing Address P.O. BOX 17726			
City State	Zip Code		
WASHINGTON	DC 20041		
Outstanding Balance Beginning This Period		Transac	tion ID : INV6010000112059
800.00			
· · · · · · · · · · · · · · · · · · ·			
Amount Incurred This Period	Payment This Per	od Outstand	ling Balance at Close of This Period
0.00		0.00	800.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of	Debt (Purpose):
			MMUNICATIONS
Mailing Address P.O. BOX 17726			
City State	Zip Code		
	DC 20041		
WASHINGTON	DC 20041		
Outstanding Balance Beginning This Period		Transa	ction ID : INV6010000112060
		Transa	ction ID : INV6010000112060
Outstanding Balance Beginning This Period 1000.00			
Outstanding Balance Beginning This Period 1000.00 Amount Incurred This Period	Payment This Per	iod Outstand	ling Balance at Close of This Period
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Outstanding Balance Beginning This Period 1000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATION	Payment This Per	iod Outstand	ling Balance at Close of This Period 1000.00
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Outstanding Balance Beginning This Period 1000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City	Payment This Per or or Creditor S State Zip Code	iod Outstand	ling Balance at Close of This Period 1000.00
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Outstanding Balance Beginning This Period 1000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 800.00 Amount Incurred This Period 0.00	Payment This Per	iod Outstand	ding Balance at Close of This Period 1000.00 Debt (Purpose): ction ID : INV6010000112061 ding Balance at Close of This Period 800.00
Outstanding Balance Beginning This Period 1000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 800.00 Amount Incurred This Period 0.00	Payment This Per	iod Outstand	ding Balance at Close of This Period 1000.00 Debt (Purpose): ction ID : INV6010000112061 ding Balance at Close of This Period 800.00
Outstanding Balance Beginning This Period 1000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debta CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 800.00 Amount Incurred This Period 0.00	Payment This Per	iod Outstand	ting Balance at Close of This Period 1000.00 Debt (Purpose): ction ID : INV6010000112061 ting Balance at Close of This Period 800.00

SCHEDULE D (FEC Form 3X)			PAGE 67 OF 144
		(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Comm	ittee		
A. Full Name (Last, First, Middle Initial) of De	abtor or Creditor	Nature of D	ebt (Purpose):
		TELECOM	MUNICATIONS
Mailing Address P.O. BOX 17726			
City State WASHINGTON	Zip Code DC 20041		
	20041	Transacti	on ID : INV6010000112062
Outstanding Balance Beginning This Period 1000.00		nanouoti	
Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period
0.00		.00	1000.00
B. Full Name (Last, First, Middle Initial) of Del	ptor or Creditor	Nature of D	ebt (Purpose):
		RENT	
Mailing Address P.O. BOX 17726			
City State	Zip Code		
WASHINGTON	DC 20041		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112063
Outstanding Balance Beginning This Period 800.00		Transact	ion ID : INV6010000112063
800.00	Payment This Period		
800.00 Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
800.00			
800.00 Amount Incurred This Period	0.	Outstandir	ng Balance at Close of This Period
800.00 Amount Incurred This Period 0.00	ebtor or Creditor	Outstandir .00 Nature of D	ng Balance at Close of This Period 800.00
C. Full Name (Last, First, Middle Initial) of De CAMPAIGNER PUBLICATIO	ebtor or Creditor	Outstandir .00 Nature of D	ng Balance at Close of This Period 800.00 ebt (Purpose):
800.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Detection	ebtor or Creditor	Outstandir .00 Nature of D	ng Balance at Close of This Period 800.00 ebt (Purpose):
800.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De CAMPAIGNER PUBLICATIC Mailing Address P.O. BOX 17726	0. ebtor or Creditor DNS	Outstandir .00 Nature of D	ng Balance at Close of This Period 800.00 ebt (Purpose):
800.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De CAMPAIGNER PUBLICATIC	ebtor or Creditor	Outstandir .00 Nature of D	ng Balance at Close of This Period 800.00 ebt (Purpose):
800.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De CAMPAIGNER PUBLICATIO Mailing Address P.O. BOX 17726 City	ebtor or Creditor DNS State Zip Code	Outstandir	ng Balance at Close of This Period 800.00 ebt (Purpose):
800.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De CAMPAIGNER PUBLICATIC Mailing Address P.O. BOX 17726 City WASHINGTON	ebtor or Creditor DNS State Zip Code	Outstandir	ebt (Purpose):
800.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De CAMPAIGNER PUBLICATIC Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period	ebtor or Creditor DNS State Zip Code	Outstandir .00 Nature of D TELECOM	ebt (Purpose):
800.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De CAMPAIGNER PUBLICATIC Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 1000.00	0. bbtor or Creditor NS State Zip Code DC 20041 Payment This Period	Outstandir .00 Nature of D TELECOM Transact Outstandir	ag Balance at Close of This Period 800.00 ebt (Purpose): MUNICATIONS
800.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of December 2000 CAMPAIGNER PUBLICATIO Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 1000.00 Amount Incurred This Period	0. bbtor or Creditor NS State Zip Code DC 20041 Payment This Period	Outstandir .00 Nature of D TELECOM	ag Balance at Close of This Period 800.00 ebt (Purpose): MUNICATIONS
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800.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De CAMPAIGNER PUBLICATIC Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 1000.00 Amount Incurred This Period 0.00	0. ebtor or Creditor NS State Zip Code DC 20041 Payment This Period 0 1) ber only)	Outstandir .00 Nature of D TELECOM Transact Outstandir	ag Balance at Close of This Period 800.00 ebt (Purpose): MUNICATIONS ion ID : INV6010000112064 ag Balance at Close of This Period 1000.00

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SCHEDULE D (FEC Form 3X)		(Line concrete	PAGE 68 OF 144
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9
-			X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	סב		
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of ROOM R	Debt (Purpose):
CAPITOL PLAZA			ENTALS
Mailing Address 240 WEST STATE STREET			
City State	Zip Code NJ 08608		
TRENTON	NJ 08608		
Outstanding Balance Beginning This Period		Transac	tion ID : INV6010000112103
93.10			
Amount Incurred This Period	Payment This Pe	eriod Outstand	ling Balance at Close of This Period
0.00		0.00	93.10
0.00		0.00	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of	Debt (Purpose):
CAPITOL PLAZA HOTEL		ROOM RI	ENTALS
Mailing Address HOLIDAY INN			
300 J STREET City State	Zip Code		
SACRRAMENTO	CA 95814		
Outstanding Balance Beginning This Period		Transa	ction ID : INV6010000112102
		Transa	ction ID : INV6010000112102
15.78	Deumont This De		
	Payment This Pe		ling Balance at Close of This Period
15.78	Payment This Pe		
15.78 Amount Incurred This Period 0.00		0.00 Outstand	ling Balance at Close of This Period 15.78
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	0.00 Outstand	ling Balance at Close of This Period
15.78 Amount Incurred This Period 0.00	r or Creditor	0.00 Outstand	ling Balance at Close of This Period 15.78 Debt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	0.00 Outstand	ling Balance at Close of This Period 15.78 Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC	r or Creditor	0.00 Outstand	ling Balance at Close of This Period 15.78 Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC	r or Creditor	0.00 Outstand	ling Balance at Close of This Period 15.78 Debt (Purpose):
15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK	r or Creditor	0.00 Outstand	ling Balance at Close of This Period 15.78 Debt (Purpose): C TELEPHONE USAGE
15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INCOM Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period	r or Creditor	0.00 Outstand	ling Balance at Close of This Period 15.78 Debt (Purpose):
15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK	r or Creditor	0.00 Outstand	ling Balance at Close of This Period 15.78 Debt (Purpose): C TELEPHONE USAGE
15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INCOM Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period	r or Creditor	eriod Outstand	ling Balance at Close of This Period 15.78 Debt (Purpose): C TELEPHONE USAGE
15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INCO Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 8023.57	r or Creditor State Zip Code NY 10101	eriod Outstand	ling Balance at Close of This Period 15.78 Debt (Purpose): C TELEPHONE USAGE
15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 8023.57 Amount Incurred This Period	r or Creditor State Zip Code NY 10101	eriod Outstand	ling Balance at Close of This Period 15.78 Debt (Purpose): C TELEPHONE USAGE ction ID : INV6010000112274
15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 8023.57 Amount Incurred This Period 0.00	r or Creditor State Zip Code NY 10101 Payment This Pe	eriod Outstand	ling Balance at Close of This Period 15.78 Debt (Purpose): C TELEPHONE USAGE ction ID : INV6010000112274 ling Balance at Close of This Period 8023.57
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15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INCO Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 8023.57 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number)	r or Creditor State Zip Code NY 10101 Payment This Pe Only) C (last page only)	eriod Outstand	ling Balance at Close of This Period 15.78 Debt (Purpose): C TELEPHONE USAGE ction ID : INV6010000112274 ling Balance at Close of This Period 8023.57

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SCHEDULE D (FEC Form 3X)		(1)0	o opporato	PAGE 69 OF 144
DEBTS AND OBLIGATIONS			e separate hedule(s)	FOR LINE NUMBER:
Excluding Loans			or each bered line)	(check only one) 9
NAME OF COMMITTEE (In Full)		Indin		X 10
National Democratic Policy Committee	e			
A. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor			ebt (Purpose):
CAUCUS DISTRIBUTORS INC			MTG PLAN	INING FEES & EXPNS
Mailing Address PO BOX 748 RADIO CITY STATION				
City State	Zip Code		-	
NEW YORK	NY 10101			
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112275
1529.35				
Amount Incurred This Period	Payment This Pe	riod	Outstandir	ng Balance at Close of This Period
0.00		0.00		1529.35
B. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		FIELD OFF	ebt (Purpose): TICE RENT
Mailing Address PO BOX 748			-	
RADIO CITY STATION			_	
City State NEW YORK	Zip Code NY 10101			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112281
2614.35				
Amount Incurred This Period	Payment This Pe	riod	Outstandir	ng Balance at Close of This Period
0.00		0.00		2614.35
C. Full Name (Last, First, Middle Initial) of Debto				ebt (Purpose): TELEPHONE USAGE
CAUCUS DISTRIBUTORS INC				TELEFTIONE USAGE
Mailing Address PO BOX 748			-	
RADIO CITY STATION	State Zip Code		-	
NEW YORK	NY 10101			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112282
9834.85				
Amount Incurred This Period	Payment This Pe	riod	Outstandir	ng Balance at Close of This Period
0.00		0.00		9834.85
7				-/J
1) SUBTOTALS This Period This Page (optional)		•	_ · · ·	13978.55
				7
2) TOTALS This Period (last page this line number	only)			7
3) TOTAL OUTSTANDING LOANS from Schedule (C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last	page only)		
		1		

Image# 12972477551			
SCHEDULE D (FEC Form 3X)			PAGE 70 OF 144
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)			X 10
National Democratic Policy Commit	ttee		
A. Full Name (Last, First, Middle Initial) of Deb	tor or Croditor	Naturo of	Debt (Purpose):
CAUCUS DISTRIBUTORS IN			NNING FEES & EXPNS
	U		
Mailing Address PO BOX 748			
RADIO CITY STATION City State	Zip Code		
NEW YORK	NY 10101		
Outstanding Balance Beginning This Period		Transac	tion ID : INV6010000112283
235.00			
Amount Insurred This Deviad	Doumant This Daried	Outstand	ling Delense at Class of This Deviad
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00		0.00	235.00
B. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of	Debt (Purpose):
CAUCUS DISTRIBUTORS INC			FICE RENT
Mailing Address PO BOX 748			
RADIO CITY STATION City State	Zip Code		
NEW YORK	NY 10101		
Outstanding Polones Paginning This Pariod		_	ction ID : INV6010000112284
Outstanding Balance Beginning This Period		Transa	Ction ID : IN V6010000112264
2614.35		Transa	ction ID : IN V6010000112284
2614.35	Payment This Period		
2614.35 Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
2614.35	Payment This Period		
2614.35 Amount Incurred This Period		Outstand	ling Balance at Close of This Period
2614.35 Amount Incurred This Period 0.00	otor or Creditor	Outstand 0.00 Nature of	ling Balance at Close of This Period 2614.35
C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN	otor or Creditor	Outstand 0.00 Nature of	ling Balance at Close of This Period 2614.35 Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748	otor or Creditor	Outstand 0.00 Nature of	ling Balance at Close of This Period 2614.35 Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City	otor or Creditor C. State Zip Code	Outstand 0.00 Nature of	ling Balance at Close of This Period 2614.35 Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION	otor or Creditor C.	Outstand 0.00 Nature of	ling Balance at Close of This Period 2614.35 Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City	otor or Creditor C. State Zip Code	0.00 Outstand	ling Balance at Close of This Period 2614.35 Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK	otor or Creditor C. State Zip Code	0.00 Outstand	ling Balance at Close of This Period 2614.35 Debt (Purpose): C TELEPHONE USAGE
2614.35 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period	otor or Creditor C. State Zip Code	0.00 Outstand	ling Balance at Close of This Period 2614.35 Debt (Purpose): C TELEPHONE USAGE
2614.35 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 7844.75 Amount Incurred This Period	otor or Creditor C. State Zip Code NY 10101	Outstand 0.00 Nature of FLD OFF	ling Balance at Close of This Period 2614.35 Debt (Purpose): C TELEPHONE USAGE
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2614.35 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 7844.75 Amount Incurred This Period	otor or Creditor C. State Zip Code NY 10101	Outstand 0.00 Nature of FLD OFF	ling Balance at Close of This Period 2614.35 Debt (Purpose): C TELEPHONE USAGE Ction ID : INV6010000112285 ling Balance at Close of This Period 7844.75
2614.35 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 7844.75 Amount Incurred This Period	otor or Creditor C. State Zip Code NY 10101 Payment This Period	0.00 Nature of FLD OFF Transac Outstand Ou	ling Balance at Close of This Period 2614.35 Debt (Purpose): C TELEPHONE USAGE ction ID : INV6010000112285
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2614.35 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 7844.75 Amount Incurred This Period 0.00	stor or Creditor C. State Zip Code NY 10101 Payment This Period	Outstand 0.00 Nature of FLD OFF Transaction 0.00 0.00	ling Balance at Close of This Period 2614.35 Debt (Purpose): C TELEPHONE USAGE Ction ID : INV6010000112285 ling Balance at Close of This Period 7844.75
2614.35 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Dete CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 7844.75 Amount Incurred This Period 0.00	otor or Creditor C. State Zip Code NY 10101 Payment This Period	0.00 Nature of FLD OFF Outstand Outst	ling Balance at Close of This Period 2614.35 Debt (Purpose): C TELEPHONE USAGE Ction ID : INV6010000112285 ling Balance at Close of This Period 7844.75
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SCHEDULE D (FEC Form 3X)		(Lion concrete	PAGE 71 OF 144
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9
		numbered inter	X 10
National Democratic Policy Commi	ttee		
A. Full Name (Last, First, Middle Initial) of Deb		Nature of D FIELD OFF	ebt (Purpose): ICE RENT
CAUCUS DISTRIBUTORS IN	C.		
Mailing Address PO BOX 748			
RADIO CITY STATION	Zin Codo		
City State NEW YORK	Zip Code NY 10101		
	10101	Transacti	on ID : INV6010000112286
Outstanding Balance Beginning This Period			
2614.35			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00	2614.35
	7 7		7
B. Full Name (Last, First, Middle Initial) of Debt			ebt (Purpose):
CAUCUS DISTRIBUTORS INC).	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		Transact	ion ID : INV6010000112287
		Transact	ion ID : INV6010000112287
Outstanding Balance Beginning This Period	Payment This Period		ion ID : INV6010000112287
Outstanding Balance Beginning This Period 5250.00 Amount Incurred This Period		Outstandir	
Outstanding Balance Beginning This Period 5250.00			ng Balance at Close of This Period
Outstanding Balance Beginning This Period 5250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det	otor or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 5250.00 ebt (Purpose):
Outstanding Balance Beginning This Period 5250.00 Amount Incurred This Period 0.00	otor or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 5250.00
Outstanding Balance Beginning This Period 5250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det CAUCUS DISTRIBUTORS IN	otor or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 5250.00 ebt (Purpose):
Outstanding Balance Beginning This Period 5250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748	otor or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 5250.00 ebt (Purpose):
Outstanding Balance Beginning This Period 5250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City	tor or Creditor C. State Zip Code	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 5250.00 ebt (Purpose):
Outstanding Balance Beginning This Period 5250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION	otor or Creditor C.	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 5250.00 ebt (Purpose):
Outstanding Balance Beginning This Period 5250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City	tor or Creditor C. State Zip Code	Outstandir 0.00 Nature of D MTG PLAN	ng Balance at Close of This Period 5250.00 ebt (Purpose):
Outstanding Balance Beginning This Period 5250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK	tor or Creditor C. State Zip Code	Outstandir 0.00 Nature of D MTG PLAN	ng Balance at Close of This Period 5250.00 ebt (Purpose): INING FEES & EXPNS
Outstanding Balance Beginning This Period 5250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period	tor or Creditor C. State Zip Code	Outstandir 0.00 Nature of D MTG PLAN	ng Balance at Close of This Period 5250.00 ebt (Purpose): INING FEES & EXPNS
Outstanding Balance Beginning This Period 5250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 1151.71 Amount Incurred This Period	tor or Creditor C. State Zip Code NY 10101	Outstandir 0.00 Nature of D MTG PLAN Transact Outstandir	ng Balance at Close of This Period 5250.00 ebt (Purpose): INING FEES & EXPNS ion ID : INV6010000112288
Outstanding Balance Beginning This Period 5250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 1151.71	tor or Creditor C. State Zip Code NY 10101	Outstandir 0.00 Nature of D MTG PLAN	ng Balance at Close of This Period 5250.00 ebt (Purpose): INING FEES & EXPNS
Outstanding Balance Beginning This Period 5250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 1151.71 Amount Incurred This Period	tor or Creditor C. State Zip Code NY 10101	Outstandir 0.00 Nature of D MTG PLAN Transact Outstandir	ng Balance at Close of This Period 5250.00 ebt (Purpose): INING FEES & EXPNS ion ID : INV6010000112288
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SCHEDULE D (FEC Form 3X)			soparato	PAGE 72 OF 144
DEBTS AND OBLIGATIONS			separate edule(s)	FOR LINE NUMBER:
Excluding Loans			or each bered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee	e			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):
CAUCUS DISTRIBUTORS INC			FIELD OFF	ICE RENT
	•			
Mailing Address PO BOX 748 RADIO CITY STATION				
City State	Zip Code			
NEW YORK	NY 10101			
Outstanding Balance Beginning This Period			Transactio	on ID : INV6010000112289
2614.35				
Amount Incurred This Period	Payment This F	Period	Outstandir	g Balance at Close of This Period
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B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
CAUCUS DISTRIBUTORS INC.			FLD OFFC	TELEPHONE USAGE
Mailing Address PO BOX 748				
PO BOX 748 RADIO CITY STATION				
City State	Zip Code			
NEW YORK	NY 10101			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112290
Outstanding Balance Beginning This Period 2296.00			Transact	ion ID : INV6010000112290
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SCHEDULE D (FEC Form 3X)		(Lice constate	PAGE 73 OF 144
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line	(check only one) 9
			e) X 10
National Democratic Policy Committee	e		
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of	of Debt (Purpose):
CAUCUS DISTRIBUTORS INC		FIELD	OFFICE RENT
Mailing Address PO BOX 748			
RADIO CITY STATION			
City State	Zip Code		
NEW YORK	NY 10101		
Outstanding Balance Beginning This Period		Trans	action ID : INV6010000112292
2200.00			
Amount Incurred This Period	Payment This Perio	od Outsta	nding Balance at Close of This Period
0.00		0.00	2200.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		of Debt (Purpose):
CAUCUS DISTRIBUTORS INC.		FIELD	OFFICE RENT
Mailing Address PO BOX 748			
Mailing Address PO BOX 748 RADIO CITY STATION			
City State	Zip Code		
NEW YORK	NY 10101		
Outstanding Balance Beginning This Period		Trans	action ID : INV6010000112293
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Amount Incurred This Period	Payment This Perio	od Outsta	nding Balance at Close of This Period
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C. Full Name (Last, First, Middle Initial) of Debto		Nature of	of Debt (Purpose):
CAUCUS DISTRIBUTORS INC		FLD OI	FFC TELEPHONE USAGE
Mailing Address PO BOX 748			
Mailing Address PO BOX 748 RADIO CITY STATION			
City	State Zip Code		
NEW YORK	NY 10101		
Outstanding Balance Beginning This Period		Trans	saction ID : INV6010000112294
9170.00			
Amount Incurred This Period	Payment This Perio	od Outsta	nding Balance at Close of This Period
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1) SUBTOTALS This Period This Page (optional)		····· •	13370.00
2) TOTALS This Period (last page this line number	only)	······ •	
 2) TOTALS This Period (last page this line number 3) TOTAL OUTSTANDING LOANS from Schedule (4) ADD 2) and 3) and carry forward to appropriate 	C (last page only)		7 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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SCHEDULE D (FEC Form 3X)		(Llos conorato	PAGE 74 OF 144	
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	e(s) FOR LINE NUMBER:	
Excluding Loans		for each numbered line)	(check only one) 9	
NAME OF COMMITTEE (In Full)		numbered inte)	X 10	
National Democratic Policy Com	nittee			
A. Full Name (Last, First, Middle Initial) of D	Debtor or Creditor	Nature of D	ebt (Purpose):	
CAUCUS DISTRIBUTORS I		FIELD OFF	FICE RENT	
Mailing Address PO BOX 748				
RADIO CITY STATION City State	Zip Code			
NEW YORK	NY 10101			
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	NC.			
Mailing Address PO BOX 748				
RADIO CITY STATION City State	Zip Code			
NEW YORK	NY 10101			
Outstanding Balance Beginning This Period	d	Transact	ion ID · INV6010000112296	
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or Creditor			ebt (Purpose):
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Zip Code			
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or Creditor		Nature of D	ebt (Purpose):
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SCHEDULE D (FEC Form 3X)			(Lies concrete	PAGE 76 OF 144
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Committee	e			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Natura of D	abt (Purpasa):
CITICORP			MISC. EXF	ebt (Purpose): PENSES
CITICORF				
Mailing Address CCSI COLLECTION DEPARTME	NT			
P.O. BOX C5216 City State	Zip Code			
MELVILLE	NY	11750		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112302
760.00				
Amount Incurred This Period	Paym	ent This Period	Outstandi	ng Balance at Close of This Period
	l ayı			
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B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
CLIFFORD B KOENIG			TRAVEL A	ND LODGING
Mailing Address				
Mailing Address 7195 COOPER SPUR ROAD				
City State	Zip Code			
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Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period		ent This Period	Outstandi	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor	Paym	ent This Period	Outstandi 0.00 Nature of D	ng Balance at Close of This Period 556.76 ebt (Purpose):
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Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL Mailing Address 123 E. POST RD. (RT 22)	Paym or Creditor	ent This Period	Outstandi 0.00 Nature of D	ng Balance at Close of This Period 556.76 ebt (Purpose):
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL Mailing Address 123 E. POST RD. (RT 22) City	Paym or Creditor State	Zip Code	Outstandi 0.00 Nature of D	ng Balance at Close of This Period 556.76 ebt (Purpose):
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL Mailing Address 123 E. POST RD. (RT 22) City WHITE PLAINS	Paym or Creditor	ent This Period	Outstandii 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 5556.76 Pebt (Purpose): NTALS
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL Mailing Address 123 E. POST RD. (RT 22) City WHITE PLAINS Outstanding Balance Beginning This Period	Paym or Creditor State	Zip Code	Outstandii 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 556.76 ebt (Purpose):
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL Mailing Address 123 E. POST RD. (RT 22) City WHITE PLAINS	Paym or Creditor State	Zip Code	Outstandii 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 5556.76 ebt (Purpose): NTALS
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL Mailing Address 123 E. POST RD. (RT 22) City WHITE PLAINS Outstanding Balance Beginning This Period	Paym or Creditor State NY	Zip Code	Outstandii 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 5556.76 Pebt (Purpose): NTALS
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL Mailing Address 123 E. POST RD. (RT 22) City WHITE PLAINS Outstanding Balance Beginning This Period 120.00	Paym or Creditor State NY	Zip Code 10610	Outstandii 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 5556.76 ebt (Purpose): NTALS
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL Mailing Address 123 E. POST RD. (RT 22) City WHITE PLAINS Outstanding Balance Beginning This Period 120.00 Amount Incurred This Period	Paym or Creditor State NY	Zip Code 10610	Outstandi 0.00 Nature of D ROOM RE Transact	ng Balance at Close of This Period 556.76 ebt (Purpose): NTALS tion ID : INV6010000112303
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL Mailing Address 123 E. POST RD. (RT 22) City WHITE PLAINS Outstanding Balance Beginning This Period 120.00 Amount Incurred This Period 0.00	Paym or or Creditor State NY Paym	Zip Code 10610	Outstandii 0.00 Nature of D ROOM RE Transact Outstandii 0.00	ng Balance at Close of This Period 5556.76 ebt (Purpose): NTALS tion ID : INV6010000112303 ng Balance at Close of This Period 120.00
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL Mailing Address 123 E. POST RD. (RT 22) City WHITE PLAINS Outstanding Balance Beginning This Period 120.00 Amount Incurred This Period	Paym or or Creditor State NY Paym	Zip Code 10610	Outstandii 0.00 Nature of D ROOM RE Transact Outstandii 0.00	ng Balance at Close of This Period 556.76 ebt (Purpose): NTALS tion ID : INV6010000112303
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL Mailing Address 123 E. POST RD. (RT 22) City WHITE PLAINS Outstanding Balance Beginning This Period 120.00 Amount Incurred This Period 0.00	Paym or Creditor State NY Paym	Zip Code 10610	Outstandii 0.00 Nature of D ROOM RE Transact Outstandii 0.00	ng Balance at Close of This Period 5556.76 ebt (Purpose): NTALS tion ID : INV6010000112303 ng Balance at Close of This Period 120.00
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Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL Mailing Address 123 E. POST RD. (RT 22) City WHITE PLAINS Outstanding Balance Beginning This Period 120.00 Amount Incurred This Period 0.00	Paym only)	Zip Code 10610	Outstandii 0.00 Nature of D ROOM RE Transact Outstandii 0.00	ng Balance at Close of This Period 556.76 ebt (Purpose): NTALS tion ID : INV6010000112303 ng Balance at Close of This Period 120.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans		(Use separate schedule(s) for each numbered line)	PAGE 77 OF 144 FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committ	ee		
A. Full Name (Last, First, Middle Initial) of Debto COACHMAN INN & RESTAUR		Nature of D ROOM RE	ebt (Purpose): NTALS
Mailing Address 10 JACKSON DRIVE			
City State CRANFORD	Zip Code NJ 07016		
Outstanding Balance Beginning This Period 150.00		Transacti	on ID : INV6010000112304
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period 150.00
B. Full Name (Last, First, Middle Initial) of Debtor DALE ANDERSON'S	r or Creditor	Nature of D ROOM REI	ebt (Purpose): NTALS
Mailing Address 7041 FIRST AVE.			
City State SCOTTSDALE	Zip Code AZ 85251		
Outstanding Balance Beginning This Period 238.50		Transact	ion ID : INV6010000112308
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period 238.50
C. Full Name (Last, First, Middle Initial) of Debto DAVID JAY, ESQ.	or or Creditor		ebt (Purpose): Y FEES & EXPENSES
Mailing Address ATTORNEY AT LAW 120 DELAWARE AVENUE, STE City	100 State Zip Code		
BUFFALO	NY 14202		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112373
306.35			
Amount Incurred This Period	Payment This Period	0.00	ng 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	r only)	···· •	7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	►	7
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page o	only) 🕨	7

