FEC FORM 3X	AN	EPORT O ND DISBU Other Than A	JRSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in f		FEC MAILING LA		ample:If typing er the lines	, type			
	ic Policy Commi	ittee 						
ADDRESS (number and	street)	13 HALIFAX PLAC	E 					<u> </u>
Check if different than previous reported. (AC	У . П	EESBURG					20175	
2. FEC IDENTIFICA	TION NUMBER	₩	CITY 🛋		S	STATE	ZIPCOL	DE 👗
C00136531			3. IS THIS REPORT		NEW N) <b>OR</b>	AM (A)	ENDED	
X July 15 Quarterly October Quarterly January Quarterly July 31 M	orts: 7 Report(Q1) 7 Report(Q2) 15 7 Report(Q3) 31 7 Report(YE) Mid-Year lon-election	(b) Monthly Report Due On: (c) 12-Day <b>PRE</b> -Elec: Report for (d) 30-Day <b>Post</b> -Ele	the: Election on		12C)	Sep 2	2S) in the State o	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
Terminat (TER)	ion Report	Report for	Election on				in the State o	f
5. Covering Period	04	01 20		through	06	30	2010	
I certify that I have exan Type or Print Name of T		rt and to the best of Katherine Jenkins	my knowledge	and belief it is	true, correct a	and complete.		
Signature of Treasurer	Electronically	y Filed by Kather	ine Jenkins		Da	ate 07	08	2010
NOTE : Submission of	false, erroneous	s, or incomplete info	ormation may si	ubject the pers	on signing this	Report to the	penalties of 2 U.S	S.C 437g.
Office Use Only							FEC FOR (Rev. 12/200	

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SUMMARY PAGE 

M 30 Y Y Y Y 2010
M 30 2010
COLUMN B Calendar Year-to-Date
3090.22
360.00
3450.22
240.00
3210.22

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

#### For further information contact:

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

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

FE6AN026

Image#	1099083451	8
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# DETAILED SUMMARY PAGE OF RECEIPTS

	3 / 143
	To:
COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
0.00	0.00
180.00	360.00
180.00	360.00
0.00	0.00
0.00	0.00
180.00	360.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
180.00	360.00
180.00	360.00
	COLUMN A Total This Period           0.00           180.00           180.00           180.00           0.00           180.00           180.00

FE6AN026

#### Image# 10990834519

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)		of Disbursements	4 / 143		
	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
	erating Expenditures:				
(a)	Activity (from Schedule H4) (i) Federal Share	0.00	0.00		
		0.00	0.00		
(b)	(ii) Non-Federal Share		0.00		
( )	Expenditures	120.00	240.00		
(C)	Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) <b>&gt;</b>	120.00	240.00		
	ansfers to Affiliated/Other Party mmittees	0.00	0.00		
3. Co Fe	ntributions to deral Candidates/Committees	0.00	0.00		
	d Other Political Committees	0.00	0.00		
(us	se Schedule E) ordinated Expenditures Made by Party	0.00	0.00		
Co	mmittees (2 U.S.C. 441a(d)) se Schedule F)	0.00	0.00		
. Loa	an Repayments Made	0.00	0.00		
27. Loa	ans Made	0.00	0.00		
28. Re	funds of Contributions To:				
(a)	Individuals/Persons Other Than Political Committees	0.00	0.00		
(b)	·	0.00	0.00		
(c)	Other Political Committees (such as PACs)	0.00	0.00		
(d)	Total Contribution Refunds (add Lines 28(a), (b), and (c)) >	0.00	0.00		
9. Otł	ner Disbursements	0.00	0.00		
	deral Election Activity (2 U.S.C 431(20)) ) Shared Federal Election Activity				
	(from Schedule H6) (i) Federal Share	0.00	0.00		
	(ii) "Levin" Share	0.00	0.00		
(b	) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(0	c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
31. To	otal Disbursements (add Lines 21(c), 22,				
23	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	120.00	240.00		
32. T	otal Federal Disbursements				
	ubtract Line 21(a)(ii) and Line 30(a)(ii)	100.00	040.00		
fro	om Line 31)	120.00	240.00		

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### DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003) of Disbursements

5 / 143

	III. Net Contributions/Operating Expenditures		
33.	Total Contributions (other than loans) from Line 11(d), page 3)	180.00	360.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	180.00	360.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	120.00	240.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	120.00	240.00

FE6AN026

CHEDULE B (FEC Form 3X)       Use separate schedule(s)       COP LINE NUMBER:       PAGE 6 / 143         If emilation code from such Reports and Statements may not be sold or used by any person for the purpose of schedule(s)       Page 23 Page 24 Page 23 Page 24 P		[					
FEMIZED DISBURSEMENTS       for cach catogory of the Detailed Summary Page       Disk and yoin the Disk and yoin the Disk and yoin the Purpose of Soliding contributions from such Reports and Statements may not be solid or used by any person for the purpose of soliding contributions from such committee to solicit contributions from such committee to solicit contributions from such committee         NAME OF COMMITTEE (in Full)       National Democratic Policy Committee       Transaction ID: 01000005901000002         Purpose diskursement       EFT CORPORATION       Transaction ID: 01000005901000002         Balance diskursement       City       Amount of Each Diskursement this Period         AMADE COMPORATION       City       Amount of Each Diskursement         Purpose diskursement       City of 0.6518       Amount of Each Diskursement the Period         Cardidate Name       Other (specify)       Image: Cardidate Name       Catogory         City       House       Senate       Diskursement Firmacy       Catogory         Further (Last, First, Middle Initial)       EFT COAPORATION       Transaction ID: 01000006001000002         EFT PROCESSING FEE       City       Amount of Each Diskursement       City         Maling Address       2911 DIXWELL AVE       City of 0.5 / 2.0 10 °       Amount of Each Diskursement         City       Gital       City of 0.5 / 2.0 10 °       City of 0.5 / 2.0 10 °         Maling Address <th>CHEDULE B (FEC FORM 3X)</th> <th>Use separate schedule(s</th> <th></th> <th colspan="4"></th>	CHEDULE B (FEC FORM 3X)	Use separate schedule(s					
Implementation copied from such Reports and Statements may not be odd or used by averes for the purposes of saliciting contributions       28a       28b       28b<	<b>FEMIZED DISBURSEMENTS</b>	for each category of the					
ny Information coded from such Reports and Statements may not be odd or used by any person for the purpose of exicting contributions for committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) National Democratic Policy Committee Full Name (Last, First, Middle Initial) EFT CORPORATION Mailing Address 2911 DIXWELL AVE City HAMDEN City Full Name (Last, First, Middle Initial) EFT CORPORATION Mailing Address 2911 DIXWELL AVE City Callegory Type Candidate Name City Full Name (Last, First, Middle Initial) EFT CORPORATION Mailing Address 2911 DIXWELL AVE City Full Name (Last, First, Middle Initial) EFT CORPORATION Mailing Address 2911 DIXWELL AVE City Full Name (Last, First, Middle Initial) EFT CORPORATION Mailing Address 2911 DIXWELL AVE City Full Name (Last, First, Middle Initial) EFT CORPORATION Mailing Address 2911 DIXWELL AVE City Full Name (Last, First, Middle Initial) EFT CORPORATION Mailing Address 2911 DIXWELL AVE City Candidate Name City Full Name (Last, First, Middle Initial) EFT CORPORATION Mailing Address 2911 DIXWELL AVE City Candidate Name City Full Name (Last, First, Middle Initial) EFT CORPORATION Mailing Address 2911 DIXWELL AVE City Candidate Name City Full Name (Last, First, Middle Initial) EFT CORPORATION Mailing Address 2911 DIXWELL AVE City City City City City City City City	_	Detailed Summary Page					
for commercial purposes, other than using the name and address of any pullical committee to solicit contributions from such committee         NAME OF COMMITTEE (in Full)         National Democratic Policy Committee         Full Name (Last, First, Middle Initial)         EFT CORPORATION         Maiing Address       2911 DIXWELL AVE         City       State         Purpose of Disbursement         EFT PROCESSING FEE         Candidate Name         Office Sought:       House         President         Disbursement         EFT OPROCESSING FEE         Category         Type         Office Sought:         President         Disbursement         EFT OROPORATION         Mailing Address         2911 DIXWELL AVE         City         Ful Name (Last, First, Middle Initial)         EFT CORPORATION         Mailing Address         2911 DIXWELL AVE         City         Ful Name (Last, First, Middle Initial)         EFT OROPORATION         Mailing Address         2911 DIXWELL AVE         City         State:         Disbursement         EFT CORPORATION         <							
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Purpose of Disbursement       40.00         EFT PROCESSING FEE       Category/ Type         Category/ Type       Category/ Type         Office Sought:       House         Senate       Primary         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)       EFT CORPORATION         EFT CORPORATION       Transaction ID: 01000006101000005         Mailing Address       2911 DIXWELL AVE         City       State       Zip Code         HAMDEN       CT       06518         Purpose of Disbursement       EFT PROCESSING FEE         Category/ Type       Category/ Type         Office Sought:       House         Senate       Disbursement For:         Candidate Name       Category/ Type         Office Sought:       Disbursement For:         President       Other (specify)         State:       District:         Subbrotal of Disbursements This Page (optional)       120.00				Amount of Each Disl	oursement this Period		
Category/   Category/   Category/   Type      Office Sought: House Senate President Correstor Disbursement For: Other (specify) ▼ State: District: Transaction ID: 01000006101000005 Date of Disbursement Disbursement Correstor Disbursement this Period Mailing Address 2911 DIXWELL AVE City State Zip Code HAMDEN CT 06518 Purpose of Disbursement EFT PROCESSING FEE Candidate Name Office Sought: House Disbursement For: Other (specify) ▼ Office Sought: House Disbursement For: Other (specify) ▼ Office Sought: Disbursement For: Other (specify) ▼ Substrate: District: Disbursement For: Other (specify) ▼ 120.00		CT 06518					
Candidate Name       Category/ Type         Office Sought:       House Senate       Disbursement For:         President       Other (specify)       Image: Category/ Type         State:       District:         Full Name (Last, First, Middle Initial) EFT CORPORATION       Transaction ID: 01000006101000005 Date of Disbursement         Mailing Address       2911 DIXWELL AVE       Image: Category/ Type         City       State       Zip Code CT       Amount of Each Disbursement this Period         Purpose of Disbursement       CT       06518       Amount of Each Disbursement this Period         EFT PROCESSING FEE       Category/ Type       40.00       40.00         Office Sought:       House       Disbursement For:       Category/ Type         State:       District:       Image: Category Type       120.00	•				40.00		
Office Sought:       House       Disbursement For:       Type         Office Sought:       House       Primary       General         President       Other (specify)       ▼         State:       District:       Transaction ID: 01000006101000005         Full Name (Last, First, Middle Initial)       EFT CORPORATION       Transaction ID: 01000006101000005         Date of Disbursement       06 m/ 0 0 5 / 2 0 1 0 °       Amount of Each Disbursement         City       State       Zip Code         HAMDEN       CT 06518       Amount of Each Disbursement this Period         Purpose of Disbursement       Category/ Type       40.00         Office Sought:       House       Disbursement For:       40.00         Cardidate Name       Category/ Type       Type       120.00         Office Sought:       Disbursement For:       120.00         State:       District:       120.00							
Office Sought:       House       Disbursement For:       General         President       District:       Other (specify) ▼       Transaction ID: 0100006101000005         Full Name (Last, First, Middle Initial)       EFT CORPORATION       Transaction ID: 0100006101000005         Mailing Address       2911 DIXWELL AVE       Memory 2 0 1 0 °         City       State       Zip Code         HAMDEN       CT       06518         Purpose of Disbursement       Category/ Type         Office Sought:       House       Disbursement For:         Candidate Name       Disbursement For:       Category/ Type         Office Sought:       House       Disbursement For:         State:       District:       General         Other (specify) ▼       Ite context       120.00	Gandidate Name						
Senate       Primary       General         Other (specify)       ▼         State:       District:         Full Name (Last, First, Middle Initial)       EFT CORPORATION         Mailing Address       2911 DIXWELL AVE         City       State       Zip Code         HAMDEN       CT       06518         Purpose of Disbursement       EFT PROCESSING FEE         Candidate Name       Disbursement For:         Senate       Disbursement For:         Senate       Other (specify)         Office Sought:       House         Disbursements       Other (specify)         State:       Disbursement For:         Senate       Other (specify)         President       Other (specify)         State:       District:	Office Sought: House Dishurs	omont For:	гуре				
President       Other (specify)       ▼         State:       District:       Transaction ID: 01000006101000005         EFT CORPORATION       Date of Disbursement         Mailing Address       2911 DIXWELL AVE       0 6 <sup>M</sup> / 0 5 <sup>J</sup> (¥ 2 0 1 0)         City       State       Zip Code         HAMDEN       CT       06518         Purpose of Disbursement       EFT PROCESSING FEE       Amount of Each Disbursement this Period         Cardidate Name       Category/ Type       40.00         Office Sought:       House       Disbursement For:         State:       District:       Cher (specify)         State:       District:       120.00							
State:       District:         Full Name (Last, First, Middle Initial)       EFT CORPORATION         EFT CORPORATION       Transaction ID: 01000006101000005         Mailing Address       2911 DIXWELL AVE         City       State       Zip Code         HAMDEN       CT       06518         Purpose of Disbursement       EFT PROCESSING FEE       Amount of Each Disbursement this Period         Cardidate Name       Category/ Type       40.00         Office Sought:       House President       Disbursement For: Other (specify) ▼       Category/ Type         SUBTOTAL of Disbursements This Page (optional)       120.00       120.00		_ · _					
Full Name (Last, First, Middle Initial)       Transaction ID: 01000006101000005         EFT CORPORATION       Date of Disbursement         Mailing Address       2911 DIXWELL AVE         City       State       Zip Code         HAMDEN       CT       06518         Purpose of Disbursement       40.00         EFT PROCESSING FEE       Category/ Type         Office Sought:       House         Disbursement For:       Category/ Type         Office Sought:       House         Disbursement For:       General         President       Other (specify)         State:       District:							
EFT CORPORATION       Date of Disbursement         Mailing Address       2911 DIXWELL AVE         City       State       Zip Code         HAMDEN       CT       06518         Purpose of Disbursement       EFT PROCESSING FEE         Candidate Name       Category/ Type         Office Sought:       House President         Disbursements This Page (optional)       Primary         Guber of Disbursements This Page (optional)       120.00					100000610100000		
Mailing Address       2911 DIXWELL AVE         City       State       Zip Code         HAMDEN       CT       06518         Purpose of Disbursement       EFT PROCESSING FEE         Candidate Name       Category/ Type         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       Disbursements This Page (optional)							
City       State       Zip Code         HAMDEN       CT       06518         Purpose of Disbursement       40.00         EFT PROCESSING FEE       Category/         Candidate Name       Category/         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       Disbursements This Page (optional)							
HAMDEN       CT       06518         Purpose of Disbursement       40.00         EFT PROCESSING FEE       Category/ Type         Office Name       Disbursement For: Senate         Office Sought:       House         President       Other (specify)         State:       District:         SUBTOTAL of Disbursements This Page (optional)       120.00	Mailing Address 2911 DIXWELL AVE			06 05	2010		
HAMDEN       CT       06518         Purpose of Disbursement       40.00         EFT PROCESSING FEE       Category/ Type         Office Name       Disbursement For: Senate         Office Sought:       House         President       Other (specify)         State:       District:         SUBTOTAL of Disbursements This Page (optional)       120.00	City	State Zin Code		Amount of Each Dial	oursement this Deried		
Purpose of Disbursement       40.00         EFT PROCESSING FEE       Category/ Type         Candidate Name       Category/ Type         Office Sought:       House         Senate       Primary         President       Other (specify)         State:       District:         BUBTOTAL of Disbursements This Page (optional)       120.00				Amount of Each DISI			
EFT PROCESSING FEE       Category/ Type         Candidate Name       Category/ Type         Office Sought:       House         Senate       Primary         President       Other (specify)         State:       Disbursements This Page (optional)         Subtrotral of Disbursements This Page (optional)       120.00					40.00		
Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify) ▼         State:       Disbursements This Page (optional)							
Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify) ▼         State:       District:         SUBTOTAL of Disbursements This Page (optional)       120.00	Candidate Name		Category/				
Senate       Primary       General         President       Other (specify)       ▼         SUBTOTAL of Disbursements This Page (optional)       120.00							
State:       District:         SUBTOTAL of Disbursements This Page (optional)       ■	Office Sought: House Disburs						
State:       District:         SUBTOTAL of Disbursements This Page (optional)       120.00		Primary General					
SUBTOTAL of Disbursements This Page (optional)							
	President	Other (specify)					
	President	Other (specify)					
	State: District:				120.00		
	State: District:		····· •		120.00		

FE6AN026

NAME OF COMMITTEE (In Full)

### SCHEDULE C (FEC Form 3X)

### LOANS

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

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National Democratic Policy Committee			Transac	tion ID: LOAN	001000004
LOAN SOURCE Full Name (Last, First, Midd HARVEY E. HASCALL - [PERSONAL F				ection: Primary General	001000004
Mailing Address 2137 S 1150 EAST				Other (specify	) 🔻
City BOUNTIFUL	State UT ZIP C	ode 84010			
Original Amount of Loan	Cumulative Payment T	o Date	Balance	Outstanding at C	lose of This Period
1000.00		0.00			1000.00
TERMS Date Incurred	Date Due		Interest Rate	e	Secured:
M         M         D         D         Y         Y         Y         Y         Y         Y         1	9871128		0	% (apr)	Yes X No
List All Endorsers or Guarantors (if any) to Loan	Source				
Full Name (Last, First, Middle Initial)		Name of Emp	oloyer		
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emp	oloyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emp	oloyer		
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emp	oloyer		
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, Schedul	e D, for this line. If no Scl	nedule D, carry fo	orward to approp	riate line of Sum	nary.
FE6AN026			FEC Sche	edule C(Form 3	X ) (Revised 02/2003)

### LOANS

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

PAGE 8/143 FOR LINE 13 OF FORM 3X

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ummary Page	

NAME OF COMMITTEE (In Full) National Democratic Policy Committee						
LOAN SOURCE Full Name (Last, First, Middle Initial) ALBERT E MC NAIR - [PERSONAL FUNDS]	Transaction ID: LOAN000002009       Election:       Primary       General					
Mailing Address 1657 EDDY DR	Other (specify) ▼					
City NORTH TONAWANDA State NY ZIP Co	de 14120					
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period					
1000.00	0.00 1000.00					
TERMS Date Incurred Date Due	Interest Rate Secured:					
M         M         D         D         P         Y	0 % (apr) Yes X No					
List All Endorsers or Guarantors (if any) to Loan Source						
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
City State ZIP Code	Amount Guaranteed Outstanding:					
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
City State ZIP Code	Amount Guaranteed Outstanding:					
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
City State ZIP Code	Amount Guaranteed Outstanding:					
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
City State ZIP Code	Amount Guaranteed Outstanding:					
SUBTOTALS This Period This Page (optional)	1000.00					
<b>TOTALS</b> This Period (last page in this line only)						
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.						

FE6AN026

### LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 9 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee					
,			Transactio	n ID: LOANO	000002886
LOAN SOURCE Full Name (Last, First, Middle In ESTHER E. WILSON - [PERSONAL FUND			Electi		
	0]			General	
Mailing Address 6241 WARNER #132				Other (specify)	۷
City HUNTINGTON BEACH Sta	te CA ZIP Coc	le 92647			
Original Amount of Loan Cu	umulative Payment To	Date	Balance Out	standing at Clo	ose of This Period
5000.00		0.00			5000.00
TERMS Date Incurred	Date Due		Interest Rate		Secured:
M M 3 0 Y Y Y Y 0 4 3 0 1 9 8 4 19850	)430		1200.00	% (apr)	Yes X No
List All Endorsers or Guarantors (if any) to Loan Sou	Jrce				
Full Name (Last, First, Middle Initial)		Name of Employe	er		
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Employe	er		
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Employe	ər		
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed			
		Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Employe	er		
Mailing Address		Occupation			
		Amount			0 0
City State	ZIP Code	Guaranteed Outstanding:			
		·			
SUBTOTALS This Period This Page (optional)		►			5000.00
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3, Schedule D,	for this line. If no Sche	edule D, carry forwa	ard to appropriat	e line of Summ	ary.

FE6AN026

NAME OF COMMITTEE (In Full)

### SCHEDULE C (FEC Form 3X)

### LOANS

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

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category of the			-	
Summary Page				

National Democratic Policy Committee Transaction ID: LOAN0000003820			
LOAN SOURCE Full Name (Last, First, Middle Initial) MINEHART EDSEN - [PERSONAL FUNDS]	Election:		
Mailing Address 1949 S MANCHESTER AVE SPACE 104	Other (specify)		
City ANAHEIM State CA ZIP Cod	de 92802		
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period		
700.00	0.00 700.00		
TERMS Date Incurred Date Due	Interest Rate Secured:		
M         M         D         D         Y	0 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to appropriate line of Summary.		

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### LOANS

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

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NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN000003823
LOAN SOURCE Full Name (Last, First, Middle Initial) MINEHART EDSEN - [PERSONAL FUNDS]	Election:
	General
Mailing Address 1949 S MANCHESTER AVE	Other (specify)
SPACE 104	
City ANAHEIM State CA ZIP Coo	
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1250.00	0.00 1250.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M         M         D         D         Y	0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1250.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to appropriate line of Summary.

### LOANS

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

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee			Transaction ID: LOAN	10000004982
LOAN SOURCE Full Name (Last, First, EUGENE L DRUSELL - [PERSONA			Election: Primary General	
Mailing Address 1704 SAWYER			Other (specify	y) 🔻
City WEST COVINA	State CA ZIP Co	de 91790		
Original Amount of Loan	Cumulative Payment To	Date E	Balance Outstanding at (	Close of This Period
1000.00		0.00		1000.00
TERMS Date Incurred	Date Due	Inte	rest Rate	Secured:
M         M         D         D         D         Y	19841108	0	% (apr)	Yes X No
List All Endorsers or Guarantors (if any) to	Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City Sta	te ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City Sta	te ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City Sta	te ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City Sta	te ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (option	al)	►		1000.00
OTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Sch	nedule D, for this line. If no Sch	edule D, carry forward to	appropriate line of Sum	imary.

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### LOANS

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

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Summary Page	

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN000004983
LOAN SOURCE Full Name (Last, First, Middle Initial) EUGENE L DRUSELL - [PERSONAL FUNDS]	Election:
EUGENE L DRUSELL - [PERSONAL FUNDS]	Primary
	General
Mailing Address 1704 SAWYER	☐ Other (specify) ▼
City WEST COVINA State CA ZIP Co	•
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M D D Y Y Y Y	
0.8 0.8 1.984 19841108	0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
Full Name (Last, First, Middle Initial)	Outstanding:
	Name of Employer
Mailing Address	Occupation
	America
City State ZIP Code	Amount Guaranteed
City State ZIP Code	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
	Name or Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
City State ZIP Code	Outstanding:
	1000 00
SUBTOTALS This Period This Page (optional)	▶ 1000.00
TOTALS This Period (last page in this line only)	······
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	
למוזיץ לענטגמוועוווט שמומוכב לוווץ נל בוועב ט, טלוופעעוב ש, וטו נוווט ווופ. וו ווס שלוו	equie D, carry forward to appropriate line of Summary.

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### LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 14 / 143 FOR LINE 13 OF FORM 3X

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee			
LOAN SOURCE Full Name (Last, First, Middle Initial) BILL SUEDKAMP - [PERSONAL FUNDS]		Transaction ID: LOAN000005986	
Mailing Address 1211 DOUGLAS HWY		General General Other (specify) ▼	
City GILLETTE State V	YY ZIP Code 8271	6	
Original Amount of Loan Cumula	tive Payment To Date	Balance Outstanding at Close of This Period	
1000.00	0.00	1000.00	
TERMS Date Incurred	Date Due	Interest Rate Secured:	
M         M         D         D         P         Y		0   % (apr)   Yes   X   No	
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Er	mployer	
Mailing Address	Occupation	n	
City State ZIP C	Amount Guaranteed Outstandin		
Full Name (Last, First, Middle Initial)	Name of Er	mployer	
Mailing Address	Occupation	n	
City State ZIP C	Amount Guaranteed Outstanding		
Full Name (Last, First, Middle Initial)	Name of Er	mployer	
Mailing Address	Occupation	n	
City State ZIP C	Amount Guaranteed Outstanding		
Full Name (Last, First, Middle Initial)	Name of Er	mployer	
Mailing Address	Occupation	n	
City State ZIP C	Amount Guaranteed Outstandin		
SUBTOTALS This Period This Page (optional)	SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for th	is line. If no Schedule D. carrv	y forward to appropriate line of Summary.	

### LOANS

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

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Detailed Summary Page	

FOR LINE 13 OF FORM 3	ЗX

NAME OF COMMITTEE (In Full) National Democratic Policy Committee			
LOAN SOURCE Full Name (Last, First, Middle Initial) BILL SUEDKAMP - [PERSONAL FUNDS]	Transaction ID: LOAN0000005987         Election:         Primary         General		
Mailing Address 1211 DOUGLAS HWY	Cther (specify) ▼		
City GILLETTE State WY ZIP Co	de 82716		
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period		
1000.00	0.00 1000.00		
TERMS Date Incurred Date Due	Interest Rate Secured:		
M M 10 18 1984 19841218	0 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)	UBTOTALS This Period This Page (optional)		
OTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D, carry forward to appropriate line of Summary.		

### LOANS

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

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rv Page			

NAME OF COMMITTEE (In Full) National Democratic Policy Committee		
	Transaction ID: LOAN000006929	
LOAN SOURCE Full Name (Last, First, Middle Initial) HENRY C MAYBERRY - [PERSONAL FUNDS]	Election: Primary General	
Mailing Address 8071 E 19TH ST	Other (specify)	
City WESTMINSTER State CA ZIP	Code 92683	
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period	
500.00	0.00 500.00	
TERMS Date Incurred Date Due	Interest Rate Secured:	
M         M         D         D         Y	0 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	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 S	chedule D, carry forward to appropriate line of Summary.	

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### LOANS

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

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee	Transaction ID: LOAN0000007139		
LOAN SOURCE Full Name (Last, First, Middle Initial) RONALD TAI HO CHOI - [PERSONAL FUNDS]	Election: Primary General		
Mailing Address 35797 BLAIR PL	Other (specify)		
City FREMONT State CA ZIP Co	ode 94536		
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period		
500.00	0.00 500.00		
TERMS Date Incurred Date Due	Interest Rate Secured:		
M         M         D         D         Y         19850928         1985	0 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)	······		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	nedule D, carry forward to appropriate line of Summary.		

FE6AN026

NAME OF COMMITTEE (In Full)

### SCHEDULE C (FEC Form 3X)

### LOANS

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

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lational Democratic Policy Committee			
LOAN SOURCE Full Name (Last, First, Middle Initial) ROBERT C MCKINNEY - [PERSONAL FUNDS]	Transaction ID: LOAN0000009055 Election: Primary General		
Mailing Address PO BOX 3245	Other (specify)		
City SEAL BEACH State CA ZIP Co	de 90740		
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period		
1000.00	0.00 1000.00		
TERMS         Date Incurred         Date Due	Interest Rate Secured:		
M         M         D         D         P         Y	1200.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed		
City State ZIP Code	Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed		
City State ZIP Code	Outstanding:		
Full Name (Last, First, Middle Initial)     Name of Employer			
Mailing Address	Occupation		
	Amount Guaranteed		
City State ZIP Code	Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D, carry forward to appropriate line of Summary.		

FE6AN026

NAME OF COMMITTEE (In Full)

### SCHEDULE C (FEC Form 3X)

### LOANS

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

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ummary Page				

National Democratic Policy Committee		
LOAN SOURCE Full Name (Last, First, Middle Initial)	Transaction ID: LOAN0000009557 Election:	
ROBERT LOFTUS - [PERSONAL FUNDS]	Primary	
	General	
Mailing Address 2446 N SUMMIT	Other (specify)	
City DECATUR State IL ZIP Co	de 62526	
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period	
1000.00	0.00 1000.00	
TERMS Date Incurred Date Due	Interest Rate Secured:	
M         M         D         D         Y	0 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D, carry forward to appropriate line of Summary.	

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### LOANS

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

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN0000010472
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
SCOTT BEARD - [PERSONAL FUNDS]	Primary
	General
Mailing Address 4125 HAWTHORNE	Other (specify)
City DALLAS State TX ZIP Co	de 75202
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M D D Y Y Y Y	
04 09 1984 19840709	0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, for this line.	edule D, carry forward to appropriate line of Summary.