Image# 12972477559			
SCHEDULE D (FEC Form 3X)			PAGE 78 OF 144
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	
Excluding Loans		for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)			X 10
National Democratic Policy Com	nittee		
A. Full Name (Last, First, Middle Initial) of D	bebtor or Creditor	Nature of E POSTAGE)ebt (Purpose):
DAVID KILBUR			
Mailing Address 1901 NORIEGA #5			
City State	Zin Codo		
City State SAN FRANCISCO	Zip Code CA 94122		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112376
194.93			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	194.93
B. Full Name (Last, First, Middle Initial) of De		Nature of E ROOM RE	Debt (Purpose):
	WESTERN		
Mailing Address 3333 13TH AVE, SOUTH			
City State FARGO	Zip Code ND 58103		
FARGO	ND 58103		
Outstanding Balance Beginning This Period	t	Transac	tion ID : INV6010000113252
Outstanding Balance Beginning This Period 36.40	Ŀ	Transac	tion ID : INV6010000113252
	d Payment This Period		tion ID : INV6010000113252 ng Balance at Close of This Period
36.40 Amount Incurred This Period]		
36.40]	Outstandi	ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of D	Payment This Period	Outstandi 0.00 Nature of E	ng Balance at Close of This Period 36.40 Debt (Purpose):
36.40 Amount Incurred This Period 0.00	Payment This Period	Outstandi 0.00 Nature of E	ng Balance at Close of This Period 36.40
C. Full Name (Last, First, Middle Initial) of D EASTERN STATES DISTRI	Payment This Period	Outstandi 0.00 Nature of E	ng Balance at Close of This Period 36.40 Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of D	Payment This Period	Outstandi 0.00 Nature of E	ng Balance at Close of This Period 36.40 Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of D EASTERN STATES DISTRI Mailing Address P.O. BOX 268 City	Payment This Period Debtor or Creditor BUTORS State Zip Code	Outstandi 0.00 Nature of E	ng Balance at Close of This Period 36.40 Debt (Purpose):
36.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of D EASTERN STATES DISTRI Mailing Address P.O. BOX 268	Payment This Period	Outstandi 0.00 Nature of E FIELD OF	ng Balance at Close of This Period 36.40 Debt (Purpose): FICE RENT
C. Full Name (Last, First, Middle Initial) of D EASTERN STATES DISTRI Mailing Address P.O. BOX 268 City	Payment This Period Debtor or Creditor BUTORS State Zip Code PA 19026	Outstandi 0.00 Nature of E FIELD OF	ng Balance at Close of This Period 36.40 Debt (Purpose):
36.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of D EASTERN STATES DISTRI Mailing Address P.O. BOX 268 City DREXEL HILL	Payment This Period Debtor or Creditor BUTORS State Zip Code PA 19026	Outstandi 0.00 Nature of E FIELD OF	ng Balance at Close of This Period 36.40 Debt (Purpose): FICE RENT
36.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of D EASTERN STATES DISTRI Mailing Address P.O. BOX 268 City DREXEL HILL Outstanding Balance Beginning This Period	Payment This Period Debtor or Creditor BUTORS State Zip Code PA 19026	Outstandi 0.00 Nature of D FIELD OF Transac	ng Balance at Close of This Period 36.40 Debt (Purpose): FICE RENT
36.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of D EASTERN STATES DISTRI Mailing Address P.O. BOX 268 City DREXEL HILL Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period	Payment This Period Debtor or Creditor BUTORS State Zip Code PA 19026	Outstandi 0.00 Nature of D FIELD OF Transac Outstandi	ng Balance at Close of This Period 36.40 Debt (Purpose): FICE RENT
36.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of D EASTERN STATES DISTRI Mailing Address P.O. BOX 268 City DREXEL HILL Outstanding Balance Beginning This Period 200.00	Payment This Period Debtor or Creditor BUTORS State Zip Code PA 19026	Outstandi 0.00 Nature of D FIELD OF Transac	ng Balance at Close of This Period 36.40 Debt (Purpose): FICE RENT tion ID : INV6010000114470 ng Balance at Close of This Period
36.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of D EASTERN STATES DISTRI Mailing Address P.O. BOX 268 City DREXEL HILL Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period	Payment This Period Debtor or Creditor BUTORS State Zip Code PA 19026	Outstandi 0.00 Nature of D FIELD OF Transac Outstandi	ng Balance at Close of This Period 36.40 Debt (Purpose): FICE RENT tion ID : INV6010000114470 ng Balance at Close of This Period
36.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of D EASTERN STATES DISTRI Mailing Address P.O. BOX 268 City DREXEL HILL Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period	Payment This Period	Outstandi 0.00 Nature of D FIELD OF Transac Outstandi 0.00 Outstandi	ng Balance at Close of This Period 36.40 Debt (Purpose): FICE RENT tion ID : INV6010000114470 ng Balance at Close of This Period
36.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of D EASTERN STATES DISTRI Mailing Address P.O. BOX 268 City DREXEL HILL Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	Payment This Period	Outstandi 0.00 Nature of D FIELD OF Transac Outstandi 0.00 Outstandi	ng Balance at Close of This Period 36.40 Debt (Purpose): FICE RENT tion ID : INV6010000114470 ng Balance at Close of This Period 200.00
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36.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of D EASTERN STATES DISTRI Mailing Address P.O. BOX 268 City DREXEL HILL Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	Payment This Period	Outstandi 0.00 Nature of D FIELD OF Transac	ng Balance at Close of This Period 36.40 Debt (Purpose): FICE RENT tion ID : INV6010000114470 ng Balance at Close of This Period 200.00
36.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of D EASTERN STATES DISTRI Mailing Address P.O. BOX 268 City DREXEL HILL Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional context) 2) TOTALS This Period (last page this line nur	Payment This Period Pebtor or Creditor BUTORS State Zip Code PA 19026 d Payment This Period al) nber only) tule C (last page only)	Outstandi 0.00 Nature of D FIELD OF Transac	ng Balance at Close of This Period 36.40 Debt (Purpose): FICE RENT tion ID : INV6010000114470 ng Balance at Close of This Period 200.00

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 79 OF 144
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	ee		
A. Full Name (Last, First, Middle Initial) of Debte EASTERN STATES DISTRIBUTED			ebt (Purpose): TELEPHONE USAGE
Mailing Address P.O. BOX 268			
City State DREXEL HILL	Zip Code PA 19026		
Outstanding Balance Beginning This Period 915.00		Transacti	on ID : INV6010000114471
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period 915.00
7 7			
B. Full Name (Last, First, Middle Initial) of Debto EASTERN STATES DISTRIBU		Nature of D FIELD OFF	ebt (Purpose): ICE RENT
Mailing Address P.O. BOX 268			
City State DREXEL HILL	Zip Code PA 19026		
Outstanding Balance Beginning This Period 200.00		Transact	ion ID : INV6010000114472
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0	.00	200.00
C. Full Name (Last, First, Middle Initial) of Debt EASTERN STATES DISTRIBU			ebt (Purpose): TELEPHONE USAGE
Mailing Address P.O. BOX 268			
City DREXEL HILL	State Zip Code PA 19026		
Outstanding Balance Beginning This Period 915.00		Transact	ion ID : INV6010000114473
Amount Incurred This Period	Payment This Period	Qutetandi	ng Balance at Close of This Period
		0.00	915.00
1) SUBTOTALS This Period This Page (optional)		►	2030.00
2) TOTALS This Period (last page this line numbe	r only)	▶	· · · · · · · · · · · · · · · · · · ·
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	▶	<u>, , , , , , , , , , , , , , , , , , , </u>
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page of	nly) 🕨	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans			(Use separate schedule(s) for each numbered line)	PAGE 80 OF 144 FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	e			
A. Full Name (Last, First, Middle Initial) of Debto EASTERN STATES DISTRIBU			Nature of De FIELD OFF	ebt (Purpose): ICE RENT
Mailing Address P.O. BOX 268				
City State DREXEL HILL	Zip Code PA	19026		
Outstanding Balance Beginning This Period 200.00			Transactio	on ID : INV6010000114474
Amount Incurred This Period	Payme	ent This Period	Outstandir	ng Balance at Close of This Period 200.00
B. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBUT				ebt (Purpose): TELEPHONE USAGE
Mailing Address P.O. BOX 268 City State DREXEL HILL	Zip Code PA	19026		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114475
915.00				
Amount Incurred This Period	Payme	nt This Period	Outstandir	ng Balance at Close of This Period
0.00		0.	00	915.00
C. Full Name (Last, First, Middle Initial) of Debto EASTERN STATES DISTRIBU			Nature of Do RENT	ebt (Purpose):
Mailing Address P.O. BOX 268				
City DREXEL HILL	State PA	Zip Code 19026		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114476
200.00				
Amount Incurred This Period	Payme	ent This Period	Outstandir	ng 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)		►	7
4) ADD 2) and 3) and carry forward to appropriate	line of Summary	Page (last page or	ıly) ▶	· · · · · · · · · ·

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans		sc	e separate hedule(s) or each ibered line)	PAGE 81 OF 144 FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee	I		
A. Full Name (Last, First, Middle Initial) of Debr EASTERN STATES DISTRIBU			Nature of D TELEPHO	ebt (Purpose): NE USAGE
Mailing Address P.O. BOX 268			-	
City State DREXEL HILL	Zip Code PA 190	026	-	
Outstanding Balance Beginning This Period 915.00			Transacti	on ID : INV6010000114477
Amount Incurred This Period	Payment Th	is Period	Outstandir	ng Balance at Close of This Period
0.00		0.00		915.00
B. Full Name (Last, First, Middle Initial) of Debto EDGEWATER INN	or or Creditor		Nature of D ROOM REI	ebt (Purpose): NTAL
Mailing Address PIER 67				
City State SEATTLE	Zip Code WA 981	21	-	
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000113744
205.00				
	Payment Th	is Period	Outstandir	ng Balance at Close of This Period
205.00 Amount Incurred This Period				
C. Full Name (Last, First, Middle Initial) of Deb			Nature of D	205.00
C. Full Name (Last, First, Middle Initial) of Deb EDWARD CORPUS		0.00	Nature of D	205.00
C. Full Name (Last, First, Middle Initial) of Deb EDWARD CORPUS Mailing Address 1339 MARYLAND ST. APT. 1 City	tor or Creditor State Zip C	0.00	Nature of D PRINTING	205.00
205.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb EDWARD CORPUS Mailing Address 1339 MARYLAND ST. APT. 1 City LOS ANGELES	tor or Creditor State Zip C	0.00	Nature of D PRINTING	205.00 ebt (Purpose):
205.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb EDWARD CORPUS Mailing Address 1339 MARYLAND ST. APT. 1 City LOS ANGELES Outstanding Balance Beginning This Period	tor or Creditor State Zip C	0.00 ode 7	Nature of D PRINTING	205.00 ebt (Purpose):
205.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debrect EDWARD CORPUS Mailing Address 1339 MARYLAND ST. APT. 1 City LOS ANGELES Outstanding Balance Beginning This Period 22.95	tor or Creditor State Zip C CA 9001	0.00 ode 7	Nature of D PRINTING	205.00 ebt (Purpose): ion ID : INV6010000112307
205.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb EDWARD CORPUS Mailing Address 1339 MARYLAND ST. APT. 1 City LOS ANGELES Outstanding Balance Beginning This Period 22.95 Amount Incurred This Period	tor or Creditor State Zip C CA 9001 Payment Th	0.00 ode 7 is Period 0.00	Nature of D PRINTING	205.00 ebt (Purpose): ion ID : INV6010000112307 ng Balance at Close of This Period
205.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb EDWARD CORPUS Mailing Address 1339 MARYLAND ST. APT. 1 City LOS ANGELES Outstanding Balance Beginning This Period 22.95 Amount Incurred This Period 0.00	tor or Creditor State Zip C CA 9001 Payment Th	0.00 ode 7 is Period 0.00	Nature of D PRINTING	205.00 ebt (Purpose): ion ID : INV6010000112307 ng Balance at Close of This Period 22.95
205.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb EDWARD CORPUS Mailing Address 1339 MARYLAND ST. APT. 1 City LOS ANGELES Outstanding Balance Beginning This Period 22.95 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional).	tor or Creditor State Zip C CA 9001 Payment Th	0.00 ode 7 is Period 0.00	Nature of D PRINTING	205.00 ebt (Purpose): ion ID : INV6010000112307 ng Balance at Close of This Period 22.95

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SCHEDULE D (FEC Form 3X)		(110)	ooporata	PAGE 82 OF 144
DEBTS AND OBLIGATIONS			e separate nedule(s)	FOR LINE NUMBER:
Excluding Loans			or each bered line)	(check only one) 9
NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Committee	e			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose): PACKAGE SERVICE
EMERY WORLDWIDE				
Mailing Address P.O. BOX 100				
City State	Zip Code			
BALTIMORE	MD 21277	7		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112315
11.50				
			.	
Amount Incurred This Period	Payment This	Period	Outstandir	ng Balance at Close of This Period
0.00		0.00		11.50
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
ERIE HILTON HOTELERIE/PA			ROOM REI	
Mailing Address C/O METROPOLITAN HOTELS,	INC.			
2 EAST FAYETTE STREET City State	Zip Code			
BALTIMORE	MD 21202			
BALTIMORE Outstanding Balance Beginning This Period	MD 21202		Transact	ion ID : INV6010000112364
	MD 21202	-	Transact	ion ID : INV6010000112364
Outstanding Balance Beginning This Period	MD 21202 Payment This			ion ID : INV6010000112364
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period		Period		
Outstanding Balance Beginning This Period 37.10				ng Balance at Close of This Period
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor	Payment This	Period	Outstandir	ng Balance at Close of This Period 37.10 ebt (Purpose):
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00	Payment This	Period	Outstandir	ng Balance at Close of This Period 37.10
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS	Payment This	Period	Outstandir	ng Balance at Close of This Period 37.10 ebt (Purpose):
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS Mailing Address 826 GARWOOD ROAD	Payment This	Period 0.00	Outstandir	ng Balance at Close of This Period 37.10 ebt (Purpose):
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS Mailing Address 826 GARWOOD ROAD City	Payment This or Creditor State Zip Coc	Period 0.00	Outstandir	ng Balance at Close of This Period 37.10 ebt (Purpose):
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS Mailing Address 826 GARWOOD ROAD City ERIAL	Payment This	Period 0.00	Outstandin Nature of D TRAVEL A	ng Balance at Close of This Period 37.10 ebt (Purpose): ND LODGING
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS Mailing Address 826 GARWOOD ROAD City	Payment This or Creditor State Zip Coc	Period 0.00	Outstandin Nature of D TRAVEL A	ng Balance at Close of This Period 37.10 ebt (Purpose):
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS Mailing Address 826 GARWOOD ROAD City ERIAL	Payment This or Creditor State Zip Coc	Period 0.00	Outstandin Nature of D TRAVEL A	ng Balance at Close of This Period 37.10 ebt (Purpose): ND LODGING
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS Mailing Address 826 GARWOOD ROAD City ERIAL Outstanding Balance Beginning This Period	Payment This or Creditor State Zip Coc	Period 0.00 e	Outstandir Nature of D TRAVEL A	ng Balance at Close of This Period 37.10 ebt (Purpose): ND LODGING
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS Mailing Address 826 GARWOOD ROAD City ERIAL Outstanding Balance Beginning This Period 206.00	Payment This Payment This For Creditor State Zip Coc NJ 08081	Period 0.00 e	Outstandir Nature of D TRAVEL A	ng Balance at Close of This Period 37.10 ebt (Purpose): ND LODGING
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 2) TOTALS This Period (last page this line number only)	100.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debter EXECUTIVE RED CARPET IN Mailing Address 4020 SOUTHWEST FREEWAY City HOUSTON Outstanding Balance Beginning This Period 22.00 Amount Incurred This Period	tor or Creditor INS Y State Zip Co TX 7702	0.00 ode 7	Outstandir Nature of D ROOM RE	ng Balance at Close of This Period 100.00 ebt (Purpose): NTALS ion ID : INV6010000112317 ng Balance at Close of This Period
 2) TOTALS This Period (last page this line number only)	100.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debter EXECUTIVE RED CARPET IN Mailing Address 4020 SOUTHWEST FREEWAY City HOUSTON Outstanding Balance Beginning This Period 22.00 Amount Incurred This Period	tor or Creditor INS Y State Zip Co TX 7702	0.00 ode 7	Outstandir Nature of D ROOM RE	ng Balance at Close of This Period 100.00 ebt (Purpose): NTALS ion ID : INV6010000112317 ng Balance at Close of This Period
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	100.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debter EXECUTIVE RED CARPET IN Mailing Address 4020 SOUTHWEST FREEWAY City HOUSTON Outstanding Balance Beginning This Period 22.00 Amount Incurred This Period 0.00	tor or Creditor INS r State Zip Co TX 7702 Payment This	0.00 ode 7 s Period 0.00	Outstandir Nature of D ROOM RE	ng Balance at Close of This Period 100.00 ebt (Purpose): NTALS ion ID : INV6010000112317 ng Balance at Close of This Period 22.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	100.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debter EXECUTIVE RED CARPET IN Mailing Address 4020 SOUTHWEST FREEWAY City HOUSTON Outstanding Balance Beginning This Period 22.00 Amount Incurred This Period 0.00	tor or Creditor INS r State Zip Co TX 7702 Payment This	0.00 ode 7 s Period 0.00	Outstandir Nature of D ROOM RE	ng Balance at Close of This Period 100.00 ebt (Purpose): NTALS ion ID : INV6010000112317 ng Balance at Close of This Period 22.00
	100.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debter EXECUTIVE RED CARPET IN Mailing Address 4020 SOUTHWEST FREEWAY City HOUSTON Outstanding Balance Beginning This Period 22.00 Amount Incurred This Period 0.00	tor or Creditor INS (State Zip Co TX 7702 Payment This	0.00 ode 7 s Period 0.00	Outstandir Nature of D ROOM RE	ng Balance at Close of This Period 100.00 ebt (Purpose): NTALS ion ID : INV6010000112317 ng Balance at Close of This Period 22.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	100.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debter EXECUTIVE RED CARPET IN Mailing Address 4020 SOUTHWEST FREEWAY City HOUSTON Outstanding Balance Beginning This Period 22.00 Amount Incurred This Period 0.00	tor or Creditor INS (State Zip Co TX 7702 Payment This	0.00 ode 7 s Period 0.00	Outstandir Nature of D ROOM RE	ng Balance at Close of This Period 100.00 ebt (Purpose): NTALS ion ID : INV6010000112317 ng Balance at Close of This Period 22.00
	100.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debi EXECUTIVE RED CARPET IN Mailing Address 4020 SOUTHWEST FREEWAY City HOUSTON Outstanding Balance Beginning This Period 22.00 Amount Incurred This Period 0.00	tor or Creditor INS (State Zip Co TX 7702) Payment This er only)	0.00 ode 7 s Period 0.00	Outstandir Nature of D ROOM RE	ng Balance at Close of This Period 100.00 ebt (Purpose): NTALS ion ID : INV6010000112317 ng Balance at Close of This Period 22.00

Image# 12972477565				
SCHEDULE D (FEC Form 3X)			(1)	PAGE 84 OF 144
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
			for each	(check only one) 9
Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committ	lee			
A. Full Name (Last, First, Middle Initial) of Debte	or or Creditor		Nature of	Debt (Purpose):
FEDERAL EXPRESS			EXPRES	S PACKAGE SERVICE
Mailing Address PO BOX 727, DEPT. A				
City State	Zip Code			
MEMPHIS	TN	38194		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112318
275.97				
Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period
0.00			0.00	275.97
	7	7		7 7 7
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of	Debt (Purpose):
FEDERAL EXPRESS			EXPRES	S PACKAGE SERVICE
Mailing Address PO BOX 727, DEPT. A				
City State	Zip Code			
MEMPHIS	TN	38194		
			.	
I Outstanding Balance Beginning This Period				
Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000112319
Outstanding Balance Beginning This Period			Iransa	ction ID : IN V6010000112319
	Pay	ment This Period		ling Balance at Close of This Period
14.00	Pa			
14.00 Amount Incurred This Period	Pay		Outstand	ling Balance at Close of This Period
14.00 Amount Incurred This Period	7		Outstand	ling Balance at Close of This Period
14.00 Amount Incurred This Period	or or Creditor		Outstand 0.00 Nature of	ling Balance at Close of This Period 14.00
C. Full Name (Last, First, Middle Initial) of Debte FERRANTE TRAVEL CENTER	or or Creditor		Outstand 0.00 Nature of	ling Balance at Close of This Period 14.00 Debt (Purpose):
14.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte	or or Creditor		Outstand 0.00 Nature of	ling Balance at Close of This Period 14.00 Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debte FERRANTE TRAVEL CENTER	or or Creditor		Outstand 0.00 Nature of	ling Balance at Close of This Period 14.00 Debt (Purpose):
14.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte FERRANTE TRAVEL CENTER Mailing Address 135 BROAD AVENUE	or or Creditor		Outstand 0.00 Nature of	ling Balance at Close of This Period 14.00 Debt (Purpose):
14.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte FERRANTE TRAVEL CENTER Mailing Address 135 BROAD AVENUE City PALISADES PARK	or or Creditor R State	Zip Code	0.00 Nature of TRAVEL-	ling Balance at Close of This Period 14.00 Debt (Purpose):
14.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte FERRANTE TRAVEL CENTER Mailing Address 135 BROAD AVENUE City PALISADES PARK Outstanding Balance Beginning This Period	or or Creditor R State	Zip Code	0.00 Nature of TRAVEL-	ling Balance at Close of This Period 14.00 Debt (Purpose): TARPLEY/SENATE
14.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte FERRANTE TRAVEL CENTER Mailing Address 135 BROAD AVENUE City PALISADES PARK	or or Creditor R State	Zip Code	0.00 Nature of TRAVEL-	ling Balance at Close of This Period 14.00 Debt (Purpose): TARPLEY/SENATE
14.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte FERRANTE TRAVEL CENTER Mailing Address 135 BROAD AVENUE City PALISADES PARK Outstanding Balance Beginning This Period	or or Creditor	Zip Code	0.00 Nature of TRAVEL-	ling Balance at Close of This Period 14.00 Debt (Purpose): TARPLEY/SENATE
14.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte FERRANTE TRAVEL CENTER Mailing Address 135 BROAD AVENUE City PALISADES PARK Outstanding Balance Beginning This Period 254.00	or or Creditor	Zip Code 07650	0.00 Nature of TRAVEL-	Ing Balance at Close of This Period 14.00 Debt (Purpose): TARPLEY/SENATE
14.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte FERRANTE TRAVEL CENTER Mailing Address 135 BROAD AVENUE City PALISADES PARK Outstanding Balance Beginning This Period 254.00 Amount Incurred This Period	or or Creditor	Zip Code 07650	Outstand 0.00 Nature of TRAVEL- Transac	ling Balance at Close of This Period 14.00 Debt (Purpose): TARPLEY/SENATE ction ID : INV6010000113745
14.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte FERRANTE TRAVEL CENTER Mailing Address 135 BROAD AVENUE City PALISADES PARK Outstanding Balance Beginning This Period 254.00 Amount Incurred This Period	or or Creditor	Zip Code 07650	Outstand 0.00 Nature of TRAVEL- Transac	ling Balance at Close of This Period 14.00 Debt (Purpose): TARPLEY/SENATE ction ID : INV6010000113745
14.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte FERRANTE TRAVEL CENTER Mailing Address 135 BROAD AVENUE City PALISADES PARK Outstanding Balance Beginning This Period 254.00 Amount Incurred This Period	or or Creditor	Zip Code 07650	Outstand 0.00 Nature of TRAVEL- DUISTANCE Outstand 0.00	ling Balance at Close of This Period 14.00 Debt (Purpose): TARPLEY/SENATE ction ID : INV6010000113745
14.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte FERRANTE TRAVEL CENTER Mailing Address 135 BROAD AVENUE City PALISADES PARK Outstanding Balance Beginning This Period 254.00 Amount Incurred This Period 0.00	or or Creditor	Zip Code 07650	Outstand 0.00 Nature of TRAVEL- Dutstand Outstand	ling Balance at Close of This Period 14.00 Debt (Purpose): TARPLEY/SENATE ction ID : INV6010000113745 ling Balance at Close of This Period 254.00
14.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte FERRANTE TRAVEL CENTER Mailing Address 135 BROAD AVENUE City PALISADES PARK Outstanding Balance Beginning This Period 254.00 Amount Incurred This Period 0.00	or or Creditor	Zip Code 07650	Outstand 0.00 Nature of TRAVEL- Dutstand Outstand	ling Balance at Close of This Period 14.00 Debt (Purpose): TARPLEY/SENATE ction ID : INV6010000113745 ling Balance at Close of This Period 254.00
14.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte FERRANTE TRAVEL CENTER Mailing Address 135 BROAD AVENUE City PALISADES PARK Outstanding Balance Beginning This Period 254.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number)	or or Creditor	Zip Code 07650	Outstand D.00 Nature of TRAVEL- Transac Outstand 0.00	ling Balance at Close of This Period 14.00 Debt (Purpose): TARPLEY/SENATE ction ID : INV6010000113745 ling Balance at Close of This Period 254.00
14.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte FERRANTE TRAVEL CENTER Mailing Address 135 BROAD AVENUE City PALISADES PARK Outstanding Balance Beginning This Period 254.00 Amount Incurred This Period 0.00	or or Creditor	Zip Code 07650	Outstand D.00 Nature of TRAVEL- Transac Outstand 0.00	ling Balance at Close of This Period 14.00 Debt (Purpose): TARPLEY/SENATE ction ID : INV6010000113745 ling Balance at Close of This Period 254.00