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### LOANS

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

NAME OF COMMITTEE (In Full)		
National Democratic Policy Committee		
LOAN SOURCE Full Name (Last First Middle Initial)	Transaction ID: LOAN0000010652	
LOAN SOURCE Full Name (Last, First, Middle Initial) NANCY J STEINER - [PERSONAL FUNDS]	Election:	
	General	
Mailing Address 2809 GBEER BD	Other (specify)	
Mailing Address 2809 GREER RD		
City PALO ALTO State CA ZIP Co	ode 94303	
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period	
1000.00	0.00 1000.00	
TERMS Date Incurred Date Due	Interest Rate Secured:	
M M D D Y Y Y Y		
12     29     1986     19871212	0 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occuration	
	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
	▶ 1000.00	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D, carry forward to appropriate line of Summary.	

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### LOANS

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

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NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
	Transaction ID: LOAN0000011262		
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:		
RAY BRANDENBERG - [PERSONAL FUNDS]	Primary		
	General		
Mailing Address 1303 AMORETTI	☐ Other (specify) ▼		
City THERMOPOLIS State W	Y ZIP Code 82443		
Original Amount of Loan Cumulat	tive Payment To Date Balance Outstanding at Close of This Period		
200.00	0.00 200.00		
TERMS Date Incurred	Date Due Interest Rate Secured:		
M M D D Y Y Y Y			
05 14 1984 19840814	1800.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occuration		
	Occupation		
	Amount		
City State ZIP Co			
	Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount Ode Guaranteed		
City State ZIP Co	Outstanding:		
Full Name (Last, First, Middle Initial) Name of Employer			
Mailing Address	Occupation		
	Amount		
City State ZIP Co	Amount Ode Guaranteed		
City State ZIP Co	Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occuration		
Mailing Address	Occupation		
	Amount		
City State ZIP Co			
	Outstanding:		
SUBTOTALS This Period This Page (optional)			
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Corry outstanding balance only to UNE 2. Schodule D. for this	a line. If no Schodule D. corruptory forward to appropriate line of Summery		
Carry outstanding balance only to LINE 3, Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.		

### LOANS

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

PAGE 23 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee			
	Transaction ID: LOAN0000011993		
LOAN SOURCE Full Name (Last, First, Middle Initial) JACKSON B BREEZE - [PERSONAL FUNDS]	Election: Primary General		
Mailing Address 419 QUARTZ ST	Other (specify)		
City REDWOOD CITY State CA	ZIP Code 94062		
Original Amount of Loan Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
1000.00	0.00 1000.00		
TERMS Date Incurred Date	Due Interest Rate Secured:		
M M 3 0 V Y Y Y 19850302	0 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

### LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 24 / 143 FOR LINE 13 OF FORM 3X

of the FOR LINE IS C

NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee Transaction ID: LOAN0000012031			
LOAN SOURCE Full Name (Last, First, Middle Initial) RICHARD ROPER - [PERSONAL FUNDS]	Election: Primary General		
Mailing Address 630 W DUARTE RD #33	Other (specify)		
City MONROVIA State CA ZIP Cod	de 91016		
Original Amount of Loan Cumulative Payment To	Date         Balance Outstanding at Close of This Period		
1000.00	0.00 1000.00		
TERMS			
Date Incurred         Date Due           0 5         3 1         1 9 8 4         19841130	Interest Rate     Secured:       0     % (apr)     Yes     X     No		
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)	······		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, for this line of the schedule D, for the schedul	edule D, carry forward to appropriate line of Summary.		

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NAME OF COMMITTEE (In Full)

### SCHEDULE C (FEC Form 3X)

National Democratic Policy Committee

#### LOANS

Use separate schedule(s)

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for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3)
Transact	ion ID: LOAN0000012946

LOAN SOURCE Full Name (Last, First, Middle Initial) FLOYD T WRIGHT - [PERSONAL FUNDS]		Election: Primary General			
Mailing Address 4207 PATRICIA ST				Other (specify)	
City FREMONT St	ate CA ZIP Cod	de 94536			
Original Amount of Loan C	Cumulative Payment To	Date	Balan	ce Outstanding at Close of Thi	s Period
1000.00		0.00		1000.00	
TERMS Date Incurred	Date Due		Interest F	Rate Secured	:
M         M         D         D         Y         Y         Y         Y         1984         1984	1124		0	% (apr) Yes	X No
List All Endorsers or Guarantors (if any) to Loan So	ource				
Full Name (Last, First, Middle Initial)		Name of Emp	bloyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:	1 I 1 1		
Full Name (Last, First, Middle Initial)		Name of Emp	bloyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:	0 0 4 4		
Full Name (Last, First, Middle Initial)		Name of Emp	bloyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:	· · ·		
Full Name (Last, First, Middle Initial)		Name of Emp	bloyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:	· · ·		
SUBTOTALS This Period This Page (optional)				1000.0	

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### LOANS

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee		
National Democratic Policy Committee Transaction ID: LOAN0000013379		
LOAN SOURCE Full Name (Last, First, Middle Initial) MARGARET MAMULA - [PERSONAL FUNDS]	Election: Primary General	
Mailing Address 4321 N EL BURRITO	Other (specify)	
City TUCSON State AZ ZIP Co	ode 85705	
Original Amount of Loan Cumulative Payment To	b Date Balance Outstanding at Close of This Period	
1000.00	0.00 1000.00	
TERMS Date Incurred Date Due	Interest Rate Secured:	
M         M         D         D         Y	0 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

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### LOANS

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

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NAME OF COMMITTEE (In Full)		
National Democratic Policy Committee		
Transaction ID: LOAN0000013410		
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:	
BILL DRAKE - [PERSONAL FUNDS]	Primary	
	General	
Mailing Address RT 4 BOX 126	☐ Other (specify) ▼	
City DEXTER State MO ZIP Co	•	
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period	
100.00	0.00 100.00	
TERMS Date Incurred Date Due	Interest Rate Secured:	
M M D D Y Y Y Y		
0 6 1 9 1 9 8 4 19840819	0 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
CURTOTAL C. This Deried This Dage (antisant)	▶ 100.00	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

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### LOANS

Use separate schedule(s) for each category of the

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Detailed Summary Page	

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)		
National Democratic Policy Committee		
	Transaction ID: LOAN0000017823	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:	
HAROLD N LYNGE MD - [PERSONAL FUNDS]	Primary	
	General	
Mailing Address 2 S 13TH ST	Other (specify)	
City SAN JOSSE State CA ZIP Coc		
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period	
1000.00	0.00 1000.00	
TERMS		
Date Incurred Date Due	Interest Rate Secured:	
M M D D Y Y Y Y 0 8 0 8 1 9 8 4 19841008	0 % (apr) Yes X No	
	0 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Coupaion	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
SUBTOTALS This Period This Page (optional)		
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to appropriate line of Summary.	

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### LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 29 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)		
National Democratic Policy Committee		
	Transaction ID: LOAN0000018351	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:	
GREGORY R WOLF - [PERSONAL FUNDS]	Primary	
	General	
Mailing Address 5258 CARTWRIGHT	└── Other (specify) ▼	
City NORTH HOLLYWOOD State CA ZIP Co	ż	
Original Amount of Loan Cumulative Payment To	b Date Balance Outstanding at Close of This Period	
300.00	0.00 300.00	
TERMS Date Incurred Date Due	Interest Rate Secured:	
M         M         D         D         Y	0 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
City State ZIP Code	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occuration	
	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
State Zil Odde	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	▶ 300.00	
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

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### LOANS

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

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hary Page	

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

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### LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 31 / 143 FOR LINE 13 OF FORM 3X

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee			
LOAN SOURCE Full Name (Last, First, Middle Initial) GREGORY R WOLF - [PERSONAL FUNDS]	Transaction ID: LOAN0000018353 Election: Primary General		
Mailing Address 5258 CARTWRIGHT	Other (specify)		
City NORTH HOLLYWOOD State CA ZIP Co	ode 91601		
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period		
100.00	0.00 100.00		
TERMS Date Incurred Date Due	Interest Rate Secured:		
M         M         D         D         Y         Y         Y         Y         Y         Y         19841114	0 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	nedule D, carry forward to appropriate line of Summary.		

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### LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 32 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee		
,	Transaction ID: LOAN0000018611	
LOAN SOURCE Full Name (Last, First, Middle Initial) WILLIAM O MC KAY - [PERSONAL FUNDS]	Election: Primary General	
Mailing Address 4627 W 137TH PL	Other (specify)	
City HAWTHORNE State CA ZIP 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 Date Incurred Date Due	Interest Rate Secured:	
M         M         D         D         Y	0 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)         Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

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### LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 33 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee Transaction ID: LOAN0000018612				
LOAN SOURCE Full Name (Last, First, Middle Initial) ALFRED MONTEROS - [PERSONAL FUNDS]			Election:	000010012
Mailing Address 1210 W PUENTE AVE			¥	
City WEST COVINA S	tate CA ZIP Cod	de 91790		
Original Amount of Loan	Cumulative Payment To	Date Bal	lance Outstanding at Cl	ose of This Period
1000.00		0.00	<u> </u>	1000.00
TERMS Date Incurred	Date Due	Interes	st Rate	Secured:
M M D D Y Y Y Y	41117	0	% (apr)	Yes X No
List All Endorsers or Guarantors (if any) to Loan S	ource			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				1000.00
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

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### LOANS

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

FOR LINE	130	г гОг

NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
	Transaction ID: LOAN0000018817			
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:			
LEONARD K NITZ - [PERSONAL FUNDS]	Primary			
	General			
Mailing Address       5343 CALLISTER AVE         Other (specify)       ▼				
City SACRAMENTO State CA ZIP Co	•			
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period			
1000.00	0.00 1000.00			
TERMS Date Incurred Date Due	Interest Rate Secured:			
08 20 1984 19841120	0 % (apr) Yes X No			
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
	Guaranteed			
City State ZIP Code	Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed			
	Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed			
	Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

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### LOANS

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NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
Transaction ID: LOAN0000019658				
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:			
WARREN BANDY - [PERSONAL FUNDS]	Primary			
	General			
Mailing Address 934 TAMARACK LN #6	└── Other (specify) ▼			
City SUNNYVALE State CA ZIP Co	•			
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period			
1000.00	0.00 1000.00			
TERMS Date Incurred Date Due	Interest Rate Secured:			
M M D D Y Y Y Y	intelest nate Secured.			
0 9 0 6 1 9 8 4 19841206	0 % (apr) Yes X No			
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Assessed			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed			
	Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount Guaranteed			
City State ZIP Code	Outstanding:			
SUBTOTALS This Period This Page (optional)				
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				
ourry outstanding balance only to Enve 5, outerule 2, for this line, in to Schedule 2, carry forward to appropriate line of Schedule 2.				

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### LOANS

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NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
LOAN COUDCE Full Name (Last Flast Middle 1999)	Transaction ID: LOAN0000019945			
LOAN SOURCE Full Name (Last, First, Middle Initial) IAN MC CLASHAN - [PERSONAL FUNDS]	Election:			
	Primary			
	General			
Mailing Address 245 W LORRAINE ST APT 121	└── Other (specify) ▼			
City GLENDALE State CA ZIP Co	•			
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period			
1500.00	0.00 1500.00			
TERMS	Internet Data			
Date Incurred Date Due	Interest Rate Secured:			
M         D         D         Y	0 % (apr) Yes X No			
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Arround			
	Amount Guaranteed			
City State ZIP Code	Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed			
	Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

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### LOANS

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

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mary Page	

NAME OF COMMITTEE (In National Democratic Pol					
National Democratic For	icy committee			Transaction ID: LOAN	10000021069
LOAN SOURCE Full Name (Last, First, Middle Initial) LOUIS HARDING - [PERSONAL FUNDS]			Election: Primary General		
Mailing Address 815	Mailing Address 815 N MADISON			Other (specif	y) 🔻
City PIERRE		State SD ZIP Co	de 57501		
Original Amount of Loa	เท	Cumulative Payment To	Date	Balance Outstanding at (	Close of This Period
	1000.00		0.00		1000.00
TERMS Date Inc	urred	Date Due	Inte	erest Rate	Secured:
0 9 D D D D D D D D D D D D D D D D D D	Y Y Y Y 1984 19	9850327	0	% (apr)	Yes X No
List All Endorsers or Gua	rantors (if any) to Loan	Source			
Full Name (Last, Firs			Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, Firs	st, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, Firs	st, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, Firs	st, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last price of the second	TOTALS This Period (last page in this line only)				
Carry outstanding balance of	only to LINE 3, Schedul	e D, for this line. If no Sche	edule D, carry forward t	to appropriate line of Sun	nmary.

#### LOANS

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

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NAME OF COMMITTEE (In Full)		
National Democratic Policy Committee		
LOAN SOURCE Full Name (Last First Middle Initial)	Transaction ID: LOAN0000021171	
LOAN SOURCE Full Name (Last, First, Middle Initial) MARILYN PEARSON - [PERSONAL FUNDS]	Election:	
	General	
Mailing Address BB 1		
Mailing Address RR 1	☐ Other (specify) ▼	
City SPENCER State IA ZIP Co	ode 51301	
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period	
1000.00	100.00 900.00	
TERMS	laterast Data	
Date Incurred Date Due	Interest Rate Secured:	
0 9 2 8 1 9 8 4 19850328	0 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
E II Marca (Last Elect Medalla 1911)	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	nedule D, carry forward to appropriate line of Summary.	

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#### LOANS

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

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NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			0.4.1.0000004.4.40
LOAN SOURCE Full Name (Last, First, Middle Ini	tiol)		LOAN0000021412
MARJORIE CZECZOK - [PERSONAL FUNI		Election:	,
	50]	Genera	
Mailing Address 820 LAKE ST S			an specify) ▼
Mailing Address 820 LAKE ST S			specity)
City KIRKLAND Stat	e WA ZIP Code	98033	
Original Amount of Loan Cu	imulative Payment To Date	Balance Outstandi	ng at Close of This Period
250.00		50.00	200.00
TERMS Date Incurred	Date Due	Interest Rate	Secured:
	Dale Due	merest nate	Secureu.
10         25         1984         19841	125	0 % (a	pr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Sou	rce		
Full Name (Last, First, Middle Initial)		me of Employer	
Mailing Address	Oc	cupation	
		nount	
City State 2		aranteed tstanding:	
Full Name (Last, First, Middle Initial)	Na	me of Employer	
	-		
Mailing Address	Oc	cupation	
		nount	
City State 2		aranteed tstanding:	
Full Name (Last, First, Middle Initial)	Na	me of Employer	
Mailing Address	Oc	cupation	
		nount	
City State 2		aranteed	
		tstanding:	
Full Name (Last, First, Middle Initial)	Na	me of Employer	
Mailing Address	00	cupation	
		•	
	An	nount	
City State 2	ZIP Code Gu	aranteed	
		tstanding:	
		0 0 0 0	000.00
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D,	for this line. If no Schedule	D, carry forward to appropriate line	of Summary.