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 85 OF 144
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans		numbered line)	(oncorr only onc) X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committ	ee		
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		ebt (Purpose): ARPLEY/SENATE
FERRANTE TRAVEL CENTER	R	TRAVEL-1	ARFLE I/SENATE
Mailing Address 135 BROAD AVENUE			
City State PALISADES PARK	Zip Code NJ 07650		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000113746
57.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		.00	57.00
			-/J /J
B. Full Name (Last, First, Middle Initial) of Debtor		Nature of D	ebt (Purpose):
FUSION ENERGY FOUNDATIO	JN	LISTFORC	I AGE
Mailing Address 250 W 57TH ST. STE.1711			
City State	Zip Code		
NEW YORK	NY 10019		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112327
4439.10			
4439.10 Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
		Outstandin	ng Balance at Close of This Period 4439.10
Amount Incurred This Period	0	.00	4439.10
Amount Incurred This Period	0	.00	4439.10 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto HENRY MCBRIDE Mailing Address C/O HENRY'S AUTO PARTS	0	.00 Nature of D	4439.10 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto HENRY MCBRIDE Mailing Address 91 SO WHITE HORSE PIKE City	O. or or Creditor State Zip Code	.00 Nature of D	4439.10 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto HENRY MCBRIDE Mailing Address 91 SO WHITE HORSE PIKE	0. or or Creditor	.00 Nature of D MISC. EXF	4439.10 ebt (Purpose): ENSE
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto HENRY MCBRIDE Mailing Address 91 SO WHITE HORSE PIKE City	O. or or Creditor State Zip Code	.00 Nature of D MISC. EXF	4439.10 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto HENRY MCBRIDE Mailing Address C/O HENRY'S AUTO PARTS 91 SO WHITE HORSE PIKE City BERLIN	O. or or Creditor State Zip Code	.00 Nature of D MISC. EXF	4439.10 ebt (Purpose): ENSE
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debta HENRY MCBRIDE Mailing Address C/O HENRY'S AUTO PARTS 91 SO WHITE HORSE PIKE City BERLIN Outstanding Balance Beginning This Period	O. or or Creditor State Zip Code	.00 Nature of D MISC. EXF	4439.10 ebt (Purpose): ENSE
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte HENRY MCBRIDE Mailing Address C/O HENRY'S AUTO PARTS 91 SO WHITE HORSE PIKE City BERLIN Outstanding Balance Beginning This Period 233.00	or or Creditor State Zip Code NJ 08009 Payment This Period	.00 Nature of D MISC. EXF	4439.10 ebt (Purpose): PENSE
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte HENRY MCBRIDE Mailing Address C/O HENRY'S AUTO PARTS 91 SO WHITE HORSE PIKE City BERLIN Outstanding Balance Beginning This Period 233.00 Amount Incurred This Period	O. or or Creditor State Zip Code NJ 08009 Payment This Period 0	.00 Nature of D MISC. EXF Transact Outstandin .00	4439.10 ebt (Purpose): PENSE ion ID : INV6010000112396 ng Balance at Close of This Period
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto HENRY MCBRIDE Mailing Address C/O HENRY'S AUTO PARTS 91 SO WHITE HORSE PIKE City BERLIN Outstanding Balance Beginning This Period 233.00 Amount Incurred This Period 0.00	or or Creditor State Zip Code NJ 08009 Payment This Period 0	.00 Nature of D MISC. EXF Transact Outstandin	4439.10 ebt (Purpose): PENSE ion ID : INV6010000112396 ng Balance at Close of This Period 233.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor HENRY MCBRIDE Mailing Address C/O HENRY'S AUTO PARTS 91 SO WHITE HORSE PIKE City BERLIN Outstanding Balance Beginning This Period 233.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	Or or Creditor State Zip Code NJ 08009 Payment This Period 0 Output 0 Output 0	.00 Nature of D MISC. EXF MISC. EXF Outstandin .00	4439.10 ebt (Purpose): PENSE ion ID : INV6010000112396 ng Balance at Close of This Period 233.00

mage# 12972477567				
SCHEDULE D (FEC Form 3X)			(1)	PAGE 86 OF 144
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)			numbered inte)	X 10
National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of D ROOM RE	ebt (Purpose): NTALS
HOLIDAY INN				
Mailing Address 1614 CENTRAL AVENUE				
City State	Zip Code			
ALBANY	NY	12205		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112341
40.00				
Amount Incurred This Period	Payr	nent This Period	Outstandi	ng Balance at Close of This Period
0.00		(0.00	40.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Craditor		Noturo of D	abt (Burnoco);
HOLIDAY INN & HOLIDOME			ROOM RE	ebt (Purpose): NTALS
Mailing Address 1501 FREEWAY BLVD.				
City State	Zip Code			
MINNEAPOLIS	MN	55430		
Outstanding Balance Beginning This Period			Transac	ion ID : INV6010000112996
			Transac	tion ID : INV6010000112996
42.00	Paur	nent This Period		
42.00 Amount Incurred This Period	Payr	nent This Period	Outstandi	ng Balance at Close of This Period
42.00	Payr			
42.00 Amount Incurred This Period			Outstandi	ng Balance at Close of This Period
42.00 Amount Incurred This Period 0.00			Outstandi	ng Balance at Close of This Period 42.00 ebt (Purpose):
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN AIRPORT 2			Outstandi 0.00 Nature of D	ng Balance at Close of This Period 42.00 ebt (Purpose):
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto			Outstandi 0.00 Nature of D	ng Balance at Close of This Period 42.00 ebt (Purpose):
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN AIRPORT 2 Mailing Address 5401 GREEN VALLEY DRIVE City	or or Creditor	Zip Code	Outstandi 0.00 Nature of D	ng Balance at Close of This Period 42.00 ebt (Purpose):
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN AIRPORT 2 Mailing Address 5401 GREEN VALLEY DRIVE	or or Creditor	C	Outstandi 0.00 Nature of D	ng Balance at Close of This Period 42.00 ebt (Purpose):
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN AIRPORT 2 Mailing Address 5401 GREEN VALLEY DRIVE City	or or Creditor	Zip Code	Outstandi 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 42.00 ebt (Purpose):
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN AIRPORT 2 Mailing Address 5401 GREEN VALLEY DRIVE City BLOOMINGTON	or or Creditor	Zip Code	Outstandi 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 42.00 ebt (Purpose): NTALS
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN AIRPORT 2 Mailing Address 5401 GREEN VALLEY DRIVE City BLOOMINGTON Outstanding Balance Beginning This Period	or or Creditor State MN	Zip Code	Outstandi 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 42.00 ebt (Purpose): NTALS
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN AIRPORT 2 Mailing Address 5401 GREEN VALLEY DRIVE City BLOOMINGTON Outstanding Balance Beginning This Period 157.50 Amount Incurred This Period	or or Creditor State MN	Zip Code 55437 nent This Period	Outstandi 0.00 Nature of D ROOM RE Transact	ng Balance at Close of This Period 42.00 ebt (Purpose): NTALS
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN AIRPORT 2 Mailing Address 5401 GREEN VALLEY DRIVE City BLOOMINGTON Outstanding Balance Beginning This Period 157.50	or or Creditor State MN	Zip Code 55437 nent This Period	Outstandi 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 42.00 ebt (Purpose): NTALS
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN AIRPORT 2 Mailing Address 5401 GREEN VALLEY DRIVE City BLOOMINGTON Outstanding Balance Beginning This Period 157.50 Amount Incurred This Period	or or Creditor State MN	Zip Code 55437 nent This Period	Outstandi 0.00 Nature of D ROOM RE Transact	ng Balance at Close of This Period 42.00 ebt (Purpose): NTALS
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN AIRPORT 2 Mailing Address 5401 GREEN VALLEY DRIVE City BLOOMINGTON Outstanding Balance Beginning This Period 157.50 Amount Incurred This Period	or or Creditor State MN Payr	Zip Code 55437	Outstandi D.00 Nature of D ROOM RE Transact Outstandi 0.00	ng Balance at Close of This Period 42.00 ebt (Purpose): NTALS
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtore HOLIDAY INN AIRPORT 2 Mailing Address 5401 GREEN VALLEY DRIVE City BLOOMINGTON Outstanding Balance Beginning This Period 157.50 Amount Incurred This Period 0.00	or or Creditor State MN Payr	Zip Code 55437	Outstandi D.00 Nature of D ROOM RE Outstandi Outstandi Outstandi	ng Balance at Close of This Period 42.00 ebt (Purpose): NTALS tion ID : INV6010000112340 ng Balance at Close of This Period 157.50
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN AIRPORT 2 Mailing Address 5401 GREEN VALLEY DRIVE City BLOOMINGTON Outstanding Balance Beginning This Period 157.50 Amount Incurred This Period 0.00	or or Creditor State MN Payr	Zip Code 55437	Outstandi D.00 Nature of D ROOM RE Outstandi Outstandi Outstandi	ng Balance at Close of This Period 42.00 ebt (Purpose): NTALS tion ID : INV6010000112340 ng Balance at Close of This Period 157.50
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtore HOLIDAY INN AIRPORT 2 Mailing Address 5401 GREEN VALLEY DRIVE City BLOOMINGTON Outstanding Balance Beginning This Period 157.50 Amount Incurred This Period 0.00	or or Creditor State MN Payr only)	Zip Code 55437	Outstandi D.00 Nature of D ROOM RE Outstandi Outstandi Outstandi Outstandi Outstandi	ng Balance at Close of This Period 42.00 ebt (Purpose): NTALS tion ID : INV6010000112340 ng Balance at Close of This Period 157.50
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN AIRPORT 2 Mailing Address 5401 GREEN VALLEY DRIVE City BLOOMINGTON Outstanding Balance Beginning This Period 157.50 Amount Incurred This Period 0.00	or or Creditor State MN Payr only) C (last page onlight)	Zip Code 55437 nent This Period	Outstandi	ng Balance at Close of This Period 42.00 ebt (Purpose): NTALS tion ID : INV6010000112340 ng Balance at Close of This Period 157.50

Image# 12972477568				
SCHEDULE D (FEC Form 3X)			(1100 000000000	PAGE 87 OF 144
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each	(check only one) 9
			numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committe	۵			
	C			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):
HOLIDAY INN CHEEKTOWAGA	4		ROOM RE	NTALS
Mailing Address 609 DINGENS ST.				
USA DINGENS ST.				
City State	Zip Code			
CHEEKTOWAGA	NY	14206		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112342
23.15				
Amount Incurred This Period	Pavm	ent This Period	Outstandi	ng Balance at Close of This Period
	,.			23.15
0.00			0.00	23.13
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
HOLIDAY INN CHERRY HILL			ROOM RE	
Mailing Address RTE 70 & SAYRE AVENUE				
City State	Zip Code			
CHERRY HILL	NJ	08034		
Outstanding Balance Beginning This Period			Transac	ion ID : INV6010000112343
50.00				
	Dour	ant This Dariad	Qutatandi	a Delense et Class of This Devied
Amount Incurred This Period	Fayli	ent This Period		ng Balance at Close of This Period
0.00			0.00	50.00
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
HOLIDAY INN CHICO			ROOM RE	
Mailing Address 685 MANZANITA COURT				
	State	Zip Code		
Mailing Address 685 MANZANITA COURT City CHICO	State CA	Zip Code 95926		
City CHICO			Transac	ion ID : INV6010000112344
City CHICO Outstanding Balance Beginning This Period			Transac	ion ID : INV6010000112344
City CHICO Outstanding Balance Beginning This Period 45.00	CA	95926		
City CHICO Outstanding Balance Beginning This Period	CA			tion ID : INV6010000112344
City CHICO Outstanding Balance Beginning This Period 45.00	CA	95926 nent This Period		
City CHICO Outstanding Balance Beginning This Period 45.00 Amount Incurred This Period	CA	95926 nent This Period	Outstandi	ng Balance at Close of This Period
City CHICO Outstanding Balance Beginning This Period 45.00 Amount Incurred This Period 0.00	CA Paym	95926 hent This Period	Outstandi	ng Balance at Close of This Period 45.00
City CHICO Outstanding Balance Beginning This Period 45.00 Amount Incurred This Period	CA Paym	95926 hent This Period	Outstandi	ng Balance at Close of This Period
City CHICO Outstanding Balance Beginning This Period Amount Incurred This Period	CA Paym	95926 nent This Period	Outstandi	ng Balance at Close of This Period 45.00
City CHICO Outstanding Balance Beginning This Period 45.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number of	CA Paym	95926 nent This Period	Outstandi	ng Balance at Close of This Period 45.00
City CHICO Outstanding Balance Beginning This Period Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	CA Paym	95926 nent This Period	Outstandi	ng Balance at Close of This Period 45.00

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SCHEDULE D (FEC Form 3X)			(Lloo conorato	PAGE 88 OF 144
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
			for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Committe	ee			
	0			
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of D ROOM RE	ebt (Purpose): NTALS
HOLIDAY INN COLISEUM				
Mailing Address 440 WEST 57TH STREET				
City State	Zip Code			
NEW YORK	NY	10019		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112345
224.00				
Amount Incurred This Period	Payme	nt This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	224.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Craditor		Noture of D	abt (Durrace);
HOLIDAY INN CONCORD	of creditor		ROOM REI	ebt (Purpose): NTALS
Mailing Address 1050 BURNETT AVE.				
City State	Zip Code			
CONCORD	CA	94520		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112346
97.24				
	Boymo	nt This Dariad	Outstandi	a Palance at Close of This Pariod
Amount Incurred This Period	Payme	nt This Period		
	Payme		Outstandir	ng Balance at Close of This Period 97.24
Amount Incurred This Period 0.00	, .		00	97.24
Amount Incurred This Period	, .		00	97.24 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN DOWNTOWN	, .		00 Nature of D	97.24 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto	, .		00 Nature of D	97.24 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN DOWNTOWN	or or Creditor		00 Nature of D	97.24 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET	or or Creditor	0.	00 Nature of D	97.24 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City	or or Creditor	0. Zip Code	00 Nature of D ROOM RE	97.24 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City DALLAS	or or Creditor	0. Zip Code	00 Nature of D ROOM RE	97.24 ebt (Purpose): NTALS
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City DALLAS Outstanding Balance Beginning This Period 52.00	or or Creditor State TX	0. Zip Code 75202	00 Nature of D ROOM RE	97.24 ebt (Purpose): NTALS ion ID : INV6010000112347
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City DALLAS Outstanding Balance Beginning This Period 52.00 Amount Incurred This Period	or or Creditor State TX	0. Zip Code 75202 nt This Period	00 Nature of D ROOM RE Transact Outstandii	97.24 ebt (Purpose): NTALS ion ID : INV6010000112347 ng Balance at Close of This Period
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City DALLAS Outstanding Balance Beginning This Period 52.00	or or Creditor State TX	0. Zip Code 75202 nt This Period	00 Nature of D ROOM RE	97.24 ebt (Purpose): NTALS ion ID : INV6010000112347
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City DALLAS Outstanding Balance Beginning This Period 52.00 Amount Incurred This Period	or or Creditor State TX	0. Zip Code 75202 nt This Period	00 Nature of D ROOM RE Transact Outstandii	97.24 ebt (Purpose): NTALS ion ID : INV6010000112347 ng Balance at Close of This Period
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City DALLAS Outstanding Balance Beginning This Period 52.00 Amount Incurred This Period	or or Creditor State TX Payme	0. Zip Code 75202 nt This Period 0	00 Nature of D ROOM RE Transact Outstandin	97.24 ebt (Purpose): NTALS ion ID : INV6010000112347 ng Balance at Close of This Period
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City DALLAS Outstanding Balance Beginning This Period 52.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	or or Creditor State TX Payme	Zip Code 75202 nt This Period	00 Nature of D ROOM RE Transact Outstandin	97.24 ebt (Purpose): NTALS ion ID : INV6010000112347 ng Balance at Close of This Period 52.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City DALLAS Outstanding Balance Beginning This Period 52.00 Amount Incurred This Period 0.00	or or Creditor State TX Payme	Zip Code 75202 nt This Period	00 Nature of D ROOM RE Transact Outstandin	ebt (Purpose): NTALS ion ID : INV6010000112347 ng Balance at Close of This Period 52.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City DALLAS Outstanding Balance Beginning This Period 52.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	only)	0. Zip Code 75202 nt This Period 0	00 Nature of D ROOM RE Transact Outstandin .00	97.24 ebt (Purpose): NTALS ion ID : INV6010000112347 ng Balance at Close of This Period 52.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City DALLAS Outstanding Balance Beginning This Period 52.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number	or or Creditor State TX Payme only) C (last page only)	Zip Code 75202 nt This Period	00 Nature of D ROOM RE Transact Outstandin .00	97.24 ebt (Purpose): NTALS ion ID : INV6010000112347 ng Balance at Close of This Period 52.00

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SCHEDULE D (FEC Form 3X)				PAGE 89 OF 144	
DEBTS AND OBLIGATIONS			se separate chedule(s)	(s) FOR LINE NUMBER:	
Excluding Loans			for each	(check only one) 9	
			ibereu iirie)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee				
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		Nature of D ROOM RE	ebt (Purpose):	
HOLIDAY INN ERIE					
Mailing Address 8040 PERRY HWY.			-		
City State	Zip Code		_		
ERIE	PA 16	509			
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112348	
47.70					
Assound Incomed This Deviad		in Devied	Outotorali	an Delance at Class of This Deviad	
Amount Incurred This Period	Payment Th		Outstandi	ng Balance at Close of This Period	
0.00		0.00		47.70	
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):	
HOLIDAY INN HAUPPAUGE			ROOM RE		
Mailing Address					
City State	Zip Code		_		
HAUPPAUGE		788			
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000112349	
			i anouo		
60.00					
	Payment Th	nis Period	Outstandi	ng Balance at Close of This Period	
60.00	Payment Th	nis Period 0.00	Outstandi	ng Balance at Close of This Period 60.00	
60.00 Amount Incurred This Period 0.00				60.00	
60.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt			Nature of D	60.00 ebt (Purpose):	
60.00 Amount Incurred This Period 0.00				60.00 ebt (Purpose):	
60.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt			Nature of D	60.00 ebt (Purpose):	
60.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt HOLIDAY INN KENILWORTH Mailing Address BLVD. & SOUTH 31ST ST.	or or Creditor	0.00	Nature of D	60.00 ebt (Purpose):	
60.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt HOLIDAY INN KENILWORTH	or or Creditor State Zip C	0.00 Code	Nature of D	60.00 ebt (Purpose):	
60.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt HOLIDAY INN KENILWORTH Mailing Address BLVD. & SOUTH 31ST ST. City KENILWORTH	or or Creditor State Zip C	0.00 Code	Nature of D ROOM RE	60.00 ebt (Purpose): NTALS	
60.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt HOLIDAY INN KENILWORTH Mailing Address BLVD. & SOUTH 31ST ST. City KENILWORTH Outstanding Balance Beginning This Period	or or Creditor State Zip C	0.00 Code	Nature of D ROOM RE	60.00 ebt (Purpose):	
60.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt HOLIDAY INN KENILWORTH Mailing Address BLVD. & SOUTH 31ST ST. City KENILWORTH	or or Creditor State Zip C	0.00 Code	Nature of D ROOM RE	60.00 ebt (Purpose): NTALS	
60.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt HOLIDAY INN KENILWORTH Mailing Address BLVD. & SOUTH 31ST ST. City KENILWORTH Outstanding Balance Beginning This Period	or or Creditor State Zip C	0.00 2000 2000 33	Nature of D ROOM RE	60.00 ebt (Purpose): NTALS	
60.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt HOLIDAY INN KENILWORTH Mailing Address BLVD. & SOUTH 31ST ST. City KENILWORTH Outstanding Balance Beginning This Period 45.00	or or Creditor State Zip C NJ 0703	0.00 2000 2000 33	Nature of D ROOM RE	60.00 ebt (Purpose): NTALS	
60.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt HOLIDAY INN KENILWORTH Mailing Address BLVD. & SOUTH 31ST ST. City KENILWORTH Outstanding Balance Beginning This Period 45.00 Amount Incurred This Period	or or Creditor State Zip C NJ 0703	0.00 Code 33	Nature of D ROOM RE	60.00 ebt (Purpose): NTALS tion ID : INV6010000112352	
60.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt HOLIDAY INN KENILWORTH Mailing Address BLVD. & SOUTH 31ST ST. City KENILWORTH Outstanding Balance Beginning This Period 45.00 Amount Incurred This Period 0.00	or or Creditor State Zip C NJ 0703 Payment Tr	0.00 Code 33 nis Period 0.00	Nature of D ROOM RE	60.00 ebt (Purpose): NTALS tion ID : INV6010000112352 mg Balance at Close of This Period 45.00	
60.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt HOLIDAY INN KENILWORTH Mailing Address BLVD. & SOUTH 31ST ST. City KENILWORTH Outstanding Balance Beginning This Period 45.00 Amount Incurred This Period	or or Creditor State Zip C NJ 0703 Payment Tr	0.00 Code 33 nis Period 0.00	Nature of D ROOM RE	60.00 ebt (Purpose): NTALS tion ID : INV6010000112352	
60.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt HOLIDAY INN KENILWORTH Mailing Address BLVD. & SOUTH 31ST ST. City KENILWORTH Outstanding Balance Beginning This Period 45.00 Amount Incurred This Period 0.00	or or Creditor State Zip C NJ 0703 Payment Tr	0.00 Code 33 his Period 0.00	Nature of D ROOM RE	60.00 ebt (Purpose): NTALS tion ID : INV6010000112352 mg Balance at Close of This Period 45.00	
60.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debth HOLIDAY INN KENILWORTH Mailing Address BLVD. & SOUTH 31ST ST. City KENILWORTH Outstanding Balance Beginning This Period 45.00 Amount Incurred This Period 0.00	or or Creditor State Zip C NJ 0703 Payment Tr	20.00 20de 33 his Period 20.00 2	Nature of D ROOM RE	60.00 ebt (Purpose): NTALS tion ID : INV6010000112352 mg Balance at Close of This Period 45.00	
60.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt HOLIDAY INN KENILWORTH Mailing Address BLVD. & SOUTH 31ST ST. City KENILWORTH Outstanding Balance Beginning This Period 45.00 Amount Incurred This Period 0.00	or or Creditor State Zip C NJ 0703 Payment Tr	20.00 20de 33 his Period 20.00 2	Nature of D ROOM RE	60.00 ebt (Purpose): NTALS tion ID : INV6010000112352 mg Balance at Close of This Period 45.00	
60.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debth HOLIDAY INN KENILWORTH Mailing Address BLVD. & SOUTH 31ST ST. City KENILWORTH Outstanding Balance Beginning This Period 45.00 Amount Incurred This Period 0.00	or or Creditor State Zip C NJ 0703 Payment Tr	0.00 2 Code 33 nis Period 0.00 2 	Nature of D ROOM RE	ebt (Purpose): NTALS tion ID : INV6010000112352 ng Balance at Close of This Period 45.00	

mage# 12972477571				
CHEDULE D (FEC Form 3X)				PAGE 90 OF 144
EBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
			for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)			numbered line)	X 10
National Democratic Policy Committee	эе			
-				
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D ROOM RE	0ebt (Purpose): NTALS
HOLIDAY INN NORWALK				-
Mailing Address 789 CONNECTICUT AVENUE				
City State	Zip Code			
NORWALK	CT	06854		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112356
90.00				
Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
0.00		7	0.00	90.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Craditor		Noture of C) obt (Durnage);
HOLIDAY INN OF LAMAR			ROOM RE)ebt (Purpose): NTALS
Mailing Address RD #2 EXIT 25 INTERSTATE 80	1			
City State	Zip Code			
MILL HALL	PA	17751		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112353
52.78				
	Dav	ment This Deried	Quitatandi	ng Delense et Class of This Devied
Amount Incurred This Period	Fay	ment This Period		ng Balance at Close of This Period
0.00			0.00	52.78
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN OF NEWTON	r or Creditor		Nature of E ROOM RE	Debt (Purpose): NTALS
HOLIDAY INN OF NEWTON	r or Creditor			
	r or Creditor			
HOLIDAY INN OF NEWTON	r or Creditor	Zip Code		
HOLIDAY INN OF NEWTON Mailing Address P.O. BOX 4305		Zip Code 02211		
HOLIDAY INN OF NEWTON Mailing Address P.O. BOX 4305 City	State		ROOM RE	
HOLIDAY INN OF NEWTON Mailing Address P.O. BOX 4305 City BOSTON	State		ROOM RE	INTALS
HOLIDAY INN OF NEWTON Mailing Address P.O. BOX 4305 City BOSTON Outstanding Balance Beginning This Period 90.00	State MA	02211	Transac	INTALS
HOLIDAY INN OF NEWTON Mailing Address P.O. BOX 4305 City BOSTON Outstanding Balance Beginning This Period 90.00 Amount Incurred This Period	State MA	02211 ment This Period	Transac Outstandi	INTALS tion ID : INV6010000112355 ng Balance at Close of This Period
HOLIDAY INN OF NEWTON Mailing Address P.O. BOX 4305 City BOSTON Outstanding Balance Beginning This Period 90.00	State MA	02211 ment This Period	Transac	INTALS
HOLIDAY INN OF NEWTON Mailing Address P.O. BOX 4305 City BOSTON Outstanding Balance Beginning This Period 90.00 Amount Incurred This Period	State MA	02211 ment This Period	Transac Outstandi	INTALS tion ID : INV6010000112355 ng Balance at Close of This Period
HOLIDAY INN OF NEWTON Mailing Address P.O. BOX 4305 City BOSTON Outstanding Balance Beginning This Period 90.00 Amount Incurred This Period	State MA Pay	02211 ment This Period	COM RE	INTALS tion ID : INV6010000112355 ng Balance at Close of This Period
HOLIDAY INN OF NEWTON Mailing Address P.O. BOX 4305 City BOSTON Outstanding Balance Beginning This Period 90.00 Amount Incurred This Period 0.00 Amount Incurred This Period 0.00	State MA Pay	02211 ment This Period	Outstandi	INTALS tion ID : INV6010000112355 ng Balance at Close of This Period 90.00
HOLIDAY INN OF NEWTON Mailing Address P.O. BOX 4305 City BOSTON Outstanding Balance Beginning This Period 90.00 Amount Incurred This Period 0.00	State MA Pay	02211 ment This Period	Outstandi	INTALS tion ID : INV6010000112355 ng Balance at Close of This Period 90.00
HOLIDAY INN OF NEWTON Mailing Address P.O. BOX 4305 City BOSTON Outstanding Balance Beginning This Period 90.00 Amount Incurred This Period 0.00 Amount Incurred This Period 0.00	State MA Pay	02211 ment This Period		INTALS tion ID : INV6010000112355 ng Balance at Close of This Period 90.00
HOLIDAY INN OF NEWTON Mailing Address P.O. BOX 4305 City BOSTON Outstanding Balance Beginning This Period 90.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number	State MA Pay only) C (last page on	02211 ment This Period		INTALS tion ID : INV6010000112355 ng Balance at Close of This Period 90.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS		(Use separate schedule(s)	PAGE 91 OF 144 FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee	·	
A. Full Name (Last, First, Middle Initial) of Debt HOLIDAY INN OF RICHMONE		Nature of D ROOM RE	ebt (Purpose): NTALS
Mailing Address 4303 COMMERCE RD.			
City State RICHMOND	Zip Code VA 23234		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112358
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period 157.30
			/J / / / / / / / /
B. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN OF WILLMAR	or or Creditor	Nature of D ROOM RE	ebt (Purpose): NTALS
Mailing Address P.O. BOX 1157			
City State WILLMAR	Zip Code MN 56201		
Outstanding Balance Beginning This Period 45.00		Transact	tion ID : INV6010000112362
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	45.00
C. Full Name (Last, First, Middle Initial) of Debt HOLIDAY INN PROVIDENCE		Nature of D ROOM RE	ebt (Purpose): NTALS
Mailing Address 21 ATWELLS AVENUE			
City PROVIDENCE	State Zip Code RI 02903		
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112357
75.00			
Amount Incurred This Period 0.00	Payment This Period	Outstandi	ng Balance at Close of This Period 75.00
		0.00	7
1) SUBTOTALS This Period This Page (optional)		····· ·	, 277.30
2) TOTALS This Period (last page this line numbe	r only)	····· È	7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	······ •	<u></u>
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page	only) 🕨	

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 92 OF 144
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans		numbered line	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee		
A. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN ROCHESTER-A		Nature o ROOM	f Debt (Purpose): RENTALS
Mailing Address 911 BROOKS AVENUE			
City State ROCHESTER	Zip Code NY 14624		
Outstanding Balance Beginning This Period 50.00		Transa	action ID : INV6010000112359
Amount Incurred This Period	Payment This Period	d Outsta	nding Balance at Close of This Period
0.00	7	0.00	50.00
B. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN ROCKVILLE	or Creditor		f Debt (Purpose): RENTALS
Mailing Address 173 SUNRISE HWY.			
City State	Zip Code		
ROCKVILLE. L.I.	NY 11570		
Outstanding Balance Beginning This Period 50.00		Trans	action ID : INV6010000112360
Amount Incurred This Period	Payment This Period	d Outsta	nding Balance at Close of This Period
0.00	1 1 1 1 1 1 1	0.00	50.00
C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN SCHENECTAD			f Debt (Purpose): RENTALS
Mailing Address DOWNTOWN 100 NOTT TERRACE & FRANK	LIN		
City SCHENECTADY	State Zip Code NY 12305		
Outstanding Balance Beginning This Period	111 12000	Trans	action ID : INV6010000112361
45.00			
Amount Incurred This Period	Payment This Period	d Outsta	nding Balance at Close of This Period
0.00		0.00	45.00
1) SUBTOTALS This Period This Page (optional)		····· •	, 145.00
2) TOTALS This Period (last page this line number	only)	······ •	7. 7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	······ •	7
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last pa	ge only) ►	

Image# 12972477574			
SCHEDULE D (FEC Form 3X)			PAGE 93 OF 144
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9
			X 10
National Democratic Policy Committ	ee		
		i	
A. Full Name (Last, First, Middle Initial) of Debto		Nature of E ROOM RE	Debt (Purpose): ENTALS
HOLIDAY INN-AIRPORT/NOR	TH		
Mailing Address 4545 N. LINDBURGH BLVD.			
01	7. 0. 1.		
City State BRIDGETON	Zip Code MO 63044		
	00044	Transact	ion ID : INV6010000112354
Outstanding Balance Beginning This Period		Tunouot	
79.22			
Amount Incurred This Period	Payment This Peri	od Outstand	ng Balance at Close of This Period
0.00		0.00	79.22
3	3 3		
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		0ebt (Purpose): NT RENTAL
HOOVER BROTHERS, INC.		EQUIFINE	
Mailing Address P.O. BOX 728			
City State TEMPLE	Zip Code TX 76503		
	17 10303		
Outstanding Balance Beginning This Period		Transac	tion ID : INV6010000112369
33.90			
Amount Incurred This Period	Payment This Peri	od Outstand	ng Balance at Close of This Period
0.00		0.00	33.90
			7 7 7
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		Debt (Purpose):
HOWARD JOHNSON'S		ROOM RE	INTALS
Mailing Address P.O. BOX 3045			
City BOSTON	State Zip Code MA 02107		
	MA 02107		·· · · · · · · · · · · · · · · · · · ·
Outstanding Balance Beginning This Period		Transac	tion ID : INV6010000112365
102.92			
Amount Incurred This Period	Payment This Peri	od Outstand	ng Balance at Close of This Period
0.00		0.00	102.92
			- (T) - 1 - (T) - (T
1) SUBTOTALS This Period This Page (optional)		······ •	216.04
2) TOTALS This Period (last page this line number	r only)		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		7 7 7
(1) ADD (2) and (2) and some forward to some (1)	line of Current Days (1-1		
4) ADD 2) and 3) and carry forward to appropriate	ime of Summary Page (last p	age only) 🖻	

SC	CHEDULE D (FEC Form 3X)			(Use separate	PAGE 94 OF 144
DE	EBTS AND OBLIGATIONS			schedule(s)	
Ex	cluding Loans			for each numbered line)	(check only one) 9 X 10
	AME OF COMMITTEE (In Full) Iational Democratic Policy Committe	ee			
	A. Full Name (Last, First, Middle Initial) of Debto HUDSON'S WASHINGTON NE				Debt (Purpose): RECTORY PURCHASE
	Mailing Address 7315 WISCONSIN AVENUE SUITE 1200N				
	City State BETHESDA	Zip Code MD	20814		
	Outstanding Balance Beginning This Period 88.04			Transact	ion ID : INV6010000112370
	Amount Incurred This Period	Pavm	ent This Period	Outstand	ing Balance at Close of This Period
	0.00	,		0.00	88.04
		,			
	B. Full Name (Last, First, Middle Initial) of Debtor HYATT PALO ALTO	or Creditor		ROOM RE	Debt (Purpose): ENTALS
	Mailing Address 4290 EL CAMINO REAL				
	City State PALO ALTO	Zip Code CA	94306		
	Outstanding Balance Beginning This Period	UA	54500	Transac	tion ID : INV6010000112371
	58.43			Tansa	
	Amount Incurred This Period	Paym	ent This Period	Outstand	ing Balance at Close of This Period
	0.00		C	0.00	58.43
	C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			Debt (Purpose): CARD MERCHANT DISC
	Mailing Address 423L UNIVERSITY BOULEVAR	D			
	City DALLAS	State TX	Zip Code 75205		
	Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112100
	1000.00				
	Amount Incurred This Period	Paym	ent This Period	Outstand	ing Balance at Close of This Period
	0.00			0.00	1000.00
1	SUBTOTALS This Period This Page (optional)				1146.47
2) TOTALS This Period (last page this line number	only)			7 7 7 7
3	TOTAL OUTSTANDING LOANS from Schedule	C (last page only	/)	···· •	· · · · · · · · · · · · · · · · · · ·
4	ADD 2) and 3) and carry forward to appropriate	line of Summary	Page (last page o	nly) 🕨	7 7 7

Image# 12972477576				
SCHEDULE D (FEC Form 3X)		(1100	ooporato	PAGE 95 OF 144
DEBTS AND OBLIGATIONS			separate edule(s)	FOR LINE NUMBER:
Excluding Loans			r each bered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Commit	tee			
A. Full Name (Last, First, Middle Initial) of Deb	ion on Craditor		Nature of D	
JACK TAR HOTEL	or or Creation		ROOM RE	ebt (Purpose): NTALS
Mailing Address VAN NESS GEARY				
City State	Zip Code			
SAN FRANCISCO	CA 94101			
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112372
16.40				
Amount Incurred This Period	Payment This Pe	ariod	Outstandir	ng Balance at Close of This Period
			Outstandi	
0.00		0.00		16.40
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of D	ebt (Purpose):
JERRY LITTON MEMORIAL F	JND		LITERATU	RE
Mailing Address PO BOX 220				
City State	Zip Code			
CHILLICOTHE	MO 64601			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112390
Outstanding Balance Beginning This Period 10.00			Transact	ion ID : INV6010000112390
Outstanding Balance Beginning This Period	Payment This Pe	eriod		ion ID : INV6010000112390
Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period				
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Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb	Payment This Pe		Outstandir Nature of D	ng Balance at Close of This Period 10.00 ebt (Purpose):
Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period 0.00	Payment This Pe		Outstandir	ng Balance at Close of This Period 10.00 ebt (Purpose):
Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debr KAREN BRUBAKER	Payment This Pe		Outstandir Nature of D	ng Balance at Close of This Period 10.00 ebt (Purpose):
Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debr KAREN BRUBAKER Mailing Address 1516 VINEWOOD #207	Payment This Pe		Outstandir Nature of D	ng Balance at Close of This Period 10.00 ebt (Purpose):
Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KAREN BRUBAKER Mailing Address 1516 VINEWOOD #207 City	Payment This Pe tor or Creditor State Zip Code		Outstandir Nature of D	ng Balance at Close of This Period 10.00 ebt (Purpose):
Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KAREN BRUBAKER Mailing Address 1516 VINEWOOD #207 City DETROIT	Payment This Pe		Outstandir Nature of D ROOM RE	ng Balance at Close of This Period 10.00 ebt (Purpose): NTALS
Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KAREN BRUBAKER Mailing Address 1516 VINEWOOD #207 City	Payment This Pe tor or Creditor State Zip Code		Outstandir Nature of D ROOM RE	ng Balance at Close of This Period 10.00 ebt (Purpose):
Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KAREN BRUBAKER Mailing Address 1516 VINEWOOD #207 City DETROIT	Payment This Pe tor or Creditor State Zip Code		Outstandir Nature of D ROOM RE	ng Balance at Close of This Period 10.00 ebt (Purpose): NTALS
Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debr KAREN BRUBAKER Mailing Address 1516 VINEWOOD #207 City DETROIT Outstanding Balance Beginning This Period	Payment This Pe tor or Creditor State Zip Code	0.00	Outstandir Nature of D ROOM RE	ng Balance at Close of This Period 10.00 ebt (Purpose): NTALS
Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debr KAREN BRUBAKER Mailing Address 1516 VINEWOOD #207 City DETROIT Outstanding Balance Beginning This Period 59.03	Payment This Pe tor or Creditor State Zip Code MI 48216	0.00	Outstandir Nature of D ROOM RE	ng Balance at Close of This Period 10.00 ebt (Purpose): NTALS
Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debr KAREN BRUBAKER Mailing Address 1516 VINEWOOD #207 City DETROIT Outstanding Balance Beginning This Period 59.03 Amount Incurred This Period	Payment This Pe tor or Creditor State Zip Code MI 48216	0.00	Outstandir Nature of D ROOM RE	ng Balance at Close of This Period 10.00 ebt (Purpose): NTALS ion ID : INV6010000112098 ng Balance at Close of This Period
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SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans		(Use separate schedule(s) for each numbered line)	PAGE 96 OF 144 FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commi	ttee		
A. Full Name (Last, First, Middle Initial) of Det KING COLE PROJECTION S			ebt (Purpose): NT RENTAL
Mailing Address 36-16 29TH STREET			
City State LONG ISLAND CITY	Zip Code NY 11106		
Outstanding Balance Beginning This Period 84.95		Transacti	on ID : INV6010000112377
Amount Incurred This Period 0.00	Payment This Period	Outstandir	ng Balance at Close of This Period 84.95
B. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO.	or or Creditor		ebt (Purpose): ENTERED IN 1987
Mailing Address RT. 1, BOX 22 City State	Zip Code		
City State STERLING	VA 22170		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000115120
Outstanding Balance Beginning This Period 45071.87 Amount Incurred This Period	Payment This Period		ion ID : INV6010000115120 ng Balance at Close of This Period
45071.87			
45071.87 Amount Incurred This Period	0	Outstandir .00 Nature of D	ng Balance at Close of This Period
45071.87 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det	0	Outstandir .00 Nature of D	ng Balance at Close of This Period 45071.87 ebt (Purpose):
45071.87 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det KMW PUBLISHING CO.	0	Outstandir .00 Nature of D	ng Balance at Close of This Period 45071.87 ebt (Purpose):
45071.87 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period	otor or Creditor State Zip Code	Outstandir	ng Balance at Close of This Period 45071.87 ebt (Purpose):
45071.87 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING	otor or Creditor State Zip Code	Outstandir .00 Nature of D SUBSCRIF	ebt (Purpose): PTIONS PURCHASE
45071.87 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 1649.60	otor or Creditor State Zip Code VA 22170 Payment This Period	Outstandir .00 Nature of D SUBSCRIF	ag Balance at Close of This Period 45071.87 ebt (Purpose): PTIONS PURCHASE
45071.87 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 1649.60 Amount Incurred This Period	O otor or Creditor State Zip Code VA 22170 Payment This Period	Outstandir .00 Nature of D SUBSCRIF Transact Outstandir 0.00	ng Balance at Close of This Period 45071.87 ebt (Purpose): PTIONS PURCHASE ion ID : INV6010000115123
45071.87 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 1649.60 Amount Incurred This Period 0.00	State Zip Code VA 22170 Payment This Period	Outstandir .00 Nature of D SUBSCRIF Transact Outstandir	ng Balance at Close of This Period 45071.87 ebt (Purpose): PTIONS PURCHASE ion ID : INV6010000115123 ng Balance at Close of This Period 1649.60
45071.87 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 1649.60 Amount Incurred This Period 0.00	State Zip Code VA 22170 Payment This Period 0 er only) 0 e C (last page only) 0	Outstandir .00 Nature of D SUBSCRIF	ng Balance at Close of This Period 45071.87 ebt (Purpose): PTIONS PURCHASE ion ID : INV6010000115123 ng Balance at Close of This Period 1649.60

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SCHEDULE D (FEC Form 3X)		(1)		PAGE 97 OF 144
DEBTS AND OBLIGATIONS			e separate nedule(s)	FOR LINE NUMBER:
Excluding Loans			or each bered line)	(check only one) 9
NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Committ	ee			
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			ebt (Purpose): PTIONS PURCHASE
KMW PUBLISHING CO.				
Mailing Address RT. 1, BOX 22				
City State	Zip Code			
STERLING	VA 22170			
Outstanding Balance Beginning This Period			Transactie	on ID : INV6010000115207
1349.80				
Amount Incurred This Period	Payment This Pe	riod	Outstandir	ng Balance at Close of This Period
			Outstandi	
0.00		0.00		1349.80
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor]	Nature of D	ebt (Purpose):
KMW PUBLISHING CO.				TIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State	Zip Code			
STERLING	VA 22170			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000115362
1000.00				
Amount Incurred This Period	Payment This Pe	riod	Outstandir	ng Balance at Close of This Period
			Outstandi	
0.00		0.00		1000.00
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of D	ebt (Purpose):
KMW PUBLISHING CO.			SUBSCRIF	PTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City	State Zip Code			
STERLING	VA 22170			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000115364
1410.40				
Amount Incurred This Period	Payment This Pe	riod	Outstandir	ng Balance at Close of This Period
			Outstandi	
0.00		0.00		1410.40
1) SUBTOTALS This Period This Page (optional)		►		3760.20
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2) TOTALS This Period (last page this line number	only)	····· ►		
			—	
 a) TOTALS This Period (last page this line number 3) TOTAL OUTSTANDING LOANS from Schedule 				· · · · · · · · · · · · · · · · · · ·

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SCHEDULE D (FEC Form 3X)			(1100.0000		PAGE 98 OF 144	
DEBTS AND OBLIGATIONS			(Use sepa schedule		FOR LINE NUMBER:	
Excluding Loans			for eacl	ĥ	(check only one) 9	
			numbered	line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	NO					
	C .					
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor				bt (Purpose):	
KMW PUBLISHING CO.			SUE	SCRIPT	TIONS PURCHASE	
Mailing Address BT. 1. BOX 22						
Mailing Address RT. 1, BOX 22						
City State	Zip Code					
STERLING	VA	22170				
Outstanding Balance Beginning This Period			Tra	Insactio	n ID : INV6010000115365	
1350.85						
	-					
Amount Incurred This Period	Payr	nent This Period	Out	tstanding	g Balance at Close of This Period	
0.00		(0.00		1350.85	
	,	,			, ,	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor				bt (Purpose): IONS PURCHASE	
KMW PUBLISHING CO.						
Mailing Address RT. 1, BOX 22						
City State	Zip Code					
STERLING	VA	22170				
Outstanding Balance Beginning This Period			Tra	ansactio	on ID : INV6010000115368	
554.90						
Amount Incurred This Period	Povr	nent This Period	Out	tetanding	Balance at Close of This Period	
	l ayı			IStanuni		
0.00		(0.00		554.90	
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Notur	ro of Do	bt (Purpose):	
KMW PUBLISHING CO.					FIONS PURCAHSE	
Mailing Address RT. 1, BOX 22						
01		7: 0 1				
City STERLING	State VA	Zip Code 22170				
	VA	22110				
Outstanding Balance Beginning This Period			l ra	ansactio	on ID : INV6010000115371	
239.90						
Amount Incurred This Period	Payr	ment This Period	Out	tstanding	Balance at Close of This Period	
0.00			0.00		239.90	
			0.00		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
			_	_		
1) SUBTOTALS This Period This Page (optional)			►		2145.65	
2) TOTALS This Period (last page this line number	only)		►			
3) TOTAL OUTSTANDING LOANS from Schedule C	; (last page on	ly)	····· ►		, , , ,	
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summar	y Page (last page o	only) 🕨			

Image# 12972477580				
SCHEDULE D (FEC Form 3X)		(1)	PAGE 99 OF 144	
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:	
Excluding Loans		for each	(check only one) 9	
-		numbered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	too			
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		ebt (Purpose):	
KMW PUBLISHING CO.		SUBSCRIF	PTIONS PURCHASE	
Mailing Address RT. 1, BOX 22				
Mailing Address RT. 1, BOX 22				
City State	Zip Code			
STERLING	VA 22170			
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000115372	
119.75				
	Dermont This Derived	O tatas l	Delever of Olever of This Device	
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00		0.00	119.75	
B. Full Name (Last, First, Middle Initial) of Debte KMW PUBLISHING CO.	or or Greattor		ebt (Purpose): PTIONS PURCHASE	
RIVIV FUBLISHING CO.				
Mailing Address RT. 1, BOX 22				
	7. 0. 1			
City State	Zip Code VA 22170			
I STERLING				
STERLING	VA 22170			
STERLING Outstanding Balance Beginning This Period	VA 22170	Transact	ion ID : INV6010000115375	
	VA 22170	Transact	ion ID : INV6010000115375	
Outstanding Balance Beginning This Period	Payment This Period		ion ID : INV6010000115375	
Outstanding Balance Beginning This Period 185.10 Amount Incurred This Period		Outstandi	ng Balance at Close of This Period	
Outstanding Balance Beginning This Period 185.10				
Outstanding Balance Beginning This Period 185.10 Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
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Outstanding Balance Beginning This Period 185.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO.	Payment This Period	Outstandi 0.00 Nature of D	ng Balance at Close of This Period 185.10 ebt (Purpose):	
Outstanding Balance Beginning This Period 185.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb	Payment This Period	Outstandi 0.00 Nature of D	ng Balance at Close of This Period 185.10 ebt (Purpose):	
Outstanding Balance Beginning This Period 185.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO.	Payment This Period	Outstandi 0.00 Nature of D	ng Balance at Close of This Period 185.10 ebt (Purpose):	
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Outstanding Balance Beginning This Period 185.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City	Payment This Period tor or Creditor State Zip Code	Outstandin 0.00 Nature of D SUBSCRIP	ng Balance at Close of This Period 185.10 ebt (Purpose):	
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SCHEDULE D (FEC Form 3X)		(1)	PAGE 100 OF 144	
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:	
Excluding Loans		for each	(check only one) 9	
-		numbered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	too			
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		ebt (Purpose):	
KMW PUBLISHING CO.		SUBSCRIF	PTIONS PURCHASE	
Mailing Address RT. 1, BOX 22				
Mailing Address RT. 1, BOX 22				
City State	Zip Code			
STERLING	VA 22170			
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000115378	
62.35				
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SCHEDULE D (FEC Form 3X)		Г		PAGE 101 OF 144	
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:	
Excluding Loans			for each numbered line)	(check only one) 9	
NAME OF COMMITTEE (In Full)				X 10	
National Democratic Policy Committee	e				
A. Full Name (Last, First, Middle Initial) of Debto	or Creditor			ebt (Purpose): PTIONS PURCHASE	
KMW PUBLISHING CO.					
Mailing Address RT. 1, BOX 22					
City State	Zip Code				
STERLING	VA	22170			
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KMW PUBLISHING CO.				PTIONS PURCHASES	
Mailing Address RT. 1, BOX 22					
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STERLING	VA	22170			
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C. Full Name (Last, First, Middle Initial) of Debto	or Creditor		Nature of D	ebt (Purpose):	
KMW PUBLISHING CO.			SUBSCRIF	PTIONS PURCHASE	
Mailing Address RT. 1, BOX 22					
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STERLING	VA 2	22170			
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SCHEDULE D (FEC Form 3X)		() ===================================	PAGE 102 OF 144	
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:	
Excluding Loans		for each numbered line)	(check only one) 9	
NAME OF COMMITTEE (In Full)			X 10	
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SCHEDULE D (FEC Form 3X)				PAGE 105 OF 144	
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KMW PUBLISHING CO.				TION PURCHASES	
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DEBTS AND OBLIGATIONS		(Use sep schedu		FOR LINE NUMBER:	
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NAME OF COMMITTEE (In Full)		numbere		X 10	
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KMW PUBLISHING CO.					
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STERLING	VA 22170				
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KMW PUBLISHING CO.				ION PURCHASE	
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SCHEDULE D (FEC Form 3X)				PAGE 107 OF 144	
DEBTS AND OBLIGATIONS			se separate chedule(s)	FOR LINE NUMBER:	
Excluding Loans			for each	(check only one) 9	
-		nur	mbered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee					
	50				
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			ebt (Purpose):	
KMW PUBLISHING CO.			SUBSCRIF	PTIONS PURCHASE	
Moiling Addroso			_		
Mailing Address RT. 1, BOX 22					
City State	Zip Code		_		
STERLING	VA	22170			
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000115483	
2030.98					
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B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTIONS PURCHASE	
RIVIV FUBLISHING CO.					
Mailing Address RT. 1, BOX 22			_		
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City State STERLING	Zip Code VA 2	22170			
	VA 4	22110			
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000115484	
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KMW PUBLISHING CO.			SUBSCRIF	PTION PURCHASE	
			_		
Mailing Address RT. 1, BOX 22					
City	State Zip	o Code	_		
STERLING		2170			
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000115486	
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2) TOTALS This Period (last page this line number	only)	b			
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	►			
4) ADD 2) and 3) and carry forward to appropriate					