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### LOANS

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of the		10	
/ Page			

	MITTEE (In Full) ocratic Policy Committee				
valional Demo				Transaction ID: LOAN	N0000022667
			Election: Primary General		
Mailing Addr	ess 24922 MUIRLANDS SF	36		Other (specif	fy) 🔻
City EL TO	RO	State CA ZIP Co	ode 92630		
Original A	mount of Loan	Cumulative Payment To	o Date	Balance Outstanding at	Close of This Period
	750.00		0.00		750.00
TERMS	Date Incurred	Date Due	Ir	nterest Rate	Secured:
м м 10	D D Y Y Y Y 22 1984	19850122	0	% (apr)	Yes X No
List All Endo	rsers or Guarantors (if any) to Lo	an Source			
	ne (Last, First, Middle Initial)		Name of Employer		
Mailing /	Address		Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
Full Nan	ne (Last, First, Middle Initial)		Name of Employer		
Mailing	Address		Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
Full Nan	ne (Last, First, Middle Initial)		Name of Employer		
Mailing	Address		Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
Full Nan	ne (Last, First, Middle Initial)		Name of Employer		
Mailing	Address		Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS	This Period This Page (optional)		•		750.00
TOTALS This	Period (last page in this line only	)			
Carry outstandi	ing balance only to LINE 3, Sche	dule D. for this line. If no Sch	edule D. carry forward	to appropriate line of Sur	nmarv.

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#### LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 41 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Commi	ttee			
National Democratic Policy Commi	liee		Transaction ID: LOAN	000023255
LOAN SOURCE         Full Name (Last, First, Middle Initial)         Election           KEITH J ORR - [PERSONAL FUNDS]         Prir			Election: Primary General	0000023233
Mailing Address 441 PUERTO PL			Other (specify	) 🔻
City HAYWARD	State CA ZIP Co	ode 94541		
Original Amount of Loan	Cumulative Payment T	o Date E	Balance Outstanding at C	lose of This Period
500.00		0.00		500.00
TERMS Date Incurred	Date Due	Inte	rest Rate	Secured:
M M 24 1984	Y 19841224	0	% (apr)	Yes X No
List All Endorsers or Guarantors (if an	v) to Loan Source			
Full Name (Last, First, Middle Init		Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:		0 0 0 A A A
Full Name (Last, First, Middle Init	ial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Init	ial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Init	ial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:		· · · · ·
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this li	TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

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#### LOANS

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

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NAME OF COMMITTEE (In Full)		
National Democratic Policy Committee		
Transaction ID: LOAN000023300		
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:	
H WYVONNE LANDRY - [PERSONAL FUNDS]	Primary	
	General	
Mailing Address 18346 COLLINS ST #17	☐ Other (specify) ▼	
City TARZANA State CA ZIP Coo		
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period	
800.00	0.00 800.00	
TERMS Date Incurred Date Due	Interest Rate Secured:	
M M D D Y Y Y Y 10 25 1984 19850125	0 % (apr) Yes X No	
	0 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional) 800.00		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to appropriate line of Summary.	

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NAME OF COMMITTEE (In Full)

### SCHEDULE C (FEC Form 3X)

#### LOANS

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ational Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) JACOB S PAINTER - [PERSONAL FUNDS]	Transaction ID: LOAN0000023612 Election: Primary General
Mailing Address 4371 SUNRISE DR	Other (specify)
City CASPER State WY ZIF	P Code 82604
Original Amount of Loan Cumulative Paymer	nt To Date Balance Outstanding at Close of This Period
250.00	0.00 250.00
TERMS Date Incurred Date Due	e Interest Rate Secured:
M M 2 2 1 984 19850122	0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This Page (optional)	250.00
<b>OTALS</b> This Period (last page in this line only)	
arry outstanding balance only to LINE 3, Schedule D, for this line. If no	Schedule D, carry forward to appropriate line of Summary.

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#### LOANS

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National Democratic Policy Committee         Transaction ID: LOAN0000023623         LOAN SOURCE       Full Name (Last, First, Middle Initial)       Election:         RONALD A BOWDEN - [PERSONAL FUNDS]       □       Primary         Mailing Address       46 SOMERSET AVE       □         City RIVERSIDE       State RI       ZIP Code       02915	iod	
LOAN SOURCE       Full Name (Last, First, Middle Initial)       Election:         RONALD A BOWDEN - [PERSONAL FUNDS]       Primary         General       Other (specify)         Mailing Address       46 SOMERSET AVE	iod	
Mailing Address       46 SOMERSET AVE       General         Other (specify)       ▼	iod	
Mailing Address       46 SOMERSET AVE       Other (specify)       ▼	iod	
City RIVERSIDE State RI ZIP Code 02915	iod	
	iod	
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Peri		
1000.00 0.00 1000.00		
TERMS Date Incurred Date Due Interest Rate Secured:		
	No	
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial) Name of Employer		
Mailing Address Occupation		
Amount		
City State ZIP Code Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)     Name of Employer		
Mailing Address Occupation		
Amount		
City State ZIP Code Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)     Name of Employer		
Mailing Address Occupation		
Amount		
City State ZIP Code Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)     Name of Employer		
Mailing Address Occupation		
Amount       City     State     ZIP Code     Guaranteed       Outstanding:		
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

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#### LOANS

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NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN0000023624
LOAN SOURCE Full Name (Last, First, Middle Initial) BRYCE JONES - [PERSONAL FUNDS]	Election:
	General
Mailing Address 213 W OAKRIDGE DR	Other (specify)
City FARMINGTON State UT ZIP Co	
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
10 <sup>D</sup> 22 <sup>D</sup> 1984 19850122	0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	······
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	nedule D, carry forward to appropriate line of Summary.

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### LOANS

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	
	Transaction ID: LOAN0000023627
LOAN SOURCE Full Name (Last, First, Middle Initial) MRS BRYCE JONES - [PERSONAL FUNDS]	Election: Primary General
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 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M         M         D         D         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y	0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	▶ 1000.00
- · · · · ·	
TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no SCh	equie D, carry forward to appropriate line of Summary.

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#### LOANS

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee			L			
valional Democratic Policy Committee			Transacti	on ID: LOAN	000002362	8
LOAN SOURCE Full Name (Last, First, M MRS DONALD MILLS - [PERSONAL				ction: Primary General	000002302	0
Mailing Address 4495 WOODLAWN				Other (specify	() 🔻	
City BEAUMONT	State TX ZIP Co	ode 77703				
Original Amount of Loan	Cumulative Payment To	o Date	Balance O	utstanding at C	lose of This F	Period
500.00		0.00			500.00	
TERMS Date Incurred	Date Due		Interest Rate		Secured:	
M M 22 V Y Y Y 1984	19851022	С		% (apr)	Yes	X No
List All Endorsers or Guarantors (if any) to Lo	oan Source					
Full Name (Last, First, Middle Initial)		Name of Employ	yer			
Mailing Address		Occupation				
City State	e ZIP Code	Amount Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)		Name of Employ	yer			
Mailing Address		Occupation				
City State	e ZIP Code	Amount Guaranteed Outstanding:			U U U	
Full Name (Last, First, Middle Initial)		Name of Employ	yer			
Mailing Address		Occupation				
City State	e ZIP Code	Amount Guaranteed Outstanding:			0 0 0	
Full Name (Last, First, Middle Initial)		Name of Employ	yer			
Mailing Address		Occupation				
City State	e ZIP Code	Amount Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional)	)				500.00	1
TOTALS This Period (last page in this line only	y)	1				
Carry outstanding balance only to LINE 3, Sche	dule D, for this line. If no Sch	edule D, carry forw	ard to appropria	ate line of Sum	mary.	

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NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN0000023683
LOAN SOURCE Full Name (Last, First, Middle Initial) AMY G BRAINARD - [PERSONAL FUNDS]	Election: Primary General
Mailing Address 1202 S GLADYS AVE	Other (specify)
City SAN GABRIEL State CA ZIP C	Code 91776
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M         M         D         D         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y	0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Section 2015	chedule D, carry forward to appropriate line of Summary.

FE6AN026

### LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 49 / 143 FOR LINE 13 OF FORM 3X

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v Page	

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	
	Transaction ID: LOAN0000024453
LOAN SOURCE Full Name (Last, First, Middle Initial) JAMES HOWARD PETERS - [PERSONAL FUNDS	] Election: Primary General
Mailing Address 2380 GRANADA AVE	Other (specify)
City LONG BEACH State CA	ZIP Code 90815
Original Amount of Loan Cumulative	Payment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred D	Date Due Interest Rate Secured:
M         M         D         D         Z         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y	0     % (apr)     Yes     X     No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3. Schedule D. for this lin	ne. If no Schedule D, carry forward to appropriate line of Summary.

FE6AN026

#### LOANS

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

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category of the	-	_	-	
Summary Page				

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN0000024908
LOAN SOURCE Full Name (Last, First, Middle Initial) LARS THELANDER - [PERSONAL FUNDS]	Election:
LANS THELANDER - [FENSONAL FUNDS]	Primary
	General
Mailing Address 14 MOUNT CASTLE PL	└── Other (specify) ▼
City JOHNSON CITY State TN ZIP Co	
Original Amount of Loan Cumulative Payment To	b Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS	Interest Data
Date Incurred Date Due	Interest Rate Secured:
M         M         D         D         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y	0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	500.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D, carry forward to appropriate line of Summary.

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### LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 51 / 143 FOR LINE 13 OF FORM 3X

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NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN0000025202
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
ALMA G UBER - [PERSONAL FUNDS]	Primary
	General
Mailing Address 3447 STERNE ST	Other (specify)
City SAN DIEGO State CA ZIP Cod	le 92106
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
M M D D Y Y Y Y 11 07 1984 19850507	0 % (apr) Yes X No
	0 % (apr) Yes X No
List All Endersore or Ouerenters (if any) to Lean Course	
List All Endorsers or Guarantors (if any) to Loan Source	Name of Englavor
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Cooperion
	Amount
City State ZIP Code	Guaranteed
City State ZIF Code	Outstanding:
Full Name (Lest First Midelle Initial)	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
SUBTOTALS This Period This Page (optional)	► <b>500.00</b>
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to appropriate line of Summary.

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#### LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 52 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Transaction ID: LOAN0000026096 Election:
GABRIEL DICK - [PERSONAL FUNDS]	Primary
	General
Mailing Address BOX 274	Other (specify)
City CARMEL State CA ZIP Co	ode 93921
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
M M 3 0 Y Y Y Y 1 1 3 0 1984 19841230	0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
SUBTOTALS This Period This Page (optional)	▶ 500.00
SUBICIALS THIS FEHOL THIS FAYE (UPLICITAL)	······································
TOTALS This Period (last page in this line only)	······
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	redule D carry forward to appropriate line of Summary
Sarry satisfunding building only to Enters, somedule b, for this line. If no sol	is an a start y for ward to appropriate line of Summary.

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#### LOANS

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

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mmary Page				

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Transaction ID: LOAN0000032658 Election:
JOHN PRICE - [PERSONAL FUNDS]	Primary General
Mailing Address 101 S COTTAGE RD	Other (specify)
City STERLING State VA ZIP Co	de 22170
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
750.00	0.00 750.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M         M         D         D         Y         Y         Y         Y         19860520	0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	750.00
TOTALS This Period (last page in this line only)	41400.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D, carry forward to appropriate line of Summary.

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SCHEDULE D (FEC Form 3X)		(1.100.1	separate	PAGE 54 / 143	
			edule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS			ered line)	(check only one) 9	
Excluding Loans NAME OF COMMITTEE (In Full)		Tiulitio		X 10	
National Democratic Policy Committee					
<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor of AIRBORNE FREIGHT CORP.	or Creditor			ebt (Purpose): S PACKAGE SERVICE	
Mailing Address P O BOX 662					
City State SEATTLE WA	ZIP Code 98111				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112089	
12.50					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			12.50	
B. Full Name (Last, First, Middle Initial) of Debtor of AMFAC HOTEL	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTAL	
Mailing Address P O BOX 1926					
City State ALBUQUERQUE NM	ZIP Code 87119				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112090	
198.49					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			198.49	
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor of ARLINGTON HILTON	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS	
Mailing Address 2401 EAST LAMAR BOULE	VARD				
City State ARLINGTON TX	ZIP Code 76011				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112363	
139.00					
Amount Incurred This Period	Payment This Period		Outstandii	ng Balance at Close of This Period	
0.00	0.00			139.00	
				<u> </u>	
1) SUBTOTALS This Period This Page (optional)		►		349.99	
2) TOTALS This Period (last page this line number of	nly)	►			
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	►			
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only	r) ►			

SCHEDULE D (FEC Form 3X)		(1.100	accarata	PAGE 55 / 143
			e separate nedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		fo	or each bered line)	(check only one) 9
		num	bereu line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of AUDIO VISUAL CENTER	or Creditor			ebt (Purpose): ENT RENTAL
Mailing Address 235 NORTH BROAD STRE	ET			
City State PHILADELPHIA PA	ZIP Code 19107			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112091
25.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			25.00
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor of AUDIO VISUAL HEADQUARTERS CORP	or Creditor			ebt (Purpose): ENT RENTAL
Mailing Address 361 NORTH OAK STREET				
City State INGLEWOOD CA	ZIP Code 90301			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112092
11.08				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			11.08
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor of AVW AUDIO VISUAL INC	or Creditor			ebt (Purpose): ENT RENTAL
Mailing Address 1372 WYCLIFF AVE				
City State DALLAS TX	ZIP Code 75207			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112093
65.64				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			65.64
1) SUBTOTALS This Period This Page (optional)				101.72
2) TOTALS This Period (last page this line number or		'		
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	)		
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only	/)		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 56 / 143
		schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each numbered line)	(check only one) 9
Excluding Loans           NAME OF COMMITTEE (In Full)			X 10
National Democratic Policy Commit	tee		
A. Full Name (Last, First, Middle Initia BANK OF THE COMMONWEAL		Nature of D MISC. EX	Debt (Purpose): (PENSE
Mailing Address PO BOX 32900			
City State DETROIT MI	ZIP Code 48232		
Outstanding Balance Beginning This	s Period	Tra	Insaction ID: INV6010000112095
1430.00	U U		
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		1430.00
<b>B.</b> Full Name (Last, First, Middle Initia BELMONT RESTAURANT	I) of Debtor or Creditor	Nature of E ROOM R	Debt (Purpose): ENTALS
Mailing Address 541 LEXINGTON	AVE.		
City State NEW YORK NY	ZIP Code 10022		
Outstanding Balance Beginning This	s Period	Tra	Insaction ID: INV6010000112096
110.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		110.00
C. Full Name (Last, First, Middle Initia BROWN PALACE HOTEL	I) of Debtor or Creditor	Nature of E ROOM R	Debt (Purpose): ENTALS
Mailing Address P.O. BOX 1440			
City State	ZIP Code		
DENVER CO	80201		
Outstanding Balance Beginning This	s Period	Tra	Insaction ID: INV6010000112097
273.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		273.00
1) SUBTOTALS This Period This Page	(optional)		1813.00
,	ne number only)		
	om Schedule C (last page only)		
4) ADD 2) and 3) and carry forward to a	ppropriate line of Summary Page (last page only	/) ►	