Image# 12972477589			
SCHEDULE D (FEC Form 3X)		() = = = = = = =	PAGE 108 OF 144
DEBTS AND OBLIGATIONS		(Use sepa schedule	
Excluding Loans		for eac numbered	
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National Democratic Policy Committee	ee		
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KMW PUBLISHING CO.			
Mailing Address RT. 1, BOX 22			
City State	Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Tra	ansaction ID : INV6010000115487
25.00			
Amount Incurred This Period	Payment This Per	riod Ou	Itstanding Balance at Close of This Period
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B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Natu	re of Debt (Purpose):
KMW PUBLISHING CO.			BSCRIPTION PURCHASE
Mailing Address RT. 1, BOX 22			
City State	Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Tr	ransaction ID : INV6010000115488
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Amount Incurred This Period	Payment This Per	ried Ou	Itstanding Balance at Close of This Period
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C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Natu	re of Debt (Purpose):
KMW PUBLISHING CO.			BSCRIPTION PURCHASE
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Mailing Address RT. 1, BOX 22			
City	State Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Tr	ransaction ID : INV6010000115489
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3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	······ •	

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SCHEDULE D (FEC Form 3X)		(1)	PAGE 109 OF 144	
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:	
Excluding Loans		for each	(check only one) 9	
		numbered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Commit				
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		Debt (Purpose):	
KMW PUBLISHING CO.		PURCHA	SES OF SUBSCRITIONS	
Mailing Address RT. 1, BOX 22				
R1. 1, BOX 22				
City State	Zip Code			
STERLING	VA 22170			
Outstanding Balance Beginning This Period		Transac	tion ID : INV6010000115490	
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KMW PUBLISHING CO.	r or Greditor		Debt (Purpose): IPTION PURCHASES	
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Mailing Address RT. 1, BOX 22				
01	7. 0. 1.			
City State STERLING	Zip Code VA 22170			
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SCHEDULE D (FEC Form 3X)			PAGE 110 OF 144
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line) (check only one) 9 X 10
NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee	ee		
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature o	f Debt (Purpose):
KVAR-FM		MEDIA-	
Mailing Address TEXAS LOTAS CORP. 8400 DAPAPOINT ST. 535			
City State	Zip Code		
SAN ANTONIO	TX 78229		
Outstanding Balance Beginning This Period		Transa	ction ID : INV6010000112385
544.00			
Amount Incurred This Period	Payment This Peri	od Outsta	nding Balance at Close of This Period
0.00		0.00	544.00
		0.00	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature o	f Debt (Purpose):
LOS ANGELES LABOR COMM	ITTEE	FLD OF	C RENT AND PHONE
Mailing Address 711 S. VERMONT AVE. #207			
Maning Address 711 S. VERMONT AVE. #207			
City State	Zip Code		
	CA 00005		
LOS ANGELES	CA 90005		
Outstanding Balance Beginning This Period		Trans	action ID : INV6010000112391
	CA 90005	Trans	action ID : INV6010000112391
Outstanding Balance Beginning This Period	Payment This Peri		action ID : INV6010000112391
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Outstanding Balance Beginning This Period 21277.77 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor LOUIS JOLIET RENAISSANCE Mailing Address 214 NORTH OTTAWA STREET City JOLIET Outstanding Balance Beginning This Period 38.21 Amount Incurred This Period	Payment This Peri pr or Creditor E CENTR State Zip Code IL 60431	od Outstar 0.00 Nature o ROOM Trans od Outstar	nding Balance at Close of This Period 21277.77 f Debt (Purpose): RENTALS action ID : INV6010000112393
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CHEDULE D (FEC Form 3X)				PAGE 111 OF 144
EBTS AND OBLIGATIONS			(Use separate schedule(s)	
Excluding Loans			for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committe	e			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Debt (Purpose):
MARK CALNEY			PRINTING	1
Mailing Address 269 E. NEWTON ST.				
City State	Zip Code			
SEATTLE	WA	98102		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112101
205.80				
Amount Incurred This Period	Payr	ment This Period	Outstandi	ng Balance at Close of This Period
0.00			0.00	205.80
		7		7 7
B. Full Name (Last, First, Middle Initial) of Debtor			Nature of D ROOM RE	Debt (Purpose):
MARRIOT HOTEL PITTSBURGH	1			NIALO
Mailing Address 101 MALL BLVD.				
City State	Zip Code			
MONROEVILLE	PA	15146		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112395
227.73				
Amount Incurred This Period	Payr	ment This Period	Outstandi	ng Balance at Close of This Period
0.00			0.00	227.73
				- (F - 1 - (
C. Full Name (Last, First, Middle Initial) of Debtor MARRIOTT - SANTA CLARA	or Creditor		Nature of D ROOM RE	Debt (Purpose):
MARRIOTT - SANTA CLARA				
Mailing Address GREAT AMERICAN PARKWAY				
City	State	Zip Code		
SANTA CLARA	CA	95054		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112997
24.50				
Amount Incurred This Period	Payr	ment This Period	Outstandi	ng Balance at Close of This Period
0.00			0.00	24.50
				- (F - 1 - (F - 1 - /K) - /K
				450.02
SUBTOTALS This Period This Page (optional)			····· • •	458.03
2) TOTALS This Period (last page this line number of	only)			
3) TOTAL OUTSTANDING LOANS from Schedule C	, llast bade on	(V)		

Image# 12972477593				
SCHEDULE D (FEC Form 3X)		(110)	o o o o o o o to	PAGE 112 OF 144
DEBTS AND OBLIGATIONS			e separate hedule(s)	FOR LINE NUMBER:
Excluding Loans			or each bered line)	(check only one) 9
NAME OF COMMITTEE (In Full)		num	bereu ime)	X 10
National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			ebt (Purpose): AND POSTAGE
MARTY SIMON				
Mailing Address 2971 W 8TH ST. #111			-	
City State	Zip Code		-	
LOS ANGELES	CA 9640	2		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112907
154.47				
Amount Insurred This Deviad	Dourmont This	Dariad	Outstandin	an Delense et Class of This Devied
Amount Incurred This Period	Payment This		Ouisiandir	ng Balance at Close of This Period
0.00		0.00		154.47
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
MC GUINESS & WILLIAMS				Y EXPENSES
			-	
Mailing Address 1015 FIFTEENTH STREET, NW				
SUITE 1200 City State	Zip Code		-	
	•	_		
WASHINGTON	DC 2000	5		
WASHINGTON Outstanding Balance Beginning This Period	DC 2000	5	Transact	ion ID : INV6010000114180
Outstanding Balance Beginning This Period	DC 2000	5	Transact	ion ID : INV6010000114180
Outstanding Balance Beginning This Period 446.69				
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period	DC 2000 Payment This			ng Balance at Close of This Period
Outstanding Balance Beginning This Period 446.69				
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00	Payment This	Period	Outstandir	ng Balance at Close of This Period 446.69
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period	Payment This	Period	Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS	Payment This	Period	Outstandir	ng Balance at Close of This Period 446.69 ebt (Purpose):
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW	Payment This	Period	Outstandir	ng Balance at Close of This Period 446.69 ebt (Purpose):
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200	Payment This pr or Creditor	Period 0.00	Outstandir	ng Balance at Close of This Period 446.69 ebt (Purpose):
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW	Payment This	Period 0.00 de	Outstandir	ng Balance at Close of This Period 446.69 ebt (Purpose):
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NM SUITE 1200 City	Payment This or or Creditor	Period 0.00 de	Outstandir	ng Balance at Close of This Period 446.69 ebt (Purpose):
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NM SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period	Payment This or or Creditor	Period 0.00 de	Outstandir	ng Balance at Close of This Period 446.69 ebt (Purpose): Y FEES & EXPENSES
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 626.32	Payment This pr or Creditor / State Zip Co DC 20005	Period 0.00 de	Outstandir	ng Balance at Close of This Period 446.69 ebt (Purpose): Y FEES & EXPENSES ion ID : INV6010000114182
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 626.32 Amount Incurred This Period	Payment This or or Creditor	Period 0.00 de Period	Outstandir	ng Balance at Close of This Period 446.69 ebt (Purpose): Y FEES & EXPENSES ion ID : INV6010000114182
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 626.32	Payment This pr or Creditor / State Zip Co DC 20005	Period 0.00 de	Outstandir	ng Balance at Close of This Period 446.69 ebt (Purpose): Y FEES & EXPENSES ion ID : INV6010000114182
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 626.32 Amount Incurred This Period	Payment This pr or Creditor / State Zip Co DC 20005	Period 0.00 de Period	Outstandir	ng Balance at Close of This Period 446.69 ebt (Purpose): Y FEES & EXPENSES ion ID : INV6010000114182
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NM SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 626.32 Amount Incurred This Period 0.00	Payment This	Period 0.00 de Period 0.00	Outstandir	ng Balance at Close of This Period 446.69 ebt (Purpose): Y FEES & EXPENSES ion ID : INV6010000114182
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 626.32 Amount Incurred This Period	Payment This	Period 0.00 de Period 0.00	Outstandir	ng Balance at Close of This Period 446.69 ebt (Purpose): Y FEES & EXPENSES ion ID : INV6010000114182 ng Balance at Close of This Period 626.32
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NM SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 626.32 Amount Incurred This Period 0.00	Payment This or or Creditor / State Zip Co DC 20005	Period 0.00 de Period 0.00	Outstandir	ng Balance at Close of This Period 446.69 ebt (Purpose): Y FEES & EXPENSES ion ID : INV6010000114182 ng Balance at Close of This Period 626.32
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 626.32 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number)	Payment This	Period 0.00 de Period 0.00	Outstandir	ng Balance at Close of This Period 446.69 ebt (Purpose): Y FEES & EXPENSES ion ID : INV6010000114182 ng Balance at Close of This Period 626.32
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 626.32 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	Payment This	Period 0.00 de Period 0.00	Outstandir	ng Balance at Close of This Period 446.69 ebt (Purpose): Y FEES & EXPENSES ion ID : INV6010000114182 ng Balance at Close of This Period 626.32

SCHEDULE D (FEC Form 3X)		(Lies concrete	PAGE 113 OF 144
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	e		
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		ebt (Purpose): / FEES & EXPENSES
MC GUINESS & WILLIAMS		ATTORNE	FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200			
City State	Zip Code		
WASHINGTON	DC 20005		
Outstanding Balance Beginning This Period 800.00		Transactio	on ID : INV6010000114183
Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period
0.00		0.00	800.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		ebt (Purpose):
MC GUINESS & WILLIAMS		ATTORNEY	FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200			
City State	Zip Code		
WASHINGTON	DC 20005		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000114184
Outstanding Balance Beginning This Period 3179.29		Transact	ion ID : INV6010000114184
	Payment This Period		ion ID : INV6010000114184 g Balance at Close of This Period
3179.29			
3179.29 Amount Incurred This Period		Outstandir 0.00 Nature of Do	g Balance at Close of This Period
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW		Outstandir 0.00 Nature of Do	g Balance at Close of This Period 3179.29 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 City	or Creditor State Zip Code	Outstandir 0.00 Nature of Do	g Balance at Close of This Period 3179.29 ebt (Purpose):
3179.29 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200	or Creditor	Outstandir 0.00 Nature of Do	g Balance at Close of This Period 3179.29 ebt (Purpose):
3179.29 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period	or Creditor State Zip Code	Outstandir 0.00 Nature of Do ATTORNE	g Balance at Close of This Period 3179.29 ebt (Purpose):
3179.29 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 3.32	or Creditor State Zip Code DC 20005	Outstandir 0.00 Nature of Do ATTORNE	ag Balance at Close of This Period 3179.29 ebt (Purpose): Y EXPENSES
3179.29 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period	or Creditor State Zip Code	Outstandir 0.00 Nature of Do ATTORNE	Ig Balance at Close of This Period 3179.29 ebt (Purpose): Y EXPENSES
3179.29 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 3.32	r or Creditor State Zip Code DC 20005 Payment This Period	Outstandir 0.00 Nature of Do ATTORNE	ag Balance at Close of This Period 3179.29 ebt (Purpose): Y EXPENSES
3179.29 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 3.32 Amount Incurred This Period	r or Creditor State Zip Code DC 20005 Payment This Period	Outstandir 0.00 Nature of Do ATTORNE Transact Outstandir 0.00	Ig Balance at Close of This Period 3179.29 ebt (Purpose): Y EXPENSES
3179.29 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 3.32 Amount Incurred This Period 0.00	or Creditor State Zip Code DC 20005 Payment This Period 0	Outstandir 0.00 Nature of Do ATTORNE Transacti Outstandir 0.00	ag Balance at Close of This Period 3179.29 ebt (Purpose): Y EXPENSES
3179.29 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 3.32 Amount Incurred This Period 0.00	only)	Outstandir 0.00 Nature of Do ATTORNE Transacti Outstandir 0.00	ag Balance at Close of This Period 3179.29 ebt (Purpose): Y EXPENSES

SCHEDULE D (FEC Form 3X)		(Use separate		
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9	
Excluding Loans		numbered line)	\mathbf{X} 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee		· · ·	
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D	ebt (Purpose):	
MC GUINESS & WILLIAMS		ATTORNE	Y EXPENSES	
Mailing Address 1015 FIFTEENTH STREET, N SUITE 1200	W			
City State WASHINGTON	Zip Code DC 20005			
	DC 20005			
Outstanding Balance Beginning This Period		Transactio	on ID : INV6010000114186	
5.50				
Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period	
0.00		0.00	5.50	
B. Full Name (Last, First, Middle Initial) of Debte	or or Creditor	Naturo of D	ebt (Purpose):	
MC GUINESS & WILLIAMS		ATTORNE		
Mailing Address 1015 FIFTEENTH STREET, N SUITE 1200	N			
City State	Zip Code			
WASHINGTON	DC 20005			
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000114189	
		Transact	ion ID:INV6010000114189	
255.00	Deument This Devied			
	Payment This Period		ng Balance at Close of This Period	
255.00				
255.00 Amount Incurred This Period 0.00		Outstandir	ng Balance at Close of This Period	
255.00 Amount Incurred This Period		Outstandir 0.00 Nature of D	ng Balance at Close of This Period	
C. Full Name (Last, First, Middle Initial) of Deb MEDIAWIRE Mailing Address 117 SOUTH 17TH ST.		Outstandir 0.00 Nature of D	ng Balance at Close of This Period 255.00 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 255.00 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Deb MEDIAWIRE Mailing Address 117 SOUTH 17TH ST. SUITE 210	tor or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 255.00 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Deb MEDIAWIRE Mailing Address 117 SOUTH 17TH ST. SUITE 210 City	tor or Creditor State Zip Code	Outstandir 0.00 Nature of D PRESS RE	ng Balance at Close of This Period 255.00 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Deb MEDIAWIRE Mailing Address 117 SOUTH 17TH ST. SUITE 210 City PHILADELPHIA	tor or Creditor State Zip Code	Outstandir 0.00 Nature of D PRESS RE	ebt (Purpose): LEASE DISTRIBUTN	
255.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb MEDIAWIRE Mailing Address 117 SOUTH 17TH ST. SUITE 210 City PHILADELPHIA Outstanding Balance Beginning This Period	tor or Creditor State Zip Code	Outstandir 0.00 Nature of D PRESS RE	ebt (Purpose): LEASE DISTRIBUTN	
255.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb MEDIAWIRE Mailing Address 117 SOUTH 17TH ST. SUITE 210 City PHILADELPHIA Outstanding Balance Beginning This Period 60.00	tor or Creditor State Zip Code PA 19103 Payment This Period	Outstandir 0.00 Nature of D PRESS RE	ag Balance at Close of This Period 255.00 ebt (Purpose): LEASE DISTRIBUTN	
255.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb MEDIAWIRE Mailing Address 117 SOUTH 17TH ST. SUITE 210 City PHILADELPHIA Outstanding Balance Beginning This Period 60.00 Amount Incurred This Period	tor or Creditor State Zip Code PA 19103 Payment This Period	Outstandir 0.00 Nature of D PRESS RE Transact Outstandir 0.00	ag Balance at Close of This Period 255.00 ebt (Purpose): LEASE DISTRIBUTN	
255.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb MEDIAWIRE Mailing Address 117 SOUTH 17TH ST. SUITE 210 City PHILADELPHIA Outstanding Balance Beginning This Period 60.00 Amount Incurred This Period 0.00	tor or Creditor State Zip Code PA 19103 Payment This Period	Outstandir 0.00 Nature of D PRESS RE Transact Outstandir 0.00	ag Balance at Close of This Period 255.00 ebt (Purpose): LEASE DISTRIBUTN ion ID : INV6010000112397 ag Balance at Close of This Period 60.00	
255.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb MEDIAWIRE Mailing Address 11 SUBTOTALS This Period This Page (optional).	tor or Creditor State Zip Code PA 19103 Payment This Period	Outstandir 0.00 Nature of D PRESS RE Transact Outstandir 0.00	ag Balance at Close of This Period 255.00 ebt (Purpose): LEASE DISTRIBUTN ion ID : INV6010000112397 ag Balance at Close of This Period 60.00	

Image# 12972477596				
SCHEDULE D (FEC Form 3X)			(Lion concrete	PAGE 115 OF 144
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	
Excluding Loans			for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Committee	e			
· ·				
A. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor			0ebt (Purpose): DIST-ELDER/USS
MEDIAWIRE				
Mailing Address 117 SOUTH 17TH ST. SUITE 210				
City State	Zip Code			
PHILADELPHIA	PA	19103		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112398
65.00				
Amount Incurred This Period	Payn	nent This Period	Outstandi	ng Balance at Close of This Period
0.00			0.00	65.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Debt (Purpose):
MEDIAWIRE			PRS REL	DIST-DOUGLAS/GOV
Mailing Address 117 SOUTH 17TH ST				
Mailing Address 117 SOUTH 17TH ST. SUITE 210				
City State	Zip Code			
PHILADELPHIA	PA	19103		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112399
35.00				
	Pove	nent This Period	Outstandi	ng Balance at Close of This Period
Amount incurred This Period				
Amount Incurred This Period	Fayi			25.00
Amount incurred This Period 0.00	- ayıı		0.00	35.00
			0.00	35.00 Debt (Purpose):
0.00			0.00 Nature of D	-/y/y
0.00 C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH	r or Creditor		0.00 Nature of D	Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor		0.00 Nature of D	Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH	r or Creditor		0.00 Nature of D	Debt (Purpose):
0.00 C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE, N	r or Creditor .E.		0.00 Nature of D	Debt (Purpose):
0.00 C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE, N. City	r or Creditor .E. State	Zip Code	0.00 Nature of E ATTORNE	Debt (Purpose):
0.00 C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE, N. City MARIETTA	r or Creditor .E. State	Zip Code	0.00 Nature of E ATTORNE	Debt (Purpose): EY FEES & EXPENSES
0.00 C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE, N City MARIETTA Outstanding Balance Beginning This Period 2354.40	r or Creditor .E. State GA	Zip Code 30060	0.00 Nature of E ATTORNE	bebt (Purpose): Y FEES & EXPENSES
0.00 C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE, N. City MARIETTA Outstanding Balance Beginning This Period 2354.40 Amount Incurred This Period	r or Creditor .E. State GA	Zip Code 30060	0.00 Nature of L ATTORNE Transac Outstandi	Debt (Purpose): Y FEES & EXPENSES tion ID : INV6010000114254 ng Balance at Close of This Period
0.00 C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE, N City MARIETTA Outstanding Balance Beginning This Period 2354.40	r or Creditor .E. State GA	Zip Code 30060	0.00 Nature of E ATTORNE	bebt (Purpose): Y FEES & EXPENSES
0.00 C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE, N. City MARIETTA Outstanding Balance Beginning This Period 2354.40 Amount Incurred This Period	r or Creditor .E. State GA	Zip Code 30060	0.00 Nature of L ATTORNE Transac Outstandi	Debt (Purpose): Y FEES & EXPENSES tion ID : INV6010000114254 ng Balance at Close of This Period
0.00 C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE, N. City MARIETTA Outstanding Balance Beginning This Period 2354.40 Amount Incurred This Period 0.00	r or Creditor .E. State GA Paym	Zip Code 30060	0.00 Nature of L ATTORNE Transac Outstandi 0.00	Debt (Purpose): Y FEES & EXPENSES tion ID : INV6010000114254 ng Balance at Close of This Period
0.00 C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE, N. City MARIETTA Outstanding Balance Beginning This Period 2354.40 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	r or Creditor .E. State GA Paym	Zip Code 30060	0.00 Nature of E ATTORNE Transac Outstandi 0.00	Debt (Purpose): EY FEES & EXPENSES tion ID : INV6010000114254 ng Balance at Close of This Period 2354.40
0.00 C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE, N. City MARIETTA Outstanding Balance Beginning This Period 2354.40 Amount Incurred This Period 0.00	r or Creditor .E. State GA Paym	Zip Code 30060	0.00 Nature of E ATTORNE Transac Outstandi 0.00	Debt (Purpose): EY FEES & EXPENSES tion ID : INV6010000114254 ng Balance at Close of This Period 2354.40
0.00 C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE, N City MARIETTA Outstanding Balance Beginning This Period 2354.40 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number	r or Creditor .E. State GA Paym	Zip Code 30060	0.00 Nature of E ATTORNE Transac Outstandi 0.00	Debt (Purpose): EY FEES & EXPENSES tion ID : INV6010000114254 ng Balance at Close of This Period 2354.40
0.00 C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE, N. City MARIETTA Outstanding Balance Beginning This Period 2354.40 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	r or Creditor .E. State GA Paym	Zip Code 30060	0.00 Nature of E ATTORNE Transac Outstandi 0.00	Debt (Purpose): EY FEES & EXPENSES tion ID : INV6010000114254 ng Balance at Close of This Period 2354.40

Image# 12972477597				
SCHEDULE D (FEC Form 3X)			loo concrete	PAGE 116 OF 144
DEBTS AND OBLIGATIONS			Jse separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		n	for each umbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committe	e			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):
MELVIN S. NASH				Y FEES & EXPENSES
Mailing Address 204 WASHINGTON AVENUE, N	.E.			
City State	Zip Code			
MARIETTA	GA	30060		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000114255
1496.91				
Amount Insurred This Pariod	Boumon	t This Period	Outotondi	a Palance et Close of This Period
Amount Incurred This Period	Paymen		Outstandi	ng Balance at Close of This Period
0.00		0.00		1496.91
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
MICHAEL FRANK, ESQ.				S-WINTER/CONG
Mailing Address 434 SPITZER BLDG				
City State	Zip Code		_	
TOLEDO	ОН	43604		
TOLEDO	011			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112321
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112321
Outstanding Balance Beginning This Period 400.00				
Outstanding Balance Beginning This Period 400.00 Amount Incurred This Period		t This Period		ng Balance at Close of This Period
Outstanding Balance Beginning This Period 400.00				
Outstanding Balance Beginning This Period 400.00 Amount Incurred This Period 0.00	Paymen	t This Period	Outstandi	ng Balance at Close of This Period 400.00
Outstanding Balance Beginning This Period 400.00 Amount Incurred This Period	Paymen	t This Period	Outstandi	ng Balance at Close of This Period 400.00 ebt (Purpose):
Outstanding Balance Beginning This Period 400.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MICHAEL HODGEKISS	Paymen	t This Period	Outstandi	ng Balance at Close of This Period 400.00 ebt (Purpose):
Outstanding Balance Beginning This Period 400.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto	Paymen	t This Period	Outstandi	ng Balance at Close of This Period 400.00 ebt (Purpose):
Outstanding Balance Beginning This Period 400.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MICHAEL HODGEKISS	Paymen 7 r or Creditor	t This Period	Outstandi	ng Balance at Close of This Period 400.00 ebt (Purpose):
Outstanding Balance Beginning This Period 400.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MICHAEL HODGEKISS Mailing Address 1265 48TH AVE.	Paymen r or Creditor State Z	t This Period 0.00	Outstandi	ng Balance at Close of This Period 400.00 ebt (Purpose):
Outstanding Balance Beginning This Period 400.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MICHAEL HODGEKISS Mailing Address 1265 48TH AVE. City	Paymen r or Creditor State Z	t This Period 0.00	Outstandi	ng Balance at Close of This Period 400.00 ebt (Purpose):
Outstanding Balance Beginning This Period 400.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MICHAEL HODGEKISS Mailing Address 1265 48TH AVE. City SAN FRANCISCO	Paymen r or Creditor State Z	t This Period 0.00	Outstandi	ng Balance at Close of This Period 400.00 ebt (Purpose):
Outstanding Balance Beginning This Period 400.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MICHAEL HODGEKISS Mailing Address 1265 48TH AVE. City SAN FRANCISCO Outstanding Balance Beginning This Period 127.20	Paymen r or Creditor State Z CA S	t This Period 0.00	Outstandii Nature of D PRINTING	ng Balance at Close of This Period 400.00 ebt (Purpose):
Outstanding Balance Beginning This Period 400.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MICHAEL HODGEKISS Mailing Address 1265 48TH AVE. City SAN FRANCISCO Outstanding Balance Beginning This Period 127.20 Amount Incurred This Period	Paymen r or Creditor State Z CA S	t This Period 0.00 ⁷ ip Code 94122 t This Period	Outstandii Nature of D PRINTING	ng Balance at Close of This Period 400.00 ebt (Purpose): ion ID : INV6010000112368
Outstanding Balance Beginning This Period 400.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MICHAEL HODGEKISS Mailing Address 1265 48TH AVE. City SAN FRANCISCO Outstanding Balance Beginning This Period 127.20	Paymen r or Creditor State Z CA S	t This Period 0.00	Outstandii Nature of D PRINTING	ng Balance at Close of This Period 400.00 ebt (Purpose):
Outstanding Balance Beginning This Period 400.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MICHAEL HODGEKISS Mailing Address 1265 48TH AVE. City SAN FRANCISCO Outstanding Balance Beginning This Period 127.20 Amount Incurred This Period	Paymen r or Creditor State Z CA S	t This Period 0.00 ⁷ ip Code 94122 t This Period	Outstandii Nature of D PRINTING	ng Balance at Close of This Period 400.00 ebt (Purpose): ion ID : INV6010000112368
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Outstanding Balance Beginning This Period 400.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MICHAEL HODGEKISS Mailing Address 1265 48TH AVE. City SAN FRANCISCO Outstanding Balance Beginning This Period 127.20 Amount Incurred This Period 0.00	Paymen r or Creditor State Z CA S Paymen	t This Period 0.00 Cip Code 94122 t This Period 0.00	Outstandi	ng Balance at Close of This Period 400.00 ebt (Purpose): iion ID : INV6010000112368 ng Balance at Close of This Period 127.20
Outstanding Balance Beginning This Period 400.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MICHAEL HODGEKISS Mailing Address 1265 48TH AVE. City SAN FRANCISCO Outstanding Balance Beginning This Period 127.20 Amount Incurred This Period 0.00	Paymen 7 r or Creditor State Z CA S Paymen 7	t This Period 0.00 Cip Code 94122 t This Period 0.00	Outstandii Nature of D PRINTING	ng Balance at Close of This Period 400.00 ebt (Purpose): iion ID : INV6010000112368 ng Balance at Close of This Period 127.20
Outstanding Balance Beginning This Period 400.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MICHAEL HODGEKISS Mailing Address 1265 48TH AVE. City SAN FRANCISCO Outstanding Balance Beginning This Period 127.20 Amount Incurred This Period 0.00	Paymen 7 r or Creditor State Z CA S Paymen 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	t This Period 0.00 7 December 2010 94122 t This Period 0.00	Outstandin	ng Balance at Close of This Period 400.00 ebt (Purpose): iion ID : INV6010000112368 ng Balance at Close of This Period 127.20

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans			(Use separate schedule(s) for each	PAGE 117 OF 144 FOR LINE NUMBER: (check only one) 9
NAME OF COMMITTEE (In Full) National Democratic Policy Committ	ee		numbered line)	X 10
A. Full Name (Last, First, Middle Initial) of Debte NEW BENJAMIN FRANKLIN H				ebt (Purpose): RE PURCHASE
Mailing Address 304 W 58TH ST.				
City State NEW YORK	Zip Code NY	10019		
Outstanding Balance Beginning This Period 176.50			Transactio	on ID : INV6010000112400
Amount Incurred This Period	Paym	ent This Period	Outstandir	ng Balance at Close of This Period 176.50
		,		
B. Full Name (Last, First, Middle Initial) of Debto			ROOM REI	ebt (Purpose): NTALS
Mailing Address FT. EDDY ROAD				
City State CONCORD	Zip Code NH	03301		
Outstanding Balance Beginning This Period 75.20			Transact	ion ID : INV6010000112401
Amount Incurred This Period	Paym	ent This Period	Outstandir	ng Balance at Close of This Period 75.20
C. Full Name (Last, First, Middle Initial) of Debt			Nature of D	
NEW SOLIDARITY INT'L PRE-			ADVERTIS	ebt (Purpose): sING
Mailing Address 304 W. 58TH ST. 5TH FL.				
City NEW YORK	State NY	Zip Code 10019		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112402
540.00				
Amount Incurred This Period	Paym	ent This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	540.00
1) SUBTOTALS This Period This Page (optional)				791.70
2) TOTALS This Period (last page this line number	r only)		▶	<u></u>
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate	line of Summary	Page (last page or	nly) 🕨	7 7 7

Image# 12972477599				
SCHEDULE D (FEC Form 3X)		(1)		PAGE 118 OF 144
DEBTS AND OBLIGATIONS			se separate chedule(s)	
Excluding Loans			for each nbered line)	(check only one) 9
		100		X 10
National Democratic Policy Committee	e			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D TELEPHO	ebt (Purpose): NE
NEW YORK TELEPHONE				
Mailing Address 10 COLUMBUS CIRCLE				
City State	Zip Code		-	
NEW YORK	NY 10	019		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112403
236.83				
Amount Incurred This Period	Paymont Th	aic Pariod	Outstandi	a Balance at Close of This Period
	Payment Th		Ouisianui	ng Balance at Close of This Period
0.00		0.00		236.83
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
PATRICK F ADAMS P.C.				S - NY BEAM DEMS
Mailing Address ATTORNEY AT LAW				
ONE EAST MAIN STREET City State	Zip Code		_	
BAY SHORE	•	706		
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000112085
5762.50				
	Deverent Th	aia Daviad	Outstand	an Dalamaa at Class of This Daviad
Amount Incurred This Period	Payment Th	lis Period	Ouisiandi	ng Balance at Close of This Period
0.00		0.00		5762.50
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
PATRICK F ADAMS P.C.			CIK-ATTY	FEES-NY BEAM DEM
Mailing Address ATTORNEY AT LAW			_	
Mailing Address ATTORNEY AT LAW ONE EAST MAIN STREET				
City	State Zip C	Code	_	
BAY SHORE	NY 1170	06		
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000112086
400.00				
Amount Incurred This Period	Payment Th	nis Period	Outstandir	ng Balance at Close of This Period
0.00		0.00		400.00
			_	
1) SUBTOTALS This Period This Page (optional)		►		6399.33
D. TOTALC This Daried (last near this line number				
2) TOTALS This Period (last page this line number	oniy)	····· •		7 7 7 7
3) TOTAL OUTSTANDING LOANS from Schedule C	; (last page only)			
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page	e (last page only)	- <u>L</u>	

Image# 12972477600					
SCHEDULE D (FEC Form 3X)		Г	/Llog concrete	PAGE 119 OF 144	
DEBTS AND OBLIGATIONS			(Use separate schedule(s)		
Excluding Loans			for each numbered line)	(check only one) 9	
			numbered ime)	X 10	
National Democratic Policy Committee	ee				
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			ebt (Purpose): ND LODGING	
PETER ENNIS			11010227		
Mailing Address 65 SEAMAN AVE.					
City State	Zip Code				
NEW YORK	NY	10034			
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112316	
16.76					
Amount Incurred This Period	Payme	nt This Period	Outstandir	ng Balance at Close of This Period	
0.00		0.00		16.76	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	abt (Dumaaa)	
PMR PRINTING	or Creditor		PRINTING	ebt (Purpose):	
Mailing Address INDIAN CREEK CENTER III					
RT. 1, BOX 22 City State	Zip Code				
STERLING	VA	22170			
STERLING	VA	-			
	VA		Transact	ion ID : INV6010000112882	
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112882	
Outstanding Balance Beginning This Period 2500.00					
Outstanding Balance Beginning This Period		nt This Period		ng Balance at Close of This Period	
Outstanding Balance Beginning This Period 2500.00			Outstandir		
Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00	Payme	nt This Period	Outstandi	ng Balance at Close of This Period 2500.00	
Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period	Payme	nt This Period	Outstandi	ng Balance at Close of This Period 2500.00 ebt (Purpose):	
Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto PMR PRINTING	Payme	nt This Period	Outstandir	ng Balance at Close of This Period 2500.00 ebt (Purpose):	
Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING Mailing Address INDIAN CREEK CENTER III	Payme	nt This Period	Outstandir	ng Balance at Close of This Period 2500.00 ebt (Purpose):	
Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING	Payme	nt This Period	Outstandir	ng Balance at Close of This Period 2500.00 ebt (Purpose):	
Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22	Payme	nt This Period 0.00	Outstandir	ng Balance at Close of This Period 2500.00 ebt (Purpose):	
Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City	Payme or or Creditor State	nt This Period 0.00 Zip Code	Outstandii Nature of D PRINTING	ng Balance at Close of This Period 2500.00 ebt (Purpose):	
Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City STERLING	Payme or or Creditor State	nt This Period 0.00 Zip Code	Outstandii Nature of D PRINTING	ng Balance at Close of This Period 2500.00 ebt (Purpose):	
Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 6123.00	Payme	nt This Period 0.00 Zip Code 22170	Outstandii Nature of D PRINTING	ng Balance at Close of This Period 2500.00 ebt (Purpose):	
Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 6123.00 Amount Incurred This Period	Payme	nt This Period 0.00 Zip Code 22170 nt This Period	Outstandii Nature of D PRINTING	ng Balance at Close of This Period 2500.00 ebt (Purpose): ion ID : INV6010000112885	
Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 6123.00	Payme	nt This Period 0.00 Zip Code 22170	Outstandii Nature of D PRINTING	ng Balance at Close of This Period 2500.00 ebt (Purpose):	
Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 6123.00 Amount Incurred This Period	Payme or or Creditor State VA	nt This Period 0.00 Zip Code 22170 nt This Period	Outstandii Nature of D PRINTING	ng Balance at Close of This Period 2500.00 ebt (Purpose): ion ID : INV6010000112885	
Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 6123.00 Amount Incurred This Period	Payme or or Creditor State VA Payme	nt This Period 0.00 Zip Code 22170 nt This Period 0.00	Outstandin Nature of D PRINTING Transact Outstandin	ng Balance at Close of This Period 2500.00 ebt (Purpose): ion ID : INV6010000112885	
Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 6123.00 Amount Incurred This Period 0.00	Payme	nt This Period 0.00 Zip Code 22170 nt This Period 0.00	Outstandin	ng Balance at Close of This Period 2500.00 ebt (Purpose): ion ID : INV6010000112885 ng Balance at Close of This Period 6123.00	
Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 6123.00 Amount Incurred This Period 0.00	Payme	nt This Period 0.00 Zip Code 22170 nt This Period 0.00	Outstandin	ng Balance at Close of This Period 2500.00 ebt (Purpose): ion ID : INV6010000112885 ng Balance at Close of This Period 6123.00	
Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 6123.00 Amount Incurred This Period 0.00	Payme or or Creditor State VA Payme	nt This Period 0.00 Zip Code 22170 nt This Period 0.00	Outstandin	ng Balance at Close of This Period 2500.00 ebt (Purpose): ion ID : INV6010000112885 ng Balance at Close of This Period 6123.00	
Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 6123.00 Amount Incurred This Period 0.00	Payme or or Creditor State VA Payme only) C (last page only)	nt This Period 0.00 Zip Code 22170 nt This Period 0.00	Outstandin	ng Balance at Close of This Period 2500.00 ebt (Purpose): ion ID : INV6010000112885 ng Balance at Close of This Period 6123.00	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans		(Use separate schedule(s) for each numbered line)	PAGE 120 OF 144 FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee		
A. Full Name (Last, First, Middle Initial) of Debtor PROVIDENCE MARRIOTT INN		Nature of D ROOM RE	ebt (Purpose): NTAL
Mailing Address CHARLES & ORMS STREETS			
City State PROVIDENCE	Zip Code RI 02904		
Outstanding Balance Beginning This Period 125.00		Transacti	on ID : INV6010000113747
Amount Incurred This Period 0.00	Payment This Period	Outstandir	ng Balance at Close of This Period 125.00
B. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MC			ebt (Purpose): ING & DP SERVICE
Mailing Address P.O. BOX 836 City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period 1700.00		Transact	ion ID : INV6010000112654
1700.00 Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
1700.00			
C. Full Name (Last, First, Middle Initial) of Debto PUBLICATION & GENERAL MO	r or Creditor	Outstandir .00 Nature of D	ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debto PUBLICATION & GENERAL MO Mailing Address P.O. BOX 836	o r or Creditor GMT.	Outstandir .00 Nature of D	ng Balance at Close of This Period 1700.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto PUBLICATION & GENERAL MO	r or Creditor	Outstandir .00 Nature of D	ng Balance at Close of This Period 1700.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto PUBLICATION & GENERAL MO Mailing Address P.O. BOX 836 City	o r or Creditor GMT. State Zip Code	Outstandir	ng Balance at Close of This Period 1700.00 ebt (Purpose):
1700.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto PUBLICATION & GENERAL Mo Mailing Address P.O. BOX 836 City LEESBURG Outstanding Balance Beginning This Period	o r or Creditor GMT. State Zip Code	Outstandir .00 Nature of D ACCOUNT	ng Balance at Close of This Period 1700.00 ebt (Purpose): ING & DP SERVICE
1700.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto PUBLICATION & GENERAL Me Mailing Address P.O. BOX 836 City LEESBURG Outstanding Balance Beginning This Period 3000.00	o r or Creditor GMT. State Zip Code VA 22075 Payment This Period	Outstandir .00 Nature of D ACCOUNT	ng Balance at Close of This Period 1700.00 ebt (Purpose): ING & DP SERVICE
1700.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL Model Mailing Address P.O. BOX 836 City LEESBURG Outstanding Balance Beginning This Period 3000.00 Amount Incurred This Period	o r or Creditor GMT. State Zip Code VA 22075 Payment This Period	Outstandir .00 Nature of D ACCOUNT Transact Outstandir 0.00	ng Balance at Close of This Period 1700.00 ebt (Purpose): ING & DP SERVICE ion ID : INV6010000112656
1700.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto PUBLICATION & GENERAL Model Mailing Address P.O. BOX 836 City LEESBURG Outstanding Balance Beginning This Period 3000.00 Amount Incurred This Period 0.00	o r or Creditor GMT. State Zip Code VA 22075 Payment This Period	Outstandir .00 Nature of D ACCOUNT Transact 0.00 Outstandir	ng Balance at Close of This Period 1700.00 ebt (Purpose): ING & DP SERVICE ion ID : INV6010000112656 ng Balance at Close of This Period 3000.00
1700.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL Model Mailing Address P.O. BOX 836 City LEESBURG Outstanding Balance Beginning This Period 3000.00 Amount Incurred This Period 0.00	0 r or Creditor GMT. State Zip Code VA 22075 Payment This Period	Outstandir .00 Nature of D ACCOUNT Transact Outstandir 0.00	ng Balance at Close of This Period 1700.00 ebt (Purpose): ING & DP SERVICE ion ID : INV6010000112656 ng Balance at Close of This Period 3000.00

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 121 OF 144
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commi	ttee	1	
A. Full Name (Last, First, Middle Initial) of Del PUBLICATION & GENERAL			ebt (Purpose): IENT & DP SERVICE
Mailing Address P.O. BOX 836			
City State LEESBURG	Zip Code VA 22075		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112657
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	C	0.00	3000.00
B. Full Name (Last, First, Middle Initial) of Deb			ebt (Purpose): IENT & DP SERVICES
FUBLICATION & GENERAL N			
Mailing Address P.O. BOX 836			
City State LEESBURG	Zip Code VA 22075		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112658
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0	0.00	3000.00
C. Full Name (Last, First, Middle Initial) of Del			ebt (Purpose): /ENT & DP SERIVCES
PUBLICATION & GENERAL	VIGIVIT.	MANAGEN	
Mailing Address P.O. BOX 836			
City	State Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112661
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	3000.00
1) SUBTOTALS This Period This Page (optional)			9000.00
2) TOTALS This Period (last page this line numb	er only)		
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)		7 1 7 1 7 1
4) ADD 2) and 3) and carry forward to appropria	te line of Summary Page (last page o	nly) 🕨	7

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 122 OF 144
DEBTS AND OBLIGATIONS		schedule(s)	
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee		
A. Full Name (Last, First, Middle Initial) of Debt PUBLICATION & GENERAL M			ebt (Purpose): IENT & DP SREVICES
Mailing Address P.O. BOX 836			
City State LEESBURG	Zip Code VA 22075		
Outstanding Balance Beginning This Period 3000.00		Transacti	on ID : INV6010000112662
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	, , , , , , , , , , , , , , , , , , ,	0.00	3000.00
B. Full Name (Last, First, Middle Initial) of Debto PUBLICATION & GENERAL M			ebt (Purpose): IENT & DP SERVICES
Mailing Address P.O. BOX 836			
City State LEESBURG	Zip Code VA 22075		
Outstanding Balance Beginning This Period 3000.00		Transact	ion ID : INV6010000112666
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0	0.00	3000.00
C. Full Name (Last, First, Middle Initial) of Debt PUBLICATION & GENERAL M			ebt (Purpose): /ENT &DP SERVICES
Mailing Address P.O. BOX 836			
City LEESBURG	StateZip CodeVA22075		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112667
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	3000.00
1) SUBTOTALS This Period This Page (optional)		►	9000.00
2) TOTALS This Period (last page this line numbe	r only)	···· •	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	▶	7
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page o	nly) 🕨	7 7 7 7 7 7

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 123 OF 144
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee		
A. Full Name (Last, First, Middle Initial) of Debt PUBLICATION & GENERAL M			ebt (Purpose): IENT & DP SERVICES
Mailing Address P.O. BOX 836			
City State LEESBURG	Zip Code VA 22075		
Outstanding Balance Beginning This Period 3000.00		Transacti	on ID : INV6010000112668
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0	.00	3000.00
B. Full Name (Last, First, Middle Initial) of Debto PUBLICATION & GENERAL M			ebt (Purpose): IENT & DP SERVICES
Mailing Address P.O. BOX 836			
City State LEESBURG	Zip Code VA 22075		
Outstanding Balance Beginning This Period 3000.00		Transact	ion ID : INV6010000112669
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		.00	3000.00
C. Full Name (Last, First, Middle Initial) of Debt PUBLICATION & GENERAL M			ebt (Purpose): /IENT & DP SERVICES
Mailing Address P.O. BOX 836			
City LEESBURG	State Zip Code VA 22075		
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112670
3000.00			
Amount Incurred This Period 0.00	Payment This Period	0.00	ng Balance at Close of This Period 3000.00
			7 7 7 7
1) SUBTOTALS This Period This Page (optional)		···· • •	9000.00
2) TOTALS This Period (last page this line numbe	r only)	···· ▶	<u></u>
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	···· ►	<u></u>
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page of	nly) ►	

SCHEDULE D (FEC Form 3X)		[PAGE 124 OF 144
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
		for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committ	ee		
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		ebt (Purpose):
PUBLICATION & GENERAL M	GMT.	MANAGEN	IENT & DP SERVICE
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112671
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	3000.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):
PUBLICATION & GENERAL MO	GMT.	MANAGEN	IENT &D P SERVICES
Mailing Addroso			
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112672
3000.00			
	Davie and This Davie d	O data a di	Delanas et Olean at This Deviad
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	(0.00	3000.00
C. Full Name (Last, First, Middle Initial) of Debto	ar Craditar	Nature of D	
PUBLICATION & GENERAL M			ebt (Purpose): /ENT &DP SERVICES
Mailing Address P.O. BOX 836			
Mailing Address P.O. BOX 836			
City	State Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112673
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	3000.00
7 7 7			
			0000.00
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 of	only) ►	7 7 7

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 125 OF 144
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee	1	
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		ebt (Purpose):
PUBLICATION & GENERAL M	GMT.	MANGEME	ENT & DP SERVICES
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112674
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	(0.00	3000.00
······································	7 7		7
B. Full Name (Last, First, Middle Initial) of Debtor			ebt (Purpose): IENT & DP SERVICES
PUBLICATION & GENERAL MO	I I I I I	WIN (WOLD	
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112675
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	(0.00	3000.00
			- /J /J
C. Full Name (Last, First, Middle Initial) of Debto PUBLICATION & GENERAL M			ebt (Purpose): /IENT & DP SERVICES
Mailing Address P.O. BOX 836			
City	State Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112676
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	3000.00
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 o	only) 🕨	

SCHEDULE D (FEC Form 3X)				PAGE 126 OF 144
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each	(check only one) 9
			numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committ	ee			
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			ebt (Purpose):
PUBLICATION & GENERAL M	GMT.		MANAGEM	IENT & DP SERVICE
Mailing Address P.O. BOX 836				
City State	Zip Code			
LEESBURG	VA	22075		
Outstanding Balance Beginning This Period			Transacti	on ID:INV6010000112677
3000.00				
Amount Incurred This Period	Payn	nent This Period	Outstandir	ng Balance at Close of This Period
0.00			.00	3000.00
			.00	
B. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor			ebt (Purpose):
PUROLATOR COURIER CORF) .		EXPRESS	PACKAGE SERVICE
Mailing Address 3333 NEW HYDE PARK ROAD				
Mailing Address 3333 NEW HYDE PARK ROAD				
City State	Zip Code			
NEW HYDE PARK	NY	11042		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112891
55.10				
Amount Incurred This Period	Payn	nent This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	55.10
				7 7 7
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			ebt (Purpose):
QUALITY INN ALBANY			ROOM RE	NTALS
Mailing Address 1-3 WATERVLIET AVE.				
	0 1 1			
City ALBANY	State NY	Zip Code 12206		
			Transact	ion ID : INV6010000112892
Outstanding Balance Beginning This Period			Tansact	ION 12 . INVOCTOOOCT 12032
43.45				
Amount Incurred This Period	Payn	nent This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	43.45
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1) SOBTOTALS THIS FERROR THIS Fage (optional)				
2) TOTALS This Period (last page this line number	r only)		►	
3) TOTAL OUTSTANDING LOANS from Schedule	o (last page onl	у)		7 7 7
4) ADD 2) and 3) and carry forward to appropriate	line of Summary	y Page (last page or	nly) 🕨	