SCHEDULE D (FEC F	Form 3X)		(Use separate	PAGE 57 / 143
DEBTS AND OBLIGA	-		schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (I	n Full)			
National Democratic Po	olicy Committee			
<b>A.</b> Full Name (Last, Fir BRUKOFF, BERAS	st, Middle Initial) of Debtor & STEWART,P.C.	r or Creditor		Debt (Purpose): EES-ZIEGLER/CONG
Mailing Address 3000 SUI	) TOWN CENTER FE 2550			
City SOUTHFIELD	State MI	ZIP Code 48075		
Outstanding Balance	Beginning This Period		т	ransaction ID: INV6010000112099
	285.00			
Amount Incur	red This Period	Payment This Period	Outstan	ding Balance at Close of This Period
	0.00	0.00		285.00
<b>B.</b> Full Name (Last, Fir CAMPAIGNER PUB	rst, Middle Initial) of Debtor	or Creditor		Debt (Purpose): RELATIONS SERVICE
Mailing Address P.O.	BOX 17726			
City WASHINGTON	State DC	ZIP Code 20041		
Outstanding Balance	Beginning This Period		т	ransaction ID: INV6010000111880
	2700.00			
Amount Incur	red This Period	Payment This Period	Outstan	ding Balance at Close of This Period
	0.00	0.00		2700.00
C. Full Name (Last, Fir CAMPAIGNER PUB	rst, Middle Initial) of Debtor	or Creditor	Nature of RENT	Debt (Purpose):
Mailing Address P.O.	BOX 17726			
City WASHINGTON	State DC	ZIP Code 20041		
Outstanding Balance	Beginning This Period		 T	ransaction ID: INV6010000111909
÷ ÷ ÷ ÷ ÷	64.51			
Amount Incur	red This Period	Payment This Period	Outstan	ding Balance at Close of This Period
	0.00	0.00		64.51
				3049.51
2) TOTALS This Period (	last page this line number	only)		· · · · · · · · ·
3) TOTAL OUTSTANDIN	G LOANS from Schedu	ile C (last page only)	► <u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>
4) ADD 2) and 3) and ca	arry forward to appropriate l	ine of Summary Page (last page only		

SCHEDULE D (FEC Form 3X)		(1.10-	apparata	PAGE 58 / 143	
			separate edule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		fc	or each (	(check only one) 9	
Excluding Loans		num	bered line)	X 10	
NAME OF COMMITTEE (In Full)					
National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor		Nature of D ADVERTI	ebt (Purpose): SING	
Mailing Address P.O. BOX 17726					
City State WASHINGTON DC	ZIP Code 20041				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111912	
1567.00					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			1567.00	
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor		Nature of D ADVERTI	ebt (Purpose): SING	
Mailing Address P.O. BOX 17726					
City State WASHINGTON DC	ZIP Code 20041				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111913	
60.00					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			60.00	
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor			ebt (Purpose): PTIONS PURCHASE	
Mailing Address P.O. BOX 17726					
City State	ZIP Code				
WASHINGTON DC	20041				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111914	
7316.85					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			7316.85	
				8943.85	
1) SUBTOTALS This Period This Page (optional)					
2) TOTALS This Period (last page this line number of	nly)	)			
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)			<u> </u>	
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	r) 🕨			

SCHEDULE D (FEC Form 3X)		(1.10-	conorato	PAGE 59 / 143
			e separate nedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		fo	or each bered line)	(check only one) 9
		num		X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor or CAMPAIGNER PUBLICATIONS	Creditor		Nature of D RENT	ebt (Purpose):
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111915
800.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
		U	Outstanui	
0.00	0.00	1		800.00
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or CAMPAIGNER PUBLICATIONS	r Creditor			ebt (Purpose): OPIER USAGE
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111916
250.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			250.00
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or CAMPAIGNER PUBLICATIONS	<sup>r</sup> Creditor			ebt (Purpose): MMUNICATIONS
Mailing Address P.O. BOX 17726				
City State	ZIP Code			
WASHINGTON DC	20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111917
1000.00				
Amount Incurred This Period	Payment This Period		Outotood	ng Ralango at Close of This Deviad
		U I	Juistandi	ng Balance at Close of This Period
0.00	0.00			1000.00
1) SUBTOTALS This Period This Page (optional)		J		2050.00
2) TOTALS This Period (last page this line number onl	ly)	J		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	<b>]</b>		
4) ADD 2) and 3) and carry forward to appropriate line	e of Summary Page (last page only)	) 1		

SCHEDULE D (FEC Form 3X)		(1160	separate	PAGE 60 / 143
			nedule(s)	
DEBTS AND OBLIGATIONS			or each bered line)	(check only one) 9
Excluding Loans           NAME OF COMMITTEE (In Full)		Indini		X 10
National Democratic Policy Committee				
A Full Name (Lest First Middle Initial) of Dalata	- Qualitar		Nature of D	
A. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	or Greattor			ebt (Purpose): ELATIONS SERVICE
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111918
8170.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			8170.00
B. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	or Creditor		Nature of D ADVERTI	ebt (Purpose): SING
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111919
1310.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			1310.00
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	or Creditor			ebt (Purpose): IPTIONS PURCHASE
Mailing Address P.O. BOX 17726				
City State	ZIP Code			
WASHINGTON DC	20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111920
11948.30				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			11948.30
1) SUBTOTALS This Period This Page (optional)		₽		21428.30
2) TOTALS This Period (last page this line number of		,		
	e C (last page only)	)		
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only	<i>ı</i> )		

SCHEDULE D (FEC Form 3X)		(Use sepa	arate	PAGE 61 / 143
DEBTS AND OBLIGATIONS		schedul	e(s)	FOR LINE NUMBER:
		for ead numbered		(check only one) 9 X 10
Excluding Loans           NAME OF COMMITTEE (In Full)				X   10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor	Nati RE		ebt (Purpose):
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Trar	nsaction ID: INV6010000111921
800.00				
Amount Incurred This Period	Payment This Period	O	utstandin	g Balance at Close of This Period
0.00	0.00			800.00
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor			ebt (Purpose): DPIER USAGE
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Trar	nsaction ID: INV6010000111922
250.00				
Amount Incurred This Period	Payment This Period	Οι	utstandin	g Balance at Close of This Period
0.00	0.00			250.00
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor			ebt (Purpose): IMUNICATIONS
Mailing Address P.O. BOX 17726				
City State	ZIP Code			
WASHINGTON DC	20041			
Outstanding Balance Beginning This Period			Trar	nsaction ID: INV6010000111923
1000.00				
Amount Incurred This Period	Payment This Period	OL	utstandin	g Balance at Close of This Period
0.00	0.00			1000.00
1) SUBTOTALS This Period This Page (optional)		►		2050.00
2) TOTALS This Period (last page this line number of	only)	▶		
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	) ►		

SCHEDULE D (FEC Form 3X)		(1.100	separate	PAGE 62 / 143
			edule(s)	
DEBTS AND OBLIGATIONS			r each () bered line)	(check only one) 9
Excluding Loans           NAME OF COMMITTEE (In Full)		Turn		X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor			ebt (Purpose): ELATIONS SERVICE
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111924
8170.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			8170.00
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor		Nature of D ADVERTI	ebt (Purpose): SING
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111925
150.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			150.00
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor		Nature of D ADVERTI	ebt (Purpose): SING
Mailing Address P.O. BOX 17726				
City State	ZIP Code			
WASHINGTON DC	20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111926
30.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			30.00
1) SUBTOTALS This Period This Page (optional)		►		8350.00
2) TOTALS This Period (last page this line number o		•		
	e C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	·) <b>Þ</b>		

SCHEDULE D (FEC Form 3X)		(1.100	conorato	PAGE 63 / 143
			e separate nedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		fc	or each bered line)	(check only one) 9
Excluding Loans           NAME OF COMMITTEE (In Full)		num		X 10
National Democratic Policy Committee				
<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor			ebt (Purpose): IPTIONS PURCHASE
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111927
5852.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			5852.00
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726	or Creditor			ebt (Purpose): IPTIONS PURCHASE
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112054
13773.65				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			13773.65
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor		Nature of D ADVERTI	ebt (Purpose): SING
Mailing Address P.O. BOX 17726				
City State	ZIP Code			
WASHINGTON DC	20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112055
302.50				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			302.50
1) SUBTOTALS This Period This Page (optional)		Þ		19928.15
2) TOTALS This Period (last page this line number o		,		
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	)		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	r) 🕨		

SCHEDULE D (FEC Form 3X)		(1)00.0	eparate	PAGE 64 / 143
			dule(s)	
DEBTS AND OBLIGATIONS			each red line)	(check only one) 9
Excluding Loans           NAME OF COMMITTEE (In Full)		numbe		X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	or Creditor			ebt (Purpose): PTIONS PURCHASE
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112056
7910.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			7910.00
	0.00			7910.00
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	or Creditor		lature of D DVERTI	ebt (Purpose): SING
Mailing Address P.O. BOX 17726				
City Chata	ZIP Code			
City State WASHINGTON DC	20041			
Outstanding Balance Beginning This Period		I	Tra	nsaction ID: INV6010000112057
40.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			40.00
C. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	or Creditor			ebt (Purpose): PTIONS PURCHASE
Mailing Address P.O. BOX 17726				
City State	ZIP Code			
WASHINGTON DC	20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112058
7989.60				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			7989.60
1) SUBTOTALS This Period This Page (optional)		►		15939.60
2) TOTALS This Period (last page this line number of	nly)	•		
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate lir	ne of Summary Page (last page only	/) <b>&gt;</b>		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 65 / 143
		schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each numbered line)	(check only one) 9 X 10
Excluding Loans           NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of CAMPAIGNER PUBLICATIONS	Debtor or Creditor	Nature of D RENT	Debt (Purpose):
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Per	iod	Tra	Insaction ID: INV6010000112059
800.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
			800.00
0.00	0.00		000.00
<b>B.</b> Full Name (Last, First, Middle Initial) of CAMPAIGNER PUBLICATIONS	Debtor or Creditor		Debt (Purpose): MMUNICATIONS
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Per	iod	Tra	Insaction ID: INV6010000112060
1000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		1000.00
<b>C.</b> Full Name (Last, First, Middle Initial) of CAMPAIGNER PUBLICATIONS	Debtor or Creditor	Nature of D RENT	Debt (Purpose):
Mailing Address P.O. BOX 17726			
City State	ZIP Code		
WASHINGTON DC	20041		
Outstanding Balance Beginning This Per	iod	Tra	Insaction ID: INV6010000112061
800.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		800.00
1) SUBTOTALS This Period This Page (opti	onal)		2600.00
2) TOTALS This Period (last page this line nu	,	• •	
	Schedule C (last page only)		
4) ADD 2) and 3) and carry forward to appro			

SCHEDULE D (FEC Form 3X)		(Use sepa	rate	PAGE 66 / 143
DEBTS AND OBLIGATIONS		schedule(s)		FOR LINE NUMBER:
Excluding Loans		for eac numbered		(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor			bt (Purpose): MUNICATIONS
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tran	saction ID: INV6010000112062
1000.00				
Amount Incurred This Period	Payment This Period	Out	standing	g Balance at Close of This Period
0.00	0.00			1000.00
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor	Natu REN		bt (Purpose):
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tran	saction ID: INV6010000112063
800.00				
Amount Incurred This Period	Payment This Period	Out	tstanding	g Balance at Close of This Period
0.00	0.00			800.00
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor			bt (Purpose): MUNICATIONS
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tran	saction ID: INV6010000112064
1000.00				
Amount Incurred This Period	Payment This Period	Out	tstanding	g Balance at Close of This Period
0.00	0.00			1000.00
1) SUBTOTALS This Period This Page (optional)		Þ		2800.00
2) TOTALS This Period (last page this line number of		_ • [		
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate I	ne of Summary Page (last page only	) ►		

SCHEDUILE D (EEC Form 2X)		(1100		PAGE 67 / 143
SCHEDULE D (FEC Form 3X)			separate edule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each		(check only one) 9
Excluding Loans		numi	pered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor CAPITOL PLAZA	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 240 WEST STATE STREE	Г			
City State TRENTON NJ	ZIP Code 08608			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112103
93.10				
Amount Incurred This Period	Payment This Period		Qutatandi	ng Balance at Close of This Period
			Outstandi	
0.00	0.00			93.10
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor CAPITOL PLAZA HOTEL	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address HOLIDAY INN 300 J STREET				
City State	ZIP Code			
SACRRAMENTO CA	95814			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112102
15.78				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			15.78
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor			ebt (Purpose): C TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION				
City State	ZIP Code			
NEW YORK NY	10101			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112274
8023.57				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			8023.57
				8132.45
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page this line number o	nly)			· · · · · · · · · · · · · · · · · · ·
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	<b>)</b>		· · · · · · · · · · · · ·
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	r) 🕨		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 68 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		Debt (Purpose): NNNING FEES & EXPNS
Mailing Address PO BOX 748 RADIO CITY STATION			
City State NEW YORK NY	ZIP Code 10101		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112275
1529.35			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		1529.35
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		Debt (Purpose): FFICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION			
City State NEW YORK NY	ZIP Code 10101		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112281
2614.35			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		2614.35
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		Debt (Purpose): C TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION			
City State	ZIP Code		
NEW YORK NY	10101		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112282
9834.85			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		9834.85
1) SUBTOTALS This Period This Page (optional)			13978.55
2) TOTALS This Period (last page this line number of		•	
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	>	
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	) ►	

SCHEDULE D (FEC Form 3X)		(] ]50	sonarato	PAGE 69 / 143
		(Use separate schedule(s)		
DEBTS AND OBLIGATIONS			or each bered line)	(check only one) 9 X 10
Excluding Loans           NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Committee				
<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor			ebt (Purpose): NNING FEES & EXPNS
Mailing Address PO BOX 748 RADIO CITY STATION				
City State NEW YORK NY	ZIP Code 10101			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112283
235.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00			
0.00	0.00			235.00
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor			Pebt (Purpose): FFICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION				
City State NEW YORK NY	ZIP Code 10101			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112284
2614.35				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00	-		2614.35
	0.00			2014.00
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor			lebt (Purpose): C TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION				
City State	ZIP Code			
NEW YORK NY	10101			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112285
7844.75				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			7844.75
1) SUBTOTALS This Period This Page (optional)		Þ		10694.10
2) TOTALS This Period (last page this line number o		•		
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only	)		

SCHEDULE D (FEC Form 3X)		(Use s	separate	PAGE 70 / 143
DEBTS AND OBLIGATIONS		schedule(s)		FOR LINE NUMBER:
Excluding Loans			each ered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor			ebt (Purpose): FFICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION				
City State NEW YORK NY	ZIP Code 10101			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112286
2614.35				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			2614.35
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor			ebt (Purpose): C TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION				
City State NEW YORK NY	ZIP Code 10101			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112287
5250.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			5250.00
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor			ebt (Purpose): NNING FEES & EXPNS
Mailing Address PO BOX 748 RADIO CITY STATION				
City State	ZIP Code			
NEW YORK NY	10101			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112288
1151.71				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			1151.71
1) SUBTOTALS This Period This Page (optional)		►		9016.06
2) TOTALS This Period (last page this line number or		<b>&gt;</b>		
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	►		
4) ADD 2) and 3) and carry forward to appropriate lir	ne of Summary Page (last page only)	) >		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 71 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
		for each numbered line)	(check only one) 9 X 10
Excluding Loans           NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
	<b>0</b>		
A. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		Debt (Purpose): DFFICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION			
City State NEW YORK NY	ZIP Code 10101		
Outstanding Balance Beginning This Period		Tr	ansaction ID: INV6010000112289
2614.35			
Amount Incurred This Period	Payment This Period	Outstand	ding Balance at Close of This Period
0.00	0.00		2614.35
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		Debt (Purpose): FC TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION			
City State NEW YORK NY	ZIP Code 10101		
Outstanding Balance Beginning This Period		Tr	ansaction ID: INV6010000112290
2296.00			
Amount Incurred This Period	Payment This Period	Outstand	ding Balance at Close of This Period
0.00	0.00		2296.00
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		Debt (Purpose): FC TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION			
City State	ZIP Code		
NEW YORK NY	10101		
Outstanding Balance Beginning This Period		Тг	ansaction ID: INV6010000112291
10085.00			
Amount Incurred This Period	Payment This Period	Outstand	ding Balance at Close of This Period
0.00	0.00		10085.00
1) SUBTOTALS This Period This Page (optional)		•	14995.35
2) TOTALS This Period (last page this line number of		•	
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	) 🕨	

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 72 / 143
		schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each numbered line	(check only one) 9
Excluding Loans           NAME OF COMMITTEE (In Full)		Turnbered line	) X 10
National Democratic Policy Committee			
<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		f Debt (Purpose): DFFICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION			
City State NEW YORK NY	ZIP Code 10101		
Outstanding Balance Beginning This Period		т	ransaction ID: INV6010000112292
2200.00			
Amount Incurred This Period	Payment This Period	Outstar	iding Balance at Close of This Period
		Guisia	
0.00	0.00		2200.00
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		f Debt (Purpose): DFFICE RENT
Mailing Address     PO BOX 748 RADIO CITY STATION       City     State       NEW YORK     NY	ZIP Code 10101		
Outstanding Balance Beginning This Period		т	ransaction ID: INV6010000112293
2000.00			
Amount Incurred This Period	Payment This Period	Outstar	Iding Balance at Close of This Period
0.00	0.00		
	0.00		2000.00
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		f Debt (Purpose): FC TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION			
City State	ZIP Code		
NEW YORK NY	10101		
Outstanding Balance Beginning This Period		т	ransaction ID: INV6010000112294
9170.00			
Amount Incurred This Period	Payment This Period	Outstar	nding Balance at Close of This Period
0.00	0.00		9170.00
1) SUBTOTALS This Period This Page (optional)			13370.00
2) TOTALS This Period (last page this line number o		•	
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only		

SCHEDULE D (FEC Form 3X)		(Use sepa	arate	PAGE 73 / 143
DEBTS AND OBLIGATIONS		schedule	e(s)	
		for eac numbered		(check only one) 9 X 10
Excluding Loans           NAME OF COMMITTEE (In Full)				X   10
National Democratic Policy Committee				
<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor			ebt (Purpose): FICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION				
City         State           NEW YORK         NY	ZIP Code 10101			
Outstanding Balance Beginning This Period			Trar	saction ID: INV6010000112295
2000.00				
Amount Incurred This Period	Payment This Period	Ou	utstandin	g Balance at Close of This Period
0.00	0.00			2000.00
	0.00			2000.00
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor			ebt (Purpose): CTELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION City State	ZIP Code			
NÉW YORK NY	10101			
Outstanding Balance Beginning This Period			Trar	saction ID: INV6010000112296
9170.00				
Amount Incurred This Period	Payment This Period	Ou	utstandin	g Balance at Close of This Period
0.00	0.00			9170.00
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor			ebt (Purpose): NNING FEES & EXPNS
Mailing Address PO BOX 748 RADIO CITY STATION				
City State	ZIP Code			
NEW YORK NY	10101			
Outstanding Balance Beginning This Period			Trar	saction ID: INV6010000112297
2144.91				
Amount Incurred This Period	Payment This Period	Ou	utstandin	g Balance at Close of This Period
0.00	0.00			2144.91
1) SUBTOTALS This Period This Page (optional)		• [		13314.91
2) TOTALS This Period (last page this line number of	nly)	_ • [		
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	►		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	) 🕨		

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

SCHEDULE D (FE	C Form 3X)		(Use separate	PAGE 75 / 143
-			schedule(s)	FOR LINE NUMBER:
	GATIONS		for each numbered line)	(check only one) 9 X 10
Excluding Loans NAME OF COMMITTE	F (In Full)			X 10
National Democratio	. ,			
A. Full Name (Last CITICORP	, First, Middle Initial) of Debto	or or Creditor		Debt (Purpose): XPENSES
	CSI COLLECTION DEP	ARTMENT		
City	P.O. BOX C5216 State	ZIP Code		
MELVILLE	NY	11750		
Outstanding Bala	nce Beginning This Period		Tra	ansaction ID: INV6010000112302
0 0 0	760.00			
Amount In	ncurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
	0.00	0.00		760.00
	0.00	0.00		700.00
B. Full Name (Last	, First, Middle Initial) of Debto	or or Creditor	Nature of I	Debt (Purpose):
CLIFFORD B KC	DENIG		TRAVEL	AND LODGING
Mailing Address 7	195 COOPER SPUR RC			
City MT HOOD/PARk	State State OR	ZIP Code 97041		
		97041		
Outstanding Bala	nce Beginning This Period		Tra	ansaction ID: INV6010000112378
	556.76			
Amount Ir	ncurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
	0.00	0.00		556.76
C. Full Name (Last COACHMAN HO	, First, Middle Initial) of Debto	or or Creditor		Debt (Purpose): RENTALS
Mailing Address 1	23 E. POST RD. (RT 22)	)		
City	State	ZIP Code		
WHITE PLAINS	NY	10610		
Outstanding Bala	nce Beginning This Period		Tra	ansaction ID: INV6010000112303
0 0 0 0	120.00			
Amount In	ncurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
	0.00	0.00		120.00
1) SUBTOTALS This	s Period This Page (optional)		_ ▶	1436.76
2) TOTALS This Perio	od (last page this line number	only)		
, = = = = = = = = = = =		• /		
3) TOTAL OUTSTAN	DING LOANS from Sched	ule C (last page only)	>	
		ule C (last page only)		

SCHEDULE D (FEC F	form 3X)		(Use separate	PAGE 76 / 143
DEBTS AND OBLIGA			schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (I	n Full)		,	X 10
National Democratic Po				
A. Full Name (Last, Fir COACHMAN INN &	st, Middle Initial) of Debto RESTAURANT	r or Creditor	Nature of E ROOM R	0ebt (Purpose): ENTALS
Mailing Address 10 J	ACKSON DRIVE			
City CRANFORD	State NJ	ZIP Code 07016		
Outstanding Balance	Beginning This Period		Tra	Insaction ID: INV6010000112304
	150.00			
Amount Incur	red This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	· · · · · ·			
	0.00	0.00		150.00
B. Full Name (Last, Fir DALE ANDERSON'S	st, Middle Initial) of Debto S	r or Creditor	Nature of E ROOM R	Debt (Purpose): ENTALS
Mailing Address 7041	FIRST AVE.			
City SCOTTSDALE	State AZ	ZIP Code 85251		
Outstanding Balance	Beginning This Period		Tra	nsaction ID: INV6010000112308
	238.50			
Amount Incur	red This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00	0.00		238.50
<b>C.</b> Full Name (Last, Fir DAVID JAY, ESQ.	st, Middle Initial) of Debto	r or Creditor		Debt (Purpose): EY FEES & EXPENSES
Mailing Address ATT	ORNEY AT LAW DELAWARE AVENUE	5. STE 100		
City	State	ZIP Code		
BUFFALO	NY	14202		
Outstanding Balance	Beginning This Period		Tra	nsaction ID: INV601000011237
	306.35			
Amount Incur	red This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00	0.00		306.35
1) SUBTOTALS This Pe	riod This Page (optional).			694.85
2) TOTALS This Period (I	ast page this line number	only)		
3) TOTAL OUTSTANDIN	G LOANS from Sched	ule C (last page only)	>	
4) ADD 2) and 3) and ca	rry forward to appropriate	line of Summary Page (last page only)		

SCHEDULE D (FEC Fo	2V)		(1122		PAGE 77 / 143	
-	-			separate edule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGAT	IONS		fo	r each () bered line)	(check only one) 9	
Excluding Loans			nume	bered line)	X 10	
NAME OF COMMITTEE (In National Democratic Poli						
A. Full Name (Last, First DAVID KILBUR	, Middle Initial) of Debtor	or Creditor		Nature of D POSTAG	ebt (Purpose): E	
Mailing Address 1901	NORIEGA #5					
City SAN FRANCISCO	State CA	ZIP Code 94122				
Outstanding Balance B	eginning This Period			Tra	nsaction ID: INV6010000112376	
	194.93					
Amount Incurre	d This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			194.93	
B. Full Name (Last, First DOUBLEWOOD INN		or Creditor		Nature of D ROOM R	lebt (Purpose): ENTAL	
Mailing Address 3333	13TH AVE. SOUTH					
City FARGO	State ND	ZIP Code 58103				
Outstanding Balance B	eginning This Period			Tra	nsaction ID: INV6010000113252	
	36.40					
Amount Incurre	d This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			36.40	
C. Full Name (Last, First EASTERN STATES D		or Creditor			ebt (Purpose): FFICE RENT	
Mailing Address P.O. E	3OX 268					
City DREXEL HILL	State PA	ZIP Code 19026				
Outstanding Balance B				Tra	nsaction ID: INV601000011447	
	200.00					
Amount Incurre	d This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			200.00	
1) SUBTOTALS This Peri	od This Page (optional)		►		431.33	
-		only)	—.			
3) TOTAL OUTSTANDING		lle C (last page only)				
		ine of Summary Page (last page only	—.			
		age (last page only	· /			

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

SCHEDULE D (FEC Form 3X)		(1.100	separate	PAGE 79 / 143
			iedule(s)	
DEBTS AND OBLIGATIONS			or each bered line)	(check only one) 9
Excluding Loans           NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of EASTERN STATES DISTRIBUTORS	or Creditor			ebt (Purpose): FFICE RENT
Mailing Address P.O. BOX 268				
City State DREXEL HILL PA	ZIP Code 19026			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114474
200.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			200.00
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor of EASTERN STATES DISTRIBUTORS	or Creditor			ebt (Purpose): C TELEPHONE USAGE
Mailing Address P.O. BOX 268				
City State DREXEL HILL PA	ZIP Code 19026			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114475
915.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			915.00
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor of EASTERN STATES DISTRIBUTORS	or Creditor		Nature of D RENT	ebt (Purpose):
Mailing Address P.O. BOX 268				
City State DREXEL HILL PA	ZIP Code 19026			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114476
200.00				
Amount Incurred This Period	Payment This Period		Outstandi	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 or	nly)			
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate lir	ne of Summary Page (last page only	/) D		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 80 / 143
		schedule(s)	
DEBTS AND OBLIGATIONS		for each	(check only one) 9
		numbered line	e) X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee			
	0		
A. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBUTORS	or Creditor		of Debt (Purpose): PHONE USAGE
Mailing Address P.O. BOX 268			
City State DREXEL HILL PA	ZIP Code 19026		
Outstanding Balance Beginning This Period		-	Transaction ID: INV6010000114477
915.00			
Amount Incurred This Period	Payment This Period	Outsta	nding Balance at Close of This Period
0.00	0.00	· ·	915.00
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor EDGEWATER INN	or Creditor		of Debt (Purpose): I RENTAL
Mailing Address PIER 67			
City State SEATTLE WA	ZIP Code 98121		
Outstanding Balance Beginning This Period		٦	Transaction ID: INV6010000113744
205.00			
Amount Incurred This Period	Payment This Period	Outsta	nding Balance at Close of This Period
0.00	0.00		205.00
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor EDWARD CORPUS	or Creditor	Nature c PRINT	of Debt (Purpose): ING
Mailing Address 1339 MARYLAND ST. APT	. 1		
City State	ZIP Code		
LOS ANGELES CA	90017		
Outstanding Balance Beginning This Period		1	Transaction ID: INV6010000112307
22.95			
Amount Incurred This Period	Payment This Period	Outsta	nding Balance at Close of This Period
0.00	0.00		22.95
1) SUBTOTALS This Period This Page (optional)		•	1142.95
2) TOTALS This Period (last page this line number o		► .	
	e C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	)	

SCHEDULE D (FEC	Form 3X)		(Use s	eparate	PAGE 81 / 143
•			sche	dule(s)	FOR LINE NUMBER:
Excluding Loans				each ered line)	(check only one) 9 X 10
NAME OF COMMITTEE (	In Full)			,	X 10
National Democratic P					
A. Full Name (Last, Fi EMERY WORLDW	rst, Middle Initial) of Deb IDE	tor or Creditor			Debt (Purpose): S PACKAGE SERVICE
Mailing Address P.O	. BOX 100				
City BALTIMORE	State MD	ZIP Code 21277			
Outstanding Balance	e Beginning This Period			Tra	nsaction ID: INV6010000112315
	11.50				
Amount Incu	rred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			11.50
B. Full Name (Last, Fi ERIE HILTON HOT	rst, Middle Initial) of Deb ELERIE/PA	tor or Creditor			Debt (Purpose): ENTALS
-	METROPOLITAN H AST FAYETTE STRE				
City BALTIMORE	State MD	ZIP Code 21202			
Outstanding Balance	e Beginning This Period			Tra	Insaction ID: INV6010000112364
	37.10				
Amount Incu	rred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			37.10
<b>C.</b> Full Name (Last, Fi ERNEST BAALS	rst, Middle Initial) of Deb	tor or Creditor			Debt (Purpose): AND LODGING
Mailing Address 826	GARWOOD ROAD				
City	State	ZIP Code			
ERIAL	NJ	08081			
Outstanding Balance	e Beginning This Period			Tra	Insaction ID: INV6010000112094
	206.00				
Amount Incu	rred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			206.00
1) SUBTOTALS This P	eriod This Page (optiona	Ŋ	•	0 0	254.60
,	0 (1	er only)	▶		
3) TOTAL OUTSTANDIN		edule C (last page only)	•		
		te line of Summary Page (last page only	<sup>')</sup>		

SCHEDULE D (FEC Fo	orm 3X)		(Use separa	PAGE 82 / 143
-			schedule(s	
DEBTS AND OBLIGAT	IONS		for each numbered lir	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In			Turnbered III	ne) X 10
National Democratic Poli				
A. Full Name (Last, First EVELYN LANTZ	, Middle Initial) of Debtor	or Creditor	Nature PRIN	of Debt (Purpose): TING
Mailing Address 1826	NORIEGA STREET			
0.1	01-11-	710.0.1		
City SAN FRANCISCO	State CA	ZIP Code 94122		
Outstanding Balance B	eginning This Period			Transaction ID: INV6010000112386
	60.98			
Amount Incurre	d This Period	Payment This Period	Outst	anding Balance at Close of This Period
	0.00	0.00		60.98
		<b>0</b>		
B. Full Name (Last, First EXECUTIVE HOTEL		or Creditor		of Debt (Purpose): TING ROOM RENTAL
Mailing Address 1055	FIRST AVE.			
City SAN DIEGO	State CA	ZIP Code 92101		
Outstanding Balance B				Transaction ID: INV6010000114372
	100.00			
Amount Incurre	d This Period	Payment This Period	Outst	anding Balance at Close of This Period
	0.00	0.00		100.00
<b>C.</b> Full Name (Last, First EXECUTIVE RED CA		or Creditor		of Debt (Purpose): M RENTALS
Mailing Address 4020	SOUTHWEST FREE	WAY		
City HOUSTON	State TX	ZIP Code 77027		
Outstanding Balance B		11021		Transaction ID: INV6010000112317
	22.00	_		
Amount Incurre	d This Period	Payment This Period	Outst	anding Balance at Close of This Period
	0.00	0.00		22.00
1) SUBTOTALS This Period	od This Page (optional)		▶	182.98
		only)	▶	
3) TOTAL OUTSTANDING		ile C (last page only)		
		ine of Summary Page (last page only		
+, ADD 2, and 3, and carr	y iorwaru io appropriate i	me or Summary Fage (last page only		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 83 / 143
DEBTS AND OBLIGATIONS	DEBTS AND OBLIGATIONS		
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)	Ļ		
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debto FEDERAL EXPRESS	or or Creditor		Debt (Purpose): S PACKAGE SERVICE
Mailing Address PO BOX 727, DEPT. A			
City State MEMPHIS TN	ZIP Code 38194		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112318
275.97			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		275.97
<b>B.</b> Full Name (Last, First, Middle Initial) of Debto FEDERAL EXPRESS	or or Creditor		ebt (Purpose): S PACKAGE SERVICE
Mailing Address PO BOX 727, DEPT. A			
City State MEMPHIS TN	ZIP Code 38194		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112319
14.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		14.00
<b>C.</b> Full Name (Last, First, Middle Initial) of Debto FERRANTE TRAVEL CENTER	or or Creditor		ebt (Purpose): TARPLEY/SENATE
Mailing Address 135 BROAD AVENUE			
City State PALISADES PARK NJ	ZIP Code 07650		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000113745
254.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		254.00
1) SUBTOTALS This Period This Page (optional)			543.97
2) TOTALS This Period (last page this line number	only)		
3) TOTAL OUTSTANDING LOANS from Schee	lule C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)		

SCHEDULE D (FEC Form 3X)		(1.100	separate	PAGE 84 / 143	
			iedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS			or each bered line)	(check only one) 9	
Excluding Loans           NAME OF COMMITTEE (In Full)		num		X 10	
National Democratic Policy Committee					
<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or FERRANTE TRAVEL CENTER	Creditor			ebt (Purpose): TARPLEY/SENATE	
Mailing Address 135 BROAD AVENUE					
City State PALISADES PARK NJ	ZIP Code 07650				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000113746	
57.00					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			57.00	
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or FUSION ENERGY FOUNDATION	Creditor		Nature of D LIST PUR	ebt (Purpose): CHASE	
Mailing Address 250 W 57TH ST. STE.1711					
City State NEW YORK NY	ZIP Code 10019				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112327	
4439.10					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			4439.10	
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or HENRY MCBRIDE	Creditor		Nature of D MISC. EX	ebt (Purpose): PENSE	
Mailing Address C/O HENRY'S AUTO PARTS 91 SO WHITE HORSE PIKE					
City State	ZIP Code				
BERLIN NJ	08009				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112396	
233.00					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			233.00	
1) SUBTOTALS This Period This Page (optional)		Þ		4729.10	
2) TOTALS This Period (last page this line number only					
	C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line		)			

SCHEDULE D (FEC Form 3X)		(1.100	separate	PAGE 85 / 143
			iedule(s)	
DEBTS AND OBLIGATIONS			or each bered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)		nunn		X 10
National Democratic Policy Committee				
,				
A. Full Name (Last, First, Middle Initial) of Debtor of HOLIDAY INN	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 1614 CENTRAL AVENUE				
City State ALBANY NY	ZIP Code 12205			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112341
40.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			40.00
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN & HOLIDOME	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 1501 FREEWAY BLVD.				
City State MINNEAPOLIS MN	ZIP Code 55430			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112996
42.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			42.00
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN AIRPORT 2	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 5401 GREEN VALLEY DRI	VE			
City State BLOOMINGTON MN	ZIP Code 55437			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112340
157.50				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			157.50
1) SUBTOTALS This Period This Page (optional)		₽		239.50
2) TOTALS This Period (last page this line number o	nly)	•		
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only	/)		

SCHEDULE D (FEC Form 3X)		(   60	separate	PAGE 86 / 143
DEBTS AND OBLIGATIONS		sch	edule(s)	
			r each bered line)	(check only one) 9 X 10
Excluding Loans           NAME OF COMMITTEE (In Full)			,	
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN CHEEKTOWAGA	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address 609 DINGENS ST.				
City State CHEEKTOWAGA NY	ZIP Code 14206			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112342
23.15				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
			Outstandi	
0.00	0.00			23.15
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN CHERRY HILL	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address RTE 70 & SAYRE AVENUE				
City State CHERRY HILL NJ	ZIP Code 08034			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112343
50.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00	1		50.00
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN CHICO	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address 685 MANZANITA COURT				
City State CHICO CA	ZIP Code 95926			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112344
45.00				
			<b>.</b>	
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			45.00
1) SUBTOTALS This Period This Page (optional)		Þ		118.15
2) TOTALS This Period (last page this line number o	nly)	•		
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SCHEDULE D (FEC Form 3X)		() ] = =		PAGE 87 / 143	
Sector			e separate nedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		fc	or each (	(check only one) 9	
Excluding Loans		num	bered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee					
National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor of HOLIDAY INN COLISEUM	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS	
Mailing Address 440 WEST 57TH STREET					
City State NEW YORK NY	ZIP Code 10019				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112345	
224.00					
Amount Incurred This Period	Payment This Period		Outetandi	ng Balance at Close of This Period	
			Outstandi		
0.00	0.00	_		224.00	
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor of HOLIDAY INN CONCORD	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS	
Mailing Address 1050 BURNETT AVE.					
City State CONCORD CA	ZIP Code 94520				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112346	
97.24					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			97.24	
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor of HOLIDAY INN DOWNTOWN	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS	
Mailing Address 1015 ELM STREET					
City State DALLAS TX	ZIP Code 75202				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112347	
52.00					
Amount Incurred This Period	Payment This Period		Outetandi	ng Balance at Close of This Period	
			Outstandi		
0.00	0.00			52.00	
1) SUBTOTALS This Period This Page (optional)		J		373.24	
2) TOTALS This Period (last page this line number or		ì			
	e C (last page only)	;			
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DEBTS AND OBLIGATIONS			fc	or each () bered line)	(check only one) 9	
			num	bered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Cor	nmittee					
A. Full Name (Last, First, Middle HOLIDAY INN ERIE	Initial) of Debtor o	r Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS	
Mailing Address 8040 PERRY	YHWY.					
City Sta ERIE PA		ZIP Code 16509				
Outstanding Balance Beginning	g This Period			Tra	nsaction ID: INV6010000112348	
4	7.70					
Amount Incurred This F	Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
	0.00	0.00			47.70	
		<b>0</b>				
<b>B.</b> Full Name (Last, First, Middle HOLIDAY INN HAUPPAUGE		r Creditor		ROOM RI	ebt (Purpose): ENTALS	
Mailing Address .						
City Sta HAUPPAUGE NY		ZIP Code 11788				
Outstanding Balance Beginning	g This Period			Tra	nsaction ID: INV6010000112349	
6	0.00					
Amount Incurred This F	Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
	0.00	0.00			60.00	
C. Full Name (Last, First, Middle HOLIDAY INN KENILWORT	,	r Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS	
Mailing Address BLVD. & SO	UTH 31ST ST.					
City Sta KENILWORTH NJ		ZIP Code 07033				
Outstanding Balance Beginning	g This Period		1	Tra	nsaction ID: INV6010000112352	
4	5.00					
Amount Incurred This F	<u> </u>	Payment This Period		Outetandi	ng Balance at Close of This Period	
				Cutstantin		
	0.00	0.00			45.00	
1) SUBTOTALS This Period This	Page (optional)		Þ		152.70	
2) TOTALS This Period (last page t	his line number on	ly)	•			
3) TOTAL OUTSTANDING LOANS	from Schedule	C (last page only)	•			
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90	CHEDULE D (FEC Form 3X)		(1.100	aanarata	PAGE 89 / 143	
				e separate nedule(s)	FOR LINE NUMBER:	
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	cluding Loans		num	bered line)	X 10	
	AME OF COMMITTEE (In Full) ational Democratic Policy Committee					
	alional Democratic Folicy Committee					
	A. Full Name (Last, First, Middle Initial) of Debtor of HOLIDAY INN NORWALK	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS	
	Mailing Address 789 CONNECTICUT AVEN	UE				
	City State NORWALK CT	ZIP Code 06854				
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112356	
	90.00			-		
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			90.00	
	<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor of HOLIDAY INN OF LAMAR	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS	
	Mailing Address RD #2 EXIT 25 INTERSTAT	FE 80				
	City State MILL HALL PA	ZIP Code 17751				
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112353	
	52.78					
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			52.78	
	C. Full Name (Last, First, Middle Initial) of Debtor of HOLIDAY INN OF NEWTON	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS	
	Mailing Address P.O. BOX 4305					
	City State	ZIP Code				
	BOSTON MA	02211				
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112355	
	90.00					
	Amount Incurred This Period	Payment This Period		Outetandi	ng Balance at Close of This Period	
				Outstandi		
	0.00	0.00			90.00	
1)	SUBTOTALS This Period This Page (optional)		I		232.78	
2)	TOTALS This Period (last page this line number of	nly)	]			
3)	TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	]			
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SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 90 / 143
		schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each numbered line)	(check only one) 9
Excluding Loans           NAME OF COMMITTEE (In Full)			X 10
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Deb HOLIDAY INN OF RICHMOND BELLS	tor or Creditor	Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address 4303 COMMERCE RD.			
City State RICHMOND VA	ZIP Code 23234		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112358
157.30			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		157.30
B. Full Name (Last, First, Middle Initial) of Deb HOLIDAY INN OF WILLMAR	tor or Creditor	Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address P.O. BOX 1157			
City State WILLMAR MN	ZIP Code 56201		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112362
45.00			
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 Deb HOLIDAY INN PROVIDENCE RI	tor or Creditor	Nature of D ROOM R	vebt (Purpose): ENTALS
Mailing Address 21 ATWELLS AVENUE			
City State PROVIDENCE RI	ZIP Code 02903		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112357
75.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		75.00
1) SUBTOTALS This Period This Page (optional	)		277.30
2) TOTALS This Period (last page this line number	,	• •	
	dule C (last page only)		
4) ADD 2) and 3) and carry forward to appropriat	e line of Summary Page (last page only)		

SCHEDULE D (FEC Form 3X)		(Llas soparata	PAGE 91 / 143	
		(Use separate schedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		for each	(check only one) 9	
Excluding Loans		numbered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN ROCHESTER-AIRPORT	r or Creditor		Debt (Purpose): RENTALS	
Mailing Address 911 BROOKS AVENUE				
City State ROCHESTER NY	ZIP Code 14624			
Outstanding Balance Beginning This Period		Tr	ansaction ID: INV6010000112359	
50.00				
Amount Incurred This Period	Payment This Period	Outstand	ding Balance at Close of This Period	
0.00	0.00	-	50.00	
0.00	0.00		50.00	
B. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN ROCKVILLE	r or Creditor		Debt (Purpose): RENTALS	
Mailing Address 173 SUNRISE HWY.				
City State ROCKVILLE. L.I. NY	ZIP Code 11570			
Outstanding Balance Beginning This Period		Tr	ansaction ID: INV6010000112360	
50.00				
Amount Incurred This Period	Payment This Period	Outstand	ding Balance at Close of This Period	
0.00	0.00		50.00	
C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN SCHENECTADY	r or Creditor		Debt (Purpose): RENTALS	
Mailing Address DOWNTOWN				
100 NOTT TERRACE & F	ZIP Code			
SCHENECTADY NY	12305			
Outstanding Balance Beginning This Period		Tr	ansaction ID: INV6010000112361	
45.00				
Amount Incurred This Period	Payment This Period	Outstand	ding Balance at Close of This Period	
0.00	0.00	0 0	45.00	
1) SUBTOTALS This Period This Page (optional).			145.00	
2) TOTALS This Period (last page this line number	only)			
3) TOTAL OUTSTANDING LOANS from Sched	ule C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only	) ►		

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

SCHEDULE D (FEC	E Form 3X)		(Lise	e separate	PAGE 93 / 143
DEBTS AND OBLIG	-		sch	nedule(s)	
Excluding Loans	ATIONS			or each bered line)	(check only one) 9 X 10
NAME OF COMMITTEE	E (In Full)			,	X 10
National Democratic					
	First, Middle Initial) of Debtor HINGTON NEWS MEDIA				vebt (Purpose): IRECTORY PURCHASE
-	315 WISCONSIN AVENU JITE 1200N	E			
City BETHESDA	State MD	ZIP Code 20814			
Outstanding Balar	nce Beginning This Period			Tra	nsaction ID: INV6010000112370
	88.04				
Amount Inc	curred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			88.04
HYATT PALO AL	-	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address 42	290 EL CAMINO REAL				
City PALO ALTO	State CA	ZIP Code 94306			
Outstanding Balar	nce Beginning This Period			Tra	nsaction ID: INV6010000112371
	58.43				
Amount Inc	curred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			58.43
C. Full Name (Last, IVON BUCHANO)	First, Middle Initial) of Debtor N	or Creditor			ebt (Purpose): CARD MERCHANT DISC
Mailing Address 42	23L UNIVERSITY BOULE	EVARD			
City DALLAS	State TX	ZIP Code 75205			
Outstanding Balar	nce Beginning This Period			Tra	nsaction ID: INV6010000112100
	1000.00				
Amount Inc	curred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			1000.00
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<u> </u>	Cluding Loans AME OF COMMITTEE (In Full)		nunn		X 10
	ational Democratic Policy Committee				
	A. Full Name (Last, First, Middle Initial) of Debtor of JACK TAR HOTEL	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
	Mailing Address VAN NESS GEARY				
	City State SAN FRANCISCO CA	ZIP Code 94101			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112372
	16.40				
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	0.00	0.00			16.40
	B. Full Name (Last, First, Middle Initial) of Debtor of JERRY LITTON MEMORIAL FUND	or Creditor		Nature of D LITERATI	ebt (Purpose): URE
	Mailing Address PO BOX 220				
	City State CHILLICOTHE MO	ZIP Code 64601			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112390
	10.00				
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	0.00	0.00			10.00
	C. Full Name (Last, First, Middle Initial) of Debtor KAREN BRUBAKER	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
	Mailing Address 1516 VINEWOOD #207				
	City State DETROIT MI	ZIP Code 48216			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112098
	59.03				
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	0.00	0.00			59.03
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		(Use separate schedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		for each	(check only one) 9	
Excluding Loans		numbered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of KING COLE PROJECTION SERVICE	or Creditor		Debt (Purpose): IENT RENTAL	
Mailing Address 36-16 29TH STREET				
City State LONG ISLAND CITY NY	ZIP Code 11106			
Outstanding Balance Beginning This Period		Tr	ansaction ID: INV6010000112377	
84.95				
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period	
0.00	0.00		84.95	
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor of KMW PUBLISHING CO.	or Creditor		Debt (Purpose): DT ENTERED IN 1987	
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period		Tr	ansaction ID: INV6010000115120	
45071.87				
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period	
0.00	0.00		45071.87	
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor of KMW PUBLISHING CO.	or Creditor		Debt (Purpose): RIPTIONS PURCHASE	
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period		Tr	ansaction ID: INV6010000115123	
1649.60				
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period	
0.00	0.00		1649.60	
			46806.42	
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page this line number of	nly)			
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DEBTS AND OBLIGATIONS		scheo	dule(s)	
			each red line)	(check only one) 9 X 10
Excluding Loans           NAME OF COMMITTEE (In Full)				X  10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115207
1349.80				
Amount Incurred This Period	Payment This Period		Outetandii	ng Balance at Close of This Period
		-	Outstantun	
0.00	0.00			1349.80
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115362
1000.00				
Amount Incurred This Period	Payment This Period		Outstandii	ng Balance at Close of This Period
0.00	0.00			1000.00
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115364
1410.40				
Amount Incurred This Period	Deument This Deviad		O states all	ng Balance at Close of This Period
	Payment This Period		Outstandi	
0.00	0.00		<u> </u>	1410.40
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3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	)		

SCHEDULE D (FEC Form 3X)		(1.100	separate	PAGE 97 / 143
			edule(s)	
DEBTS AND OBLIGATIONS			or each bered line)	(check only one) 9
Excluding Loans           NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Committee				
<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor c KMW PUBLISHING CO.	or Creditor			ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115365
1350.85				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			1350.85
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor of KMW PUBLISHING CO.	or Creditor			Debt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115368
554.90				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			554.90
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor of KMW PUBLISHING CO.	or Creditor			Debt (Purpose): IPTIONS PURCAHSE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period		I	Tra	nsaction ID: INV6010000115371
239.90				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			239.90
1) SUBTOTALS This Period This Page (optional)		₽	•	2145.65
2) TOTALS This Period (last page this line number or		`		
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SCHEDULE D (FEC Form 3X)			separate	PAGE 98 / 143
			nedule(s)	
DEBTS AND OBLIGATIONS			or each bered line)	(check only one) 9 X 10
Excluding Loans NAME OF COMMITTEE (In Full)			,	
National Democratic Policy Committee				
<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor of KMW PUBLISHING CO.	or Creditor			ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115372
119.75				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			119.75
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor of KMW PUBLISHING CO.	or Creditor			ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115375
185.10				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			185.10
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor of KMW PUBLISHING CO.	or Creditor			ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115377
81.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			81.00
1) SUBTOTALS This Period This Page (optional)				385.85
2) TOTALS This Period (last page this line number or		,		
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4) ADD 2) and 3) and carry forward to appropriate lin		/) D		

SCHEDULE D (FEC Form 3X)		(1150	separate	PAGE 99 / 143
DEBTS AND OBLIGATIONS		sch	edule(s)	FOR LINE NUMBER:
			r each bered line)	(check only one) 9 X 10
Excluding Loans           NAME OF COMMITTEE (In Full)			,	
National Democratic Policy Committee				
<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115378
62.35				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			62.35
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor (KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115379
42.10				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			42.10
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor (KMW PUBLISHING CO.	or Creditor			ebt (Purpose): ITOINS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115380
51.10				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			51.10
1) SUBTOTALS This Period This Page (optional)		Þ	•	155.55
2) TOTALS This Period (last page this line number o			•	
	e C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate lin		—.		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 100 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)		,	X 10
National Democratic Policy Committee			
<b>A.</b> Full Name (Last, First, Middle Initial) of Debte KMW PUBLISHING CO.	or or Creditor		Debt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000115381
13.45			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		13.45
<b>B.</b> Full Name (Last, First, Middle Initial) of Debte KMW PUBLISHING CO.	or or Creditor		Debt (Purpose): IPTIONS PURCHASES
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000115383
4567.27			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		4567.27
<b>C.</b> Full Name (Last, First, Middle Initial) of Debte KMW PUBLISHING CO.	or or Creditor		Debt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000115384
19.20			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		19.20
1) SUBTOTALS This Period This Page (optional)			4599.92
2) TOTALS This Period (last page this line numbe	r only)	•	
3) TOTAL OUTSTANDING LOANS from Schee	lule C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	•	

SCHEDULE D (FEC	Form 3X)		(Lloo concrete	PAGE 101 / 143
-			(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIG	ATIONS		for each numbered line	e) (check only one) 9
Excluding Loans	(In Full)			e) X 10
National Democratic I	. ,			
A Full Name (Last F	First, Middle Initial) of Debtor	or Creditor	Nature	of Debt (Purpose):
KMW PUBLISHING				CRIPTIONS PURCHASE
Mailing Address RT	. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170		
Outstanding Balance	ce Beginning This Period			Transaction ID: INV601000011538
	25.34			
Amount Incu	urred This Period	Payment This Period	Outsta	nding Balance at Close of This Period
	0.00	0.00		25.34
B. Full Name (Last, F KMW PUBLISHING	First, Middle Initial) of Debtor G CO.	or Creditor		of Debt (Purpose): CRIPTIONS PURCHASE
Mailing Address RT	. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170		
Outstanding Balance	ce Beginning This Period			Transaction ID: INV6010000115386
	397.04			
Amount Incu	urred This Period	Payment This Period	Outsta	nding Balance at Close of This Period
	0.00	0.00		397.04
C. Full Name (Last, F KMW PUBLISHING	First, Middle Initial) of Debtor G CO.	or Creditor		of Debt (Purpose): CRIPTIONS PURCHASE
Mailing Address RT	. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170		
	ce Beginning This Period		•	Transaction ID: INV601000011538
	33.88			
Amount Incu	urred This Period	Payment This Period	Outsta	Inding Balance at Close of This Period
	0.00	0.00		33.88
				456.26
2) TOTALS This Period	(last page this line number c	only)		· · · · · · · · · · · ·
3) TOTAL OUTSTAND	NG LOANS from Schedu	le C (last page only)		
4) ADD 2) and 3) and 0	carry forward to appropriate li	ne of Summary Page (last page only		

SCHEDULE D (FEC Form 3X)		(1100	separate	PAGE 102 / 143	
			edule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS			each ered line)	(check only one) 9	
Excluding Loans NAME OF COMMITTEE (In Full)				X 10	
National Democratic Policy Committee					
<b>A.</b> Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	r or Creditor			ebt (Purpose): PTIONS PURCHASE	
Mailing Address RT. 1, BOX 22					
City State STERLING VA	ZIP Code 22170				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115388	
101.14					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			101.14	
<b>B.</b> Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	r or Creditor			ebt (Purpose): PTIONS PURCHASE	
Mailing Address RT. 1, BOX 22					
City State STERLING VA	ZIP Code 22170				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115410	
121.51					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			121.51	
<b>C.</b> Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	r or Creditor			ebt (Purpose): PTIONS PURCHASE	
Mailing Address RT. 1, BOX 22					
City State STERLING VA	ZIP Code 22170				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115422	
25.00					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			25.00	
1) SUBTOTALS This Period This Page (optional).		►		247.65	
2) TOTALS This Period (last page this line number		•			
	ule C (last page only)	•			
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only	r) ►			

SCHEDULE D (FEC Form 3X)		(1)	aoparata	PAGE 103 / 143
	s		e separate nedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		fo	or each (	(check only one) 9
Excluding Loans		num	bered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
National Democratic Folicy Committee				
<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115444
1125.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			1125.00
<ul> <li>B. Full Name (Last, First, Middle Initial) of Debtor</li> <li>KMW PUBLISHING CO.</li> <li>Mailing Address RT. 1, BOX 22</li> </ul>	or Creditor			ebt (Purpose): IPTIONS PURCHASE
City State	ZIP Code			
STERLING VA	22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115457
800.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			800.00
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State	ZIP Code			
STERLING VA	22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115458
12.75				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			12.75
1) SUBTOTALS This Period This Page (optional)		I		1937.75
2) TOTALS This Period (last page this line number of		J	•	
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	J		
4) ADD 2) and 3) and carry forward to appropriate I	ne of Summary Page (last page only	/) I		

SCHEDULE D (FEC Form 3X)		(1.100	oonorato	PAGE 104 / 143	
			separate edule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		for	each	(check only one) 9	
		TIUTID	ered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee					
<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor		Nature of D SUBSCRI	ebt (Purpose): PTION	
Mailing Address RT. 1, BOX 22					
City State STERLING VA	ZIP Code 22170				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115469	
50.00					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			50.00	
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTION PURCHASES	
Mailing Address RT. 1, BOX 22					
City State STERLING VA	ZIP Code 22170				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115470	
750.00					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			750.00	
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTION PURCHASES	
Mailing Address RT. 1, BOX 22					
City State STERLING VA	ZIP Code 22170				
Outstanding Balance Beginning This Period		I	Tra	nsaction ID: INV6010000115471	
50.00					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			50.00	
1) SUBTOTALS This Period This Page (optional)		►		850.00	
2) TOTALS This Period (last page this line number of		►			
	le C (last page only)	•			
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	r) ►			

SCHEDULE D (FEC Form 3X)		(1)50	separate	PAGE 105 / 143
DEBTS AND OBLIGATIONS			edule(s)	
			r each ered line)	(check only one) 9
Excluding Loans           NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTION PRUCHASES
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115472
50.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			50.00
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTION PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115481
3734.90				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			3734.90
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115482
199.25				
Amount Incurred This Period	Payment This Period		Outetandi	ng Balance at Close of This Period
0.00	0.00			199.25
1) SUBTOTALS This Period This Page (optional)		Þ		3984.15
2) TOTALS This Period (last page this line number of	only)	►		· · · · · · · · ·
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	►		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	r) 🕨		

SCHEDULE D (FEC Form 3X)		(Use s	separate	PAGE 106 / 143
DEBTS AND OBLIGATIONS		sche	dule(s)	
Excluding Loans			each ered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115483
2030.98				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			2030.98
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115484
25.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			25.00
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTION PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115486
10.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			10.00
1) SUBTOTALS This Period This Page (optional)		►		2065.98
2) TOTALS This Period (last page this line number of	only)	•		
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page only	) •		

SCHEDULE D (FEC Form 3X)		(1.100	separate	PAGE 107 / 143	
			iedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS			or each bered line)	(check only one) 9	
Excluding Loans NAME OF COMMITTEE (In Full)		nann		X 10	
National Democratic Policy Committee					
<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or KMW PUBLISHING CO.	Creditor			ebt (Purpose): PTION PURCHASE	
Mailing Address RT. 1, BOX 22					
City State STERLING VA	ZIP Code 22170				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115487	
25.00					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			25.00	
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or KMW PUBLISHING CO.	Creditor			ebt (Purpose): PTION PURCHASE	
Mailing Address RT. 1, BOX 22					
City State STERLING VA	ZIP Code 22170				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115488	
25.00					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			25.00	
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or KMW PUBLISHING CO.	Creditor			ebt (Purpose): PTION PURCHASE	
Mailing Address RT. 1, BOX 22					
City State STERLING VA	ZIP Code 22170				
Outstanding Balance Beginning This Period		1	Tra	nsaction ID: INV6010000115489	
50.00					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			50.00	
1) SUBTOTALS This Period This Page (optional)		₽	•	100.00	
2) TOTALS This Period (last page this line number onl		)			
	C (last page only)	)			
4) ADD 2) and 3) and carry forward to appropriate line		)			

SCHEDULE D (FEC Form 3X)		(1160	separate	PAGE 108 / 143	
			nedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS			or each bered line)	(check only one) 9	
Excluding Loans           NAME OF COMMITTEE (In Full)				X 10	
National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): SES