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CHEDULE D (FEC Form 3X)		(1)		PAGE 127 OF 144
EBTS AND OBLIGATIONS			lse separate schedule(s)	
xcluding Loans			for each mbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debto	- or Oraditar		Noturo of D	-1-1 (D
A. Full Name (Last, First, Middle Initial) of Debto RAMADA INN CASPER	r or creditor		ROOM RE	ebt (Purpose): NTALS
Mailing Address PO BOX 2917				
City State	Zip Code			
CASPER	WY و	32602		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112893
108.85				
Amount Incurred This Period	Payment -	This Period	Outstandi	ng Balance at Close of This Period
	T dymon			
0.00		0.00		108.85
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
RAMADA INN ST. LOUIS			ROOM RE	NTALS
Mailing Address 9636 NATURAL BRIDGE RD			_	
Mailing Address 9636 NATURAL BRIDGE RD.				
City State	Zip Code			
ST. LOUIS	MO 6	63134		
			•	
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112894
Outstanding Balance Beginning This Period 52.31			Transact	ion ID : INV6010000112894
	Payment ⁻	This Period		ion ID : INV6010000112894
52.31 Amount Incurred This Period	Payment ⁻			
52.31	Payment	This Period 0.00		ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debto			Outstandi	ng Balance at Close of This Period 52.31 ebt (Purpose):
52.31 Amount Incurred This Period 0.00			Outstandi	ng Balance at Close of This Period 52.31 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Outstandi	ng Balance at Close of This Period 52.31 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto RAMADA INN-SAN ANTONIO Mailing Address 3645 N. PAN AM EXPRESSWA	or or Creditor Y	0.00	Outstandi	ng Balance at Close of This Period 52.31 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto RAMADA INN-SAN ANTONIO Mailing Address 3645 N. PAN AM EXPRESSWA	or or Creditor Y State Zip		Outstandi	ng Balance at Close of This Period 52.31 ebt (Purpose):
52.31 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto RAMADA INN-SAN ANTONIO Mailing Address 3645 N. PAN AM EXPRESSWA City SAN ANTONIO	r or Creditor Y State Zip	0.00 Code	Outstandin Nature of D ROOM RE	ng Balance at Close of This Period 52.31 ebt (Purpose): NTALS
52.31 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor RAMADA INN-SAN ANTONIO Mailing Address 3645 N. PAN AM EXPRESSWA City SAN ANTONIO Outstanding Balance Beginning This Period	or or Creditor Y State Zip	0.00 Code	Outstandin Nature of D ROOM RE	ng Balance at Close of This Period 52.31 ebt (Purpose):
52.31 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor RAMADA INN-SAN ANTONIO Mailing Address 3645 N. PAN AM EXPRESSWA City SAN ANTONIO Outstanding Balance Beginning This Period 60.00	or or Creditor Y State Zip TX 78	0.00 Code 2219	Outstandii Nature of D ROOM RE	ng Balance at Close of This Period 52.31 ebt (Purpose): NTALS
52.31 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor RAMADA INN-SAN ANTONIO Mailing Address 3645 N. PAN AM EXPRESSWA City SAN ANTONIO Outstanding Balance Beginning This Period	or or Creditor Y State Zip TX 78	0.00 Code	Outstandii Nature of D ROOM RE	ng Balance at Close of This Period 52.31 ebt (Purpose): NTALS
52.31 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor RAMADA INN-SAN ANTONIO Mailing Address 3645 N. PAN AM EXPRESSWA City SAN ANTONIO Outstanding Balance Beginning This Period 60.00	or or Creditor Y State Zip TX 78	0.00 Code 2219	Outstandii Nature of D ROOM RE	ng Balance at Close of This Period 52.31 ebt (Purpose): NTALS
52.31 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor RAMADA INN-SAN ANTONIO Mailing Address 3645 N. PAN AM EXPRESSWA City SAN ANTONIO Outstanding Balance Beginning This Period 60.00 Amount Incurred This Period	or or Creditor Y State Zip TX 78	0.00 Code 219 This Period	Outstandii Nature of D ROOM RE	ng Balance at Close of This Period 52.31 ebt (Purpose): NTALS
52.31 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto RAMADA INN-SAN ANTONIO Mailing Address 3645 N. PAN AM EXPRESSWA City SAN ANTONIO Outstanding Balance Beginning This Period 60.00 Amount Incurred This Period 0.00	or or Creditor Y State Zip TX 78 Payment	0.00 Code 2219 This Period 0.00	Outstandii Nature of D ROOM RE	ng Balance at Close of This Period 52.31 ebt (Purpose): NTALS
52.31 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor RAMADA INN-SAN ANTONIO Mailing Address 3645 N. PAN AM EXPRESSWA City SAN ANTONIO Outstanding Balance Beginning This Period 60.00 Amount Incurred This Period	or or Creditor Y State Zip TX 78 Payment	0.00 Code 2219 This Period 0.00	Outstandii Nature of D ROOM RE	ng Balance at Close of This Period 52.31 ebt (Purpose): NTALS ion ID : INV6010000112897 ng Balance at Close of This Period 60.00
52.31 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto RAMADA INN-SAN ANTONIO Mailing Address 3645 N. PAN AM EXPRESSWA City SAN ANTONIO Outstanding Balance Beginning This Period 60.00 Amount Incurred This Period 0.00	r or Creditor Y State Zip TX 78 Payment	0.00 Code 219 This Period 0.00	Outstandii Nature of D ROOM RE	ng Balance at Close of This Period 52.31 ebt (Purpose): NTALS ion ID : INV6010000112897 ng Balance at Close of This Period 60.00
52.31 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor RAMADA INN-SAN ANTONIO Mailing Address 3645 N. PAN AM EXPRESSWAY City SAN ANTONIO Outstanding Balance Beginning This Period 60.00 Amount Incurred This Period 0.00 Totals This Period (last page this line number	r or Creditor Y State Zip TX 78 Payment only)	0.00 Code 3219 This Period 0.00	Outstandii Nature of D ROOM RE	ng Balance at Close of This Period 52.31 ebt (Purpose): NTALS ion ID : INV6010000112897 ng Balance at Close of This Period 60.00
52.31 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto RAMADA INN-SAN ANTONIO Mailing Address 3645 N. PAN AM EXPRESSWA City SAN ANTONIO Outstanding Balance Beginning This Period 60.00 Amount Incurred This Period 0.00 Amount Incurred This Period 0.00	or or Creditor Y State Zip TX 78 Payment only) C (last page only)	0.00 Code 2219 This Period 0.00	Outstandin Nature of D ROOM RE	ng Balance at Close of This Period 52.31 ebt (Purpose): NTALS ion ID : INV6010000112897 ng Balance at Close of This Period 60.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans		(Use separate schedule(s) for each numbered line)	PAGE 128 OF 144 FOR LINE NUMBER: (check only one) 9
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	ltee	numbered line)	X 10
A. Full Name (Last, First, Middle Initial) of Deb RENAISSANCE MARKETING		Nature of D OFFICE RE	ebt (Purpose): ENT
Mailing Address 1249 WASHINGTON BLVD. S	TE. 626		
City State DETROIT	Zip Code MI 48226		
Outstanding Balance Beginning This Period 600.00		Transactio	on ID : INV6010000112898
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
		.00	600.00
B. Full Name (Last, First, Middle Initial) of Debt RHEA, BOYD & RHEA	or or Creditor		ebt (Purpose): / FEES & EXPENSES
Mailing Address 930 FORREST AVENUE			
City State GADSDEN	Zip Code AL 35901		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000114208
Outstanding Balance Beginning This Period 24.60		Transact	ion ID : INV6010000114208
	Payment This Period		ion ID : INV6010000114208
24.60			
24.60 Amount Incurred This Period	0.	Outstandir	ng Balance at Close of This Period 24.60 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb	0.	Outstandir .00 Nature of D	ng Balance at Close of This Period 24.60 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb RICHARD MAGRAW	0.	Outstandir .00 Nature of D	ng Balance at Close of This Period 24.60 ebt (Purpose):
24.60 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb RICHARD MAGRAW Mailing Address 22-60 23RD ST. City	otor or Creditor State Zip Code	Outstandir	ng Balance at Close of This Period 24.60 ebt (Purpose):
24.60 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb RICHARD MAGRAW Mailing Address 22-60 23RD ST. City ASTORIA	otor or Creditor State Zip Code	Outstandir	ng Balance at Close of This Period 24.60 ebt (Purpose): ITAL
24.60 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb RICHARD MAGRAW Mailing Address 22-60 23RD ST. City ASTORIA Outstanding Balance Beginning This Period	otor or Creditor State Zip Code	Outstandir .00 Nature of D AUTO REN Transact	ng Balance at Close of This Period 24.60 ebt (Purpose): ITAL
24.60 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb RICHARD MAGRAW Mailing Address 22-60 23RD ST. City ASTORIA Outstanding Balance Beginning This Period 114.90	0. otor or Creditor State Zip Code NY 11105 Payment This Period	Outstandir .00 Nature of D AUTO REN Transact	ng Balance at Close of This Period 24.60 ebt (Purpose): ITAL
24.60 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb RICHARD MAGRAW Mailing Address 22-60 23RD ST. City ASTORIA Outstanding Balance Beginning This Period 114.90 Amount Incurred This Period	O. otor or Creditor State Zip Code NY 11105 Payment This Period	Outstandir .00 Nature of D AUTO REN Transact Outstandir .00	ng Balance at Close of This Period 24.60 ebt (Purpose): ITAL ion ID : INV6010000112394
24.60 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb RICHARD MAGRAW Mailing Address 22-60 23RD ST. City ASTORIA Outstanding Balance Beginning This Period 114.90 Amount Incurred This Period 0.00	O. otor or Creditor State Zip Code NY 11105 Payment This Period 0	Outstandir .00 Nature of D AUTO REN Transact	ng Balance at Close of This Period 24.60 ebt (Purpose): ITAL ion ID : INV6010000112394 ng Balance at Close of This Period 114.90
24.60 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb RICHARD MAGRAW Mailing Address 22-60 23RD ST. City ASTORIA Outstanding Balance Beginning This Period 114.90 Amount Incurred This Period 0.00	0. otor or Creditor State Zip Code NY 11105 Payment This Period 0 er only)	Outstandir .00 Nature of D AUTO REN Transact Outstandir	ng Balance at Close of This Period 24.60 ebt (Purpose): ITAL ion ID : INV6010000112394 ng Balance at Close of This Period 114.90

Image# 12972477610					
SCHEDULE D (FEC Form 3X)				PAGE 129 OF 144	
DEBTS AND OBLIGATIONS			(Use separat schedule(s)	FOR LINE NUMBER:	
Excluding Loans			for each numbered lin	(check only one) 9	
				ne) X 10	
National Democratic Policy Committee	e				
A. Full Name (Last, First, Middle Initial) of Debtor			Nature	of Daht (Durnana).	
ROBERT COLE				of Debt (Purpose): / RENTALS	
Mailing Address 4119 W. BELLEPLAINE #2W					
City State	Zip Code				
CHICAGO	IL	60641			
Outstanding Balance Beginning This Period			Trans	saction ID : INV6010000112305	
1243.95					
Amount Incurred This Period	Pav	ment This Period	Outst	anding Balance at Close of This Period	
0.00			0.00	1243.95	
0.00			0.00	1243.33	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			of Debt (Purpose):	
ROBERT KAY				EL AND LODGING	
Mailing Address 22-49 38TH ST.					
Maning Address 22-49 381H 51.					
City State	Zip Code				
ASTORIA	NY	11105			
Outstanding Balance Beginning This Period			Tran	nsaction ID : INV6010000112375	
19.74					
Amount Incurred This Period	Pay	ment This Period	Outst	anding Balance at Close of This Period	
0.00			0.00	19.74	
	7				
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			of Debt (Purpose): // RENTALS	
ROGER HAM				"RENTALS	
Mailing Address 2 PINEHURST					
City	State	Zip Code			
NEW YORK CITY	NY	10033			
Outstanding Balance Beginning This Period			Tran	saction ID : INV6010000112330	
207.82					
	Pov	mont This Poriod	Outet	anding Balance at Class of This Pariad	
Amount Incurred This Period	i cy	ment This Period		anding Balance at Close of This Period	
0.00			0.00	207.82	
Г					
				1471.51	
1) SUBTOTALS This Period This Page (optional)					
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	only)				
2) TOTALS This Period (last page this line number	only) C (last page on	nly)			

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SCHEDULE D (FEC Form 3X)]		PAGE 130 OF 144	
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:	
Excluding Loans			for each numbered line)	(check only one) 9	
NAME OF COMMITTEE (In Full)			numbered line)	X 10	
National Democratic Policy Committee	ee				
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D CONSULT	ebt (Purpose): ING	
RONALD KOKINDA					
Mailing Address 36-5 FORT EVANS ROAD, NE					
City State	Zip Code				
City State LEESBURG	Zip Code VA	22075			
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000114750	
524.50					
Amount Incurred This Period	Paym	ent This Period	Outstandir	ng Balance at Close of This Period	
0.00		0.0	00	524.50	
		,		, , , , , , , , , , , , , , , , , , , ,	
B. Full Name (Last, First, Middle Initial) of Debtor RONALD KOKINDA	or Creditor		Nature of D CONSULT	ebt (Purpose): NG	
KONALD KOKINDA					
Mailing Address 36-5 FORT EVANS ROAD, NE					
City State	Zip Code				
LEESBURG	Zip Code VA	22075			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114756	
			Tansact	10111D . 11440010000114750	
1600.00					
Amount Incurred This Period	Paym	ent This Period	Outstandir	ng Balance at Close of This Period	
0.00		0.0	00	1600.00	
	0	,		, ,	
C. Full Name (Last, First, Middle Initial) of Debto SAFEWAY PRINTING	r or Creditor		PRINTING	ebt (Purpose):	
Mailing Address 3276 WEST 6TH ST.					
City	State	Zip Code			
LOS ANGELES	CA	90020			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112901	
300.38					
Amount Incurred This Period	Paym	ent This Period	Outstandir	ng Balance at Close of This Period	
0.00		0.	00	300.38	
		-			
1) SUBTOTALS This Period This Page (optional)				2424.88	
1) SOBTOTALS THIS FEHOL THIS Fage (optional)					
2) TOTALS This Period (last page this line number	only)			- y	
	0 (1	-)			
3) TOTAL OUTSTANDING LOANS from Schedule	(last page only	y)		7	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary	Page (last page on	ly) ►		

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SCHEDULE D (FEC Form 3X)			(Les saparato	PAGE 131 OF 144	
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:	
Excluding Loans			for each numbered line)	(check only one) 9	
NAME OF COMMITTEE (In Full)			numbered line)	X 10	
National Democratic Policy Committee	ee				
-			1		
A. Full Name (Last, First, Middle Initial) of Debto			Nature of D POSTAGE	ebt (Purpose):	
SAN FRANCISCO LABOR CTT	ΓE.				
Mailing Address 1826 NOREIGA ST.					
City State	Zip Code				
SAN FRANCISCO	CA	94122			
Outstanding Balance Beginning This Period		022	Transacti	on ID : INV6010000112902	
413.47					
Amount Incurred This Period	Payme	ent This Period	Outstandir	ng Balance at Close of This Period	
0.00		0.	.00	413.47	
		,		, , , , , , , , , , , , , , , , , , , ,	
B. Full Name (Last, First, Middle Initial) of Debtor SANS SOUCI TRAVEL	or Creditor		Nature of D	ebt (Purpose): -I	
SANS SOUCI TRAVEL					
Mailing Address 253 - 12 UNION TURNPIKE					
	Zin Codo				
City State FLORAL PARK	Zip Code NY	11004			
Outstanding Balance Beginning This Period			Transact	ion ID • INV6010000113737	
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000113737	
290.00					
	Payme	ent This Period		ion ID : INV6010000113737	
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SCHEDULE D (FEC Form 3X)			(1)	PAGE 132 OF 144	
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:	
			for each	(check only one) 9	
Excluding Loans			numbered line)	X 10	
NAME OF COMMITTEE (In Full)					
National Democratic Policy Committee	e				
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):	
SEGAL, MORAN & FEINBERG			ATTORNE		
Mailing Address 210 COMMERCIAL STREET					
City State	Zip Code				
BOSTON	MA	02109			
Outstanding Polance Paginning This Deried			Transacti	on ID : INV6010000113750	
Outstanding Balance Beginning This Period			Transaot		
712.50					
Amount Incurred This Period	Payr	ment This Period	Outstandi	ng Balance at Close of This Period	
0.00			0.00	712.50	
7 7 7			0.00	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):	
SEVEN SEAS MOTOR INN			ROOM RE		
Mailing Address 1823 OLD RED TRAIL					
City State	Zip Code				
MANDAN	ND	58554			
Outstanding Balance Beginning This Period			Transas	ion ID - NV6040000442002	
Outstanding balance beginning This Fenou			Transac	tion ID : INV6010000112903	
46.12					
Amount Incurred This Period	Payr	ment This Period	Outstandi	ng Balance at Close of This Period	
0.00			0.00	46.12	
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C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debto SHERATON COLUMBUS PLAZ				ebt (Purpose): SCOTT/CONG	
SHERATON COLUMBUS PLAZ					
SHERATON COLUMBUS PLAZ Mailing Address 50 NORTH THIRD STREET	ZA	Zin Code			
SHERATON COLUMBUS PLAZ		Zip Code 43215			
SHERATON COLUMBUS PLAZ Mailing Address 50 NORTH THIRD STREET City COLUMBUS	ZA		RM-RNTL	SCOTT/CONG	
SHERATON COLUMBUS PLAZ Mailing Address 50 NORTH THIRD STREET City COLUMBUS Outstanding Balance Beginning This Period	ZA		RM-RNTL		
SHERATON COLUMBUS PLAZ Mailing Address 50 NORTH THIRD STREET City COLUMBUS	ZA		RM-RNTL	SCOTT/CONG	
SHERATON COLUMBUS PLAZ Mailing Address 50 NORTH THIRD STREET City COLUMBUS Outstanding Balance Beginning This Period	ZA State OH		RM-RNTL	SCOTT/CONG	
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SHERATON COLUMBUS PLAZ Mailing Address 50 NORTH THIRD STREET City COLUMBUS Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period 50.00	ZA State OH	43215	Transac Outstandi	SCOTT/CONG	
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CHEDIII E D (EEC Form 2V)				
SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 133 OF 144	
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one)	
Excluding Loans		numbered line)		
NAME OF COMMITTEE (In Full) National Democratic Policy Committe	e	1		
	•			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		ebt (Purpose):	
SOLOMON, FOLEY & MORAN			L. BOYLE/CONG	
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING				
City State	Zip Code			
DETROIT	MI 48226			
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112908	
538.45				
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period	
0.00	, , , , , , , , , , , , , , , , , , ,	0.00	538.45	
B. Full Name (Last, First, Middle Initial) of Debtor of	or Croditor	Noture of D	abt (Buracca):	
SOLOMON, FOLEY & MORAN			ebt (Purpose): S. CROCKER/CONG	
SOLOWON, FOLE I & WORAN				
Mailing Address ATTORNEYS AT LAW				
2280 PENOBSCOT BUILDING				
City State	Zip Code			
DETROIT	MI 48226			
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112909	
		Transact	ion ID:INV6010000112909	
538.45				
	Payment This Period		ion ID : INV6010000112909 ng Balance at Close of This Period	
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538.45 Amount Incurred This Period		Outstandir	ng Balance at Close of This Period	
538.45 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor	0	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 538.45 ebt (Purpose):	
538.45 Amount Incurred This Period 0.00	0	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 538.45	
C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	0	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 538.45 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW	0	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 538.45 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING	or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 538.45 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW	or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 538.45 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City	or Creditor State Zip Code	Outstandir 0.00 Nature of D ATTY FEE	ng Balance at Close of This Period 538.45 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT	or Creditor State Zip Code	Outstandir 0.00 Nature of D ATTY FEE	ebt (Purpose): M. DEAN/USS	
538.45 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT Outstanding Balance Beginning This Period	or Creditor State Zip Code	Outstandir 0.00 Nature of D ATTY FEE	ebt (Purpose): M. DEAN/USS	
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538.45 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period 0.00	or Creditor State Zip Code MI 48226 Payment This Period only)	Outstandir	ng Balance at Close of This Period 538.45 ebt (Purpose): M. DEAN/USS ion ID : INV6010000112910 ng Balance at Close of This Period 538.46	

CHEDIILE D (EEC Earm 2V)				
SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 134 OF 144	
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one)	
Excluding Loans		numbered line)	(encon ency ency X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committe	е			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		ebt (Purpose):	
SOLOMON, FOLEY & MORAN		ATTY FEE	: S. JOHNSON/CONG	
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING				
City State	Zip Code			
DETROIT	MI 48226			
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112911	
538.46				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00	7 7 7 7	0.00	538.46	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):	
SOLOMON, FOLEY & MORAN			E.SEFCOVIC/CONG	
Mailing Address ATTORNEYS AT LAW				
2280 PENOBSCOT BUILDING City State	Zip Code			
DETROIT	MI 48226			
Outstanding Balance Beginning This Period		Transac	ion ID : INV6010000112912	
		Transac	ion ID : INV6010000112912	
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	Payment This Period		tion ID : INV6010000112912	
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C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW		Outstandi 0.00 Nature of D	ng Balance at Close of This Period 538.46 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN		Outstandi 0.00 Nature of D	ng Balance at Close of This Period 538.46 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING	or Creditor	Outstandi 0.00 Nature of D	ng Balance at Close of This Period 538.46 ebt (Purpose):	
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C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT	or Creditor State Zip Code	Outstandi 0.00 Nature of D ATTY FEE	ng Balance at Close of This Period 538.46 ebt (Purpose): : G SHEPPARD/CONG	
538.46 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT Outstanding Balance Beginning This Period	or Creditor State Zip Code	Outstandi	ng Balance at Close of This Period 538.46 ebt (Purpose): : G SHEPPARD/CONG	
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538.46 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period 0.00	or Creditor State Zip Code MI 48226 Payment This Period	Outstandi 0.00 Nature of D ATTY FEE Dutstandi	ng Balance at Close of This Period 538.46 ebt (Purpose): : G SHEPPARD/CONG ion ID : INV6010000112913 ng Balance at Close of This Period 538.46	
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SCHEDULE D (FEC Form 3X)			(Use separate	PAGE 135 OF 144	
DEBTS AND OBLIGATIONS			schedule(s)	FOR LINE NUMBER:	
Excluding Loans			for each numbered line)	(check only one) 9	
				X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committe					
National Democratic Policy Committee	e				
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):	
				H. SHORE/CONG	
SOLOMON, FOLEY & MORAN					
Mailing Address ATTORNEYS AT LAW					
2280 PENOBSCOT BUILDING					
City State	Zip Code				
DETROIT	MI	48226			
Outstanding Balance Beginning This Period			Transactio	on ID : INV6010000112914	
538.46					
Amount Incurred This Period	Payme	nt This Period	Outstandir	ng Balance at Close of This Period	
	i ujilo				
0.00		0	.00	538.46	
, , ,	,	,		, , ,	
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor			ebt (Purpose):	
SOLOMON, FOLEY & MORAN			ATTY FEE:	J. STAMPS/CONG	
Mailing Address ATTORNEYS AT LAW					
2280 PENOBSCOT BUILDING	71 0 1				
City State	Zip Code	40000			
DETROIT	MI	48226			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112915	
538.46					
000.40					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Amount Incurred This Period	Payme	nt This Period	Outstandir	ng Balance at Close of This Period	
	Payme			ng Balance at Close of This Period 538.46	
Amount Incurred This Period	Payme		Outstandir		
0.00			.00	538.46	
C. Full Name (Last, First, Middle Initial) of Debtor			.00 Nature of D		
0.00			.00 Nature of D	538.46 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN			.00 Nature of D	538.46 ebt (Purpose):	
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C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor		.00 Nature of D	538.46 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING	or Creditor	0	.00 Nature of D	538.46 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT	or Creditor State	0 Zip Code	00 Nature of D ATTY FEE	538.46 ebt (Purpose): : J. VAUGHN/CONG	
0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City	or Creditor State	0 Zip Code	00 Nature of D ATTY FEE	538.46 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT	or Creditor State	0 Zip Code	00 Nature of D ATTY FEE	538.46 ebt (Purpose): : J. VAUGHN/CONG	
0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT Outstanding Balance Beginning This Period 538.46	or Creditor State MI	0 Zip Code 48226	.00 Nature of D ATTY FEE	538.46 ebt (Purpose): : J. VAUGHN/CONG ion ID : INV6010000112916	
0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period	or Creditor State MI	0 Zip Code 48226 nt This Period	.00 Nature of D ATTY FEE Transact Outstandir	538.46 ebt (Purpose): : J. VAUGHN/CONG ion ID : INV6010000112916 ng Balance at Close of This Period	
0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT Outstanding Balance Beginning This Period 538.46	or Creditor State MI	0 Zip Code 48226 nt This Period	.00 Nature of D ATTY FEE	538.46 ebt (Purpose): : J. VAUGHN/CONG ion ID : INV6010000112916	
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C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period 0.00	or Creditor State MI Payme	0 Zip Code 48226 nt This Period 0	.00 Nature of D ATTY FEE Transact Outstandir	538.46 ebt (Purpose): : J. VAUGHN/CONG ion ID : INV6010000112916 ng Balance at Close of This Period 538.46	
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SCHEDULE D (FEC Form 3X)			PAGE 136 OF 144	
		(Use separate schedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		for each	(check only one) 9	
Excluding Loans		numbered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committe	e			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		ebt (Purpose):	
SOLOMON, FOLEY & MORAN		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		Transacti	on ID : INV6010000112917	
538.46				
Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period	
0.00		0.00	538.46	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):	
SOUTHEAST POLITICAL LITER	ATURE		TELEPHONE USAGE	
Mailing Address SALES & DISTRIBUTION, INC.				
3916-A VERO ROAD City State	Zip Code			
BALTIMORE	MD 21227			
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000114478	
		Transact	ion ID:INV6010000114478	
915.00	Deursent This Deviad			
	Payment This Period		ion ID : INV6010000114478	
915.00				
915.00 Amount Incurred This Period		Outstandir 0.00 Nature of D	ng Balance at Close of This Period 915.00 ebt (Purpose):	
915.00 Amount Incurred This Period 0.00	or Creditor	Outstandir	ng Balance at Close of This Period 915.00 ebt (Purpose):	
915.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITER Mailing Address SALES & DISTRIBUTION, INC.	or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 915.00 ebt (Purpose):	
915.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITER Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD	or Creditor RATURE	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 915.00 ebt (Purpose):	
915.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITER Mailing Address SALES & DISTRIBUTION, INC.	or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 915.00 ebt (Purpose):	
915.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITER Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City	or Creditor RATURE State Zip Code	0.00 Outstandir	ng Balance at Close of This Period 915.00 ebt (Purpose):	
915.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITER Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City BALTIMORE	or Creditor RATURE State Zip Code	0.00 Outstandir	ebt (Purpose): TICE RENT	
915.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITER Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City BALTIMORE Outstanding Balance Beginning This Period	or Creditor RATURE State Zip Code	Outstandir 0.00 Nature of D FIELD OFF	ebt (Purpose): TICE RENT	
915.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITER Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City BALTIMORE Outstanding Balance Beginning This Period 200.00	or Creditor RATURE State Zip Code MD 21227	Outstandir 0.00 Nature of D FIELD OFF	ag Balance at Close of This Period 915.00 ebt (Purpose): ICE RENT	
915.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITER Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City BALTIMORE Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period 0.00	or Creditor RATURE State Zip Code MD 21227 Payment This Period	0.00 Nature of D FIELD OFF Transact Outstandir 0.00	ag Balance at Close of This Period 915.00 ebt (Purpose): TICE RENT	
915.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITER Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City BALTIMORE Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	or Creditor RATURE State Zip Code MD 21227 Payment This Period	Outstandir 0.00 Nature of D FIELD OFF Transact 0.00 Outstandir	ag Balance at Close of This Period 915.00 ebt (Purpose): TCE RENT ion ID : INV6010000114479 ag Balance at Close of This Period 200.00	
915.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITER Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City BALTIMORE Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number of	or Creditor RATURE State Zip Code MD 21227 Payment This Period only)	Outstandir 0.00 Nature of D FIELD OFF Transact Outstandir 0.00	ag Balance at Close of This Period 915.00 ebt (Purpose): TCE RENT ion ID : INV6010000114479 ag Balance at Close of This Period 200.00	
915.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITER Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City BALTIMORE Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	only)	Outstandir 0.00 Nature of D FIELD OFF	ag Balance at Close of This Period 915.00 ebt (Purpose): TCE RENT ion ID : INV6010000114479 ag Balance at Close of This Period 200.00	

SC	HEDULE D (FEC Form 3X)				PAGE 137 OF 144
	BTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
	luding Loans			for each numbered line)	(check only one) 9
	/E OF COMMITTEE (In Full)				X 10
	ational Democratic Policy Committee	ee			
	A. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor			f Debt (Purpose): FC TELEPHONE USAGE
	SOUTHEAST POLITICAL LITE	RATURE			FC TELEFHONE USAGE
	Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD				
	City State	Zip Code			
-	BALTIMORE	MD	21227		
	Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000114480
	915.00				
	Amount Incurred This Period	Paym	nent This Period	Outstar	nding Balance at Close of This Period
	0.00			0.00	915.00
	0.00				, , , , , , , , , , , , , , , , , , , ,
F	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			f Debt (Purpose):
	SOUTHEAST POLITICAL LITER	RATURE		FIELD C	OFFICE RENT
-	Mailing Address SALES & DISTRIBUTION INC				
	Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD				
	City State	Zip Code			
	BALTIMORE	MD	21227		
	Outstanding Balance Beginning This Period			Transa	action ID : INV6010000114481
	200.00				
	Amount Incurred This Period	Paym	nent This Period	Outstar	nding Balance at Close of This Period
	0.00		0	.00	200.00
	0.00				
	C. Full Name (Last, First, Middle Initial) of Debto				f Debt (Purpose):
	SOUTHEAST POLITICAL LITE	RATURE		TELEPH	IONE USAGE
-	Mailing Address SALES & DISTRIBUTION, INC.				
	3916-A VERO ROAD				
	City	State	Zip Code		
-	BALTIMORE	MD	21227		
	Outstanding Balance Beginning This Period			Transa	action ID : INV6010000114482
	915.00				
	Amount Incurred This Period	Payn	nent This Period	Outstar	nding Balance at Close of This Period
	0.00		C).00	915.00
1)	SUBTOTALS This Period This Page (optional)			···· •	2030.00
21	TOTALS This Period (last page this line number	only)			
<u> </u>					
3)	TOTAL OUTSTANDING LOANS from Schedule (C (last page onl	y)	▶	
4)	ADD 2) and 3) and carry forward to appropriate	line of Summar		nlv)	
1 7		into or ourninally	i ugo (iasi page 0		

SCHEDULE D (FEC Form 3X)			PAGE 138 OF 144
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	ttee	1	
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		ebt (Purpose):
SOUTHEAST POLITICAL LIT	ERATURE	RENT	
Mailing Address SALES & DISTRIBUTION, INC 3916-A VERO ROAD	<u>).</u>		
City State	Zip Code		
BALTIMORE	MD 21227		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000114483
200.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00	200.00
		0.00	
B. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	ebt (Purpose):
STATE OF CALIFORNIA		PRINTING	
Mailing Address OFFICE OF STATE PRINTING	<u> </u>		
LEGISLATIVE BILL ROOM	,		
City State	Zip Code		
SACRAMENTO	CA 95814		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112389
Outstanding Balance Beginning This Period 53.00		Transact	ion ID : INV6010000112389
	Payment This Period		ion ID : INV6010000112389 ng Balance at Close of This Period
53.00			
53.00 Amount Incurred This Period 0.00		Outstandir	ng Balance at Close of This Period
53.00 Amount Incurred This Period		Outstandir	ng Balance at Close of This Period 53.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb		Outstandir 0.00 Nature of D	ng Balance at Close of This Period 53.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb STATLER BUFFALO Mailing Address 107 DELAWARE AVENUE	tor or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 53.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb STATLER BUFFALO		Outstandir 0.00 Nature of D	ng Balance at Close of This Period 53.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb STATLER BUFFALO Mailing Address 107 DELAWARE AVENUE City	tor or Creditor State Zip Code	Outstandir 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 53.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb STATLER BUFFALO Mailing Address 107 DELAWARE AVENUE	tor or Creditor State Zip Code	Outstandir 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 53.00 ebt (Purpose): NTALS
53.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb STATLER BUFFALO Mailing Address 107 DELAWARE AVENUE City BUFFALO Outstanding Balance Beginning This Period	tor or Creditor State Zip Code	Outstandir 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 53.00 ebt (Purpose): NTALS
53.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb STATLER BUFFALO Mailing Address 107 DELAWARE AVENUE City BUFFALO Outstanding Balance Beginning This Period 85.00	tor or Creditor State Zip Code NY 14202 Payment This Period	Outstandir 0.00 Nature of D ROOM RE	ion ID : INV6010000112918
53.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb STATLER BUFFALO Mailing Address 107 DELAWARE AVENUE City BUFFALO Outstanding Balance Beginning This Period 85.00 Amount Incurred This Period	tor or Creditor State Zip Code NY 14202 Payment This Period	Outstandir 0.00 Nature of D ROOM RE Transact Outstandir 0.00	ng Balance at Close of This Period 53.00 ebt (Purpose): NTALS ion ID : INV6010000112918 ng Balance at Close of This Period
53.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb STATLER BUFFALO Mailing Address 107 DELAWARE AVENUE City BUFFALO Outstanding Balance Beginning This Period 85.00 Amount Incurred This Period 0.00	State Zip Code NY 14202 Payment This Period	Outstandir 0.00 Nature of D ROOM RE Transact Outstandir 0.00	ng Balance at Close of This Period 53.00 ebt (Purpose): NTALS ion ID : INV6010000112918 ng Balance at Close of This Period 85.00
53.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb STATLER BUFFALO Mailing Address 107 DELAWARE AVENUE City BUFFALO Outstanding Balance Beginning This Period 85.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional).	tor or Creditor State Zip Code NY 14202 Payment This Period 7 7	Outstandir 0.00 Nature of D ROOM RE Transact Outstandir 0.00	ng Balance at Close of This Period 53.00 ebt (Purpose): NTALS ion ID : INV6010000112918 ng Balance at Close of This Period 85.00

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CHEDULE D (FEC Form 3X)		Г	/Les separato	PAGE 139 OF 144	
DEBTS AND OBLIGATIONS			(Use separate schedule(s)		
			for each numbered line)	(check only one) 9 X 10	
NAME OF COMMITTEE (In Full)				X 10	
National Democratic Policy Committee	e				
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):	
SYRACUSE AIRPORT INN			ROOM RE		
Mailing Address HANCOCK AIRPORT					
City State	Zip Code				
NORTH SYRACUSE	NY	13212			
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112921	
19.00					
Amount Incurred This Period	Payment	This Period	Outstandir	ng Balance at Close of This Period	
0.00		0.00)	19.00	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose): S & EXP-GA DEM SL	
TED HERBERT				S & EXP-GA DEM SL	
Mailing Address 142 FOREST AVENUE N.E.					
City State	Zip Code				
MARIETTA	•	30060			
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000114387	
1088.20					
Amount Incurred This Period	Boymont	This Period	Qutatandi	ng Balance at Close of This Period	
	Fayment				
0.00		0.00		1088.20	
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):	
TED HERBERT			ATTY FEE	S & EXP-GA DEM SL	
Mailing Address 142 FOREST AVENUE N.E.					
	Ototo 7:	- Oada			
City MARIETTA		o Code 0060			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114393	
800.00					
Amount Incurred This Period	Payment	This Period		ng Balance at Close of This Period	
0.00		0.00		800.00	
1) SUBTOTALS This Period This Page (optional)			•	1907.20	
2) TOTALS This Period (last page this line number	only)		<u> </u>	7 7 7	
3) TOTAL OUTSTANDING LOANS from Schedule (C (last page only)		•		
4) ADD 2) and 3) and carry forward to appropriate					
(1) ALUL 3) and 3) and correctory to purchase	line of Summarv Pa	de (last page only) 🕨		

Image# 12972477621			
SCHEDULE D (FEC Form 3X)			PAGE 140 OF 144
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each	(check only one) 9
-		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committ	ee		
A. Full Name (Last, First, Middle Initial) of Debto	Craditor	Noturo of	
THE CHANCELLOR HOTEL	or Greation	ROOM R	Debt (Purpose): ENTALS
Mailing Address 1501 SOUTH NEIL STREET			
City State	Zip Code		
CHAMPAIGN	IL 61820		
Outstanding Balance Beginning This Period		Transac	tion ID : INV6010000112301
25.00			
	Desimant This Dar		the Delense of Class of This Deriod
Amount Incurred This Period	Payment This Peri	00 Outstand	ling Balance at Close of This Period
0.00		0.00	25.00
B. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor	Nature of	Debt (Purpose):
THE COLONNADE		ROOM RI	
Mailing Address 120 HUNTINGTON AVENUE			
City State	Zip Code		
BOSTON	MA 02116		
Outstanding Balance Beginning This Period		Transa	ction ID : INV6010000112306
		Transa	ction ID : INV6010000112306
Outstanding Balance Beginning This Period 75.00			
Outstanding Balance Beginning This Period 75.00 Amount Incurred This Period	Payment This Peri	iod Outstand	ling Balance at Close of This Period
Outstanding Balance Beginning This Period 75.00			
Outstanding Balance Beginning This Period 75.00 Amount Incurred This Period	Payment This Per	iod Outstand	ling Balance at Close of This Period
Outstanding Balance Beginning This Period 75.00 Amount Incurred This Period 0.00	Payment This Peri	iod Outstand	ling Balance at Close of This Period 75.00 Debt (Purpose):
Outstanding Balance Beginning This Period 75.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto THE PRESS CLUB OF HOUS	Payment This Peri or or Creditor	iod Outstand	ling Balance at Close of This Period 75.00 Debt (Purpose):
Outstanding Balance Beginning This Period 75.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto THE PRESS CLUB OF HOUS Mailing Address THE WORLD TRADE CENTER	Payment This Peri or or Creditor	iod Outstand	ling Balance at Close of This Period 75.00 Debt (Purpose):
Outstanding Balance Beginning This Period 75.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto THE PRESS CLUB OF HOUST Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE City	Payment This Peri pr or Creditor TON State Zip Code	iod Outstand	ling Balance at Close of This Period 75.00 Debt (Purpose):
Outstanding Balance Beginning This Period 75.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto THE PRESS CLUB OF HOUS Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE	Payment This Peri or or Creditor	iod Outstand	ling Balance at Close of This Period 75.00 Debt (Purpose):
Outstanding Balance Beginning This Period 75.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto THE PRESS CLUB OF HOUST Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE City	Payment This Peri pr or Creditor TON State Zip Code	iod Outstand	ling Balance at Close of This Period 75.00 Debt (Purpose):
Outstanding Balance Beginning This Period 75.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto THE PRESS CLUB OF HOUST Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE City HOUSTON	Payment This Peri pr or Creditor TON State Zip Code	iod Outstand	ling Balance at Close of This Period 75.00 Debt (Purpose): ENTALS
Outstanding Balance Beginning This Period 75.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto THE PRESS CLUB OF HOUST Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE City HOUSTON Outstanding Balance Beginning This Period	Payment This Peri pr or Creditor TON State Zip Code	iod Outstand	ling Balance at Close of This Period 75.00 Debt (Purpose): ENTALS
Outstanding Balance Beginning This Period 75.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto THE PRESS CLUB OF HOUST Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE City HOUSTON Outstanding Balance Beginning This Period 25.00 Amount Incurred This Period	Payment This Peri pr or Creditor TON State Zip Code TX 77002	iod Outstand	ling Balance at Close of This Period 75.00 Debt (Purpose): ENTALS ction ID : INV6010000112890
Outstanding Balance Beginning This Period 75.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte THE PRESS CLUB OF HOUS Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE City HOUSTON Outstanding Balance Beginning This Period 25.00	Payment This Peri pr or Creditor TON State Zip Code TX 77002	iod Outstand	ling Balance at Close of This Period 75.00 Debt (Purpose): ENTALS
Outstanding Balance Beginning This Period 75.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto THE PRESS CLUB OF HOUST Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE City HOUSTON Outstanding Balance Beginning This Period 25.00 Amount Incurred This Period	Payment This Peri pr or Creditor TON State Zip Code TX 77002	iod Outstand	ling Balance at Close of This Period 75.00 Debt (Purpose): ENTALS ction ID : INV6010000112890
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Image# 12972477622				
SCHEDULE D (FEC Form 3X)			(Liss congrete	PAGE 141 OF 144
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	
Excluding Loans			for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)	DF COMMITTEE (In Full)		numberede,	X 10
National Democratic Policy Committee	e			
A. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor		Nature of D	ebt (Purpose):
TONI JENNINGS			POSTAGE	
Mailing Address 2414 13TH AVE. SO. #104				
City State	Zip Code			
SEATTLE	WA	98144		
Outstanding Balance Beginning This Period			Transactio	on ID : INV6010000112374
30.15				
Amount Incurred This Period	Payme	ent This Period	Outstandir	ng Balance at Close of This Period
0.00			0.00	30.15
0.00				, , , , , , , , , , , , , , , , , , , ,
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):
TREAT CATERERS			ROOM REI	NTALS
Mailing Address 50 PARK PLACE				
Mailing Address 50 PARK PLACE				
City State	Zip Code			
-				
NEWARK	NJ	07101		
-	NJ	07101	Transact	ion ID : INV6010000112922
NEWARK	NJ	07101	Transact	ion ID : INV6010000112922
NEWARK Outstanding Balance Beginning This Period		07101		ion ID : INV6010000112922
NEWARK Outstanding Balance Beginning This Period 100.00		ent This Period		
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NEWARK Outstanding Balance Beginning This Period 100.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor TUTTLES RESTAURANT Mailing Address (C/O GILBERT ROBINSON COL P.O. BOX 16000	Payme r or Creditor LEX)	ent This Period 0	Outstandir	ng Balance at Close of This Period 100.00 ebt (Purpose):
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mage# 12972477623			
SCHEDULE D (FEC Form 3X)			PAGE 142 OF 144
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans			(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			() X 10
National Democratic Policy Committ	ee		
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		of Debt (Purpose): RENTALS
VITA OBERSCHNEIDER			
Mailing Address 544 OAK HILL RD.			
City State	Zip Code		
ELGIN	IL 60120		
Outstanding Balance Beginning This Period		Trans	action ID : INV6010000112404
149.16			
145.10			
Amount Incurred This Period	Payment This Period	l Outsta	nding Balance at Close of This Period
0.00		0.00	149.16
D. Full Name (Look First Middle Jaitial) of Dalata	, en Orediten	Network	
B. Full Name (Last, First, Middle Initial) of Debtor WESTBOROUGH PLAZA HOT			of Debt (Purpose): NG ROOM RENTAL
Mailing Address 5 TURNPIKE ROAD			
City State	Zip Code		
WESTBOROUGH	MA 01581		
Outstanding Balance Beginning This Period		Trans	action ID : INV6010000114249
Outstanding Balance Beginning This Period		Trans	action ID : INV6010000114249
54.25			
	Payment This Period		nding Balance at Close of This Period
54.25	Payment This Period		
54.25 Amount Incurred This Period 0.00	· · · · · · · · · · · · · · · · · · ·	0.00	nding Balance at Close of This Period 54.25
54.25 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto	pr or Creditor	0.00	nding Balance at Close of This Period 54.25 of Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto WESTERN UNION INTERNAT	pr or Creditor	0.00 Outsta	nding Balance at Close of This Period 54.25 of Debt (Purpose):
54.25 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto	pr or Creditor	0.00 Outsta	nding Balance at Close of This Period 54.25 of Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto WESTERN UNION INTERNAT	or or Creditor IONAL	0.00 Outsta	nding Balance at Close of This Period 54.25 of Debt (Purpose):
54.25 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto WESTERN UNION INTERNAT Mailing Address BOX 6022 CHRUCH ST. STA.	or or Creditor IONAL	0.00 Outsta	nding Balance at Close of This Period 54.25 of Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto WESTERN UNION INTERNAT Mailing Address BOX 6022 CHRUCH ST. STA. City	or or Creditor TONAL State Zip Code	0.00 Outsta	nding Balance at Close of This Period 54.25 of Debt (Purpose):
54.25 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte WESTERN UNION INTERNAT Mailing Address BOX 6022 CHRUCH ST. STA. City NEW YORK Outstanding Balance Beginning This Period	or or Creditor TONAL State Zip Code	0.00 Outsta	nding Balance at Close of This Period 54.25 of Debt (Purpose): HONE
54.25 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debta WESTERN UNION INTERNAT Mailing Address BOX 6022 CHRUCH ST. STA. City NEW YORK Outstanding Balance Beginning This Period 18.42	or or Creditor TONAL State Zip Code NY 10008	0.00 Outsta	nding Balance at Close of This Period 54.25 of Debt (Purpose): HONE
54.25 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte WESTERN UNION INTERNAT Mailing Address BOX 6022 CHRUCH ST. STA. City NEW YORK Outstanding Balance Beginning This Period 18.42 Amount Incurred This Period	or or Creditor TONAL State Zip Code	d Outsta 0.00 Nature of TELEP	nding Balance at Close of This Period 54.25 If Debt (Purpose): HONE
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54.25 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto WESTERN UNION INTERNAT Mailing Address BOX 6022 CHRUCH ST. STA. City NEW YORK Outstanding Balance Beginning This Period 18.42 Amount Incurred This Period 0.00	or or Creditor IONAL State Zip Code NY 10008 Payment This Period	A Outsta 0.00 Nature of TELEP A Outsta 0.00 Trans	nding Balance at Close of This Period 54.25 of Debt (Purpose): HONE
54.25 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte WESTERN UNION INTERNAT Mailing Address BOX 6022 CHRUCH ST. STA. City NEW YORK Outstanding Balance Beginning This Period 18.42 Amount Incurred This Period 0.00 1) SUBTOTALS This Period (last page (optional) 2) TOTALS This Period (last page this line number)	Payment This Period	A Outsta 0.00 Nature of TELEP Trans	nding Balance at Close of This Period 54.25 of Debt (Purpose): HONE saction ID : INV6010000112926 nding Balance at Close of This Period 18.42
54.25 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debta WESTERN UNION INTERNAT Mailing Address BOX 6022 CHRUCH ST. STA. City NEW YORK Outstanding Balance Beginning This Period 1 SUBTOTALS This Period This Page (optional)	Payment This Period	A Outsta 0.00 Nature of TELEP Trans	nding Balance at Close of This Period 54.25 of Debt (Purpose): HONE saction ID : INV6010000112926 nding Balance at Close of This Period 18.42

Image# 12972477624					
SCHEDULE D (FEC Form 3X)			// les conorato	PAGE 143 OF 144	
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:	
Excluding Loans			for each numbered line	(check only one) 9	
	COMMITTEE (In Full)		numbered line) X 10	
National Democratic Policy Committee	эе				
			i		
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature o	f Debt (Purpose): ETTING	
WORLDCOMP					
Mailing Address 722 EAST MARKET STREET					
City State	Zip Code				
LEESBURG	VA	22075			
Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000112983	
741.67					
	_				
Amount Incurred This Period	Payr	ment This Period	Outstai	nding Balance at Close of This Period	
0.00			0.00	741.67	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature o	f Debt (Purpose):	
WORLDCOMP			TYPE &		
Mailing Address 722 EAST MARKET STREET					
City State	Zip Code				
LEESBURG	VA	22075			
Outstanding Balance Beginning This Period			Trans	action ID : INV6010000112988	
926.37					
Amount Incurred This Period	Pov	ment This Period	Outeta	nding Balance at Close of This Period	
	i ayı				
0.00			0.00	926.37	
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature o	f Debt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debto WORLDCOMP	r or Creditor		Nature o TYPE &	· · · · · ·	
WORLDCOMP	r or Creditor			· · · · · ·	
	r or Creditor			· · · · · ·	
WORLDCOMP	r or Creditor	Zip Code			
WORLDCOMP Mailing Address 722 EAST MARKET STREET		Zip Code 22075			
WORLDCOMP Mailing Address 722 EAST MARKET STREET City	State		TYPE &		
WORLDCOMP Mailing Address 722 EAST MARKET STREET City LEESBURG	State		TYPE &	ART	
WORLDCOMP Mailing Address 722 EAST MARKET STREET City LEESBURG Outstanding Balance Beginning This Period 71.58	State VA	22075	TYPE &	ART	
WORLDCOMP Mailing Address 722 EAST MARKET STREET City LEESBURG Outstanding Balance Beginning This Period 71.58 Amount Incurred This Period	State VA		TYPE &	ART action ID : INV6010000112992 nding Balance at Close of This Period	
WORLDCOMP Mailing Address 722 EAST MARKET STREET City LEESBURG Outstanding Balance Beginning This Period 71.58	State VA	22075	TYPE &	ART	
WORLDCOMP Mailing Address 722 EAST MARKET STREET City LEESBURG Outstanding Balance Beginning This Period 71.58 Amount Incurred This Period	State VA	22075	TYPE &	ART action ID : INV6010000112992 nding Balance at Close of This Period	
WORLDCOMP Mailing Address 722 EAST MARKET STREET City LEESBURG Outstanding Balance Beginning This Period 71.58 Amount Incurred This Period	State VA Payr	22075 ment This Period	0.00	ART action ID : INV6010000112992 nding Balance at Close of This Period	
WORLDCOMP Mailing Address 722 EAST MARKET STREET City LEESBURG Outstanding Balance Beginning This Period 71.58 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	State VA Payr	22075 ment This Period	0.00	ART action ID : INV6010000112992 nding Balance at Close of This Period 71.58	
WORLDCOMP Mailing Address 722 EAST MARKET STREET City LEESBURG Outstanding Balance Beginning This Period 71.58 Amount Incurred This Period 0.00	State VA Payr	22075 ment This Period	0.00	ART action ID : INV6010000112992 nding Balance at Close of This Period 71.58	
WORLDCOMP Mailing Address 722 EAST MARKET STREET City LEESBURG Outstanding Balance Beginning This Period 71.58 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	State VA Payr	22075	0.00 TYPE &	ART action ID : INV6010000112992 nding Balance at Close of This Period 71.58	
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Image# 12972477625				
SCHEDULE D (FEC Form 3X)		(1)	PAGE 144 OF 144	
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:	
	luding Loans nu		(check only one) 9	
			X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committ	٥٥			
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of TYPE SE	Debt (Purpose):	
WORLDCOMP		ITPE SE	TTING	
Mailing Address 722 EAST MARKET STREET				
City State	Zip Code			
LEESBURG	VA 22075			
Outstanding Balance Beginning This Period		Transac	tion ID : INV6010000112993	
50.00				
Amount Incurred This Period	Payment This Peri	od Outstand	ling Balance at Close of This Period	
0.00	· · · · · · · ·	0.00	50.00	
		0.00		
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of	Debt (Purpose):	
YMCA SYRACUSE		ROOM R	ENTALS	
Marillana Aslaharan				
Mailing Address 340 MONTGOMERY STREET				
City State	Zip Code			
SYRACUSE	NY 13202			
Outstanding Balance Beginning This Period		Transa	ction ID : INV6010000112994	
25.00				
	Deument This Devi	o d	tion Delenses at Oleans of This Deviad	
Amount Incurred This Period	Payment This Peri	od Outstand	ding Balance at Close of This Period	
0.00		0.00	25.00	
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of	Debt (Purpose):	
ZELLER & LETICA INC.			LABELS-SUB LISTS	
Mailing Address 15 E. 26TH ST.				
City	State Zip Code			
NEW YORK	NY 10010			
Outstanding Balance Beginning This Period		Transa	ction ID : INV6010000112995	
57.84				
Amount Incurred This Period	Payment This Peri	od Outstand	ling Balance at Close of This Period	
0.00		0.00	57.84	
	, , ,		, ,	
			132.84	
1) SUBTOTALS This Period This Page (optional)		······ •	, , , , , , , , , , , , , , , , , , , ,	
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 r		449726.38	
and of and of and carry lorward to appropriate	into or ourninary raye (last p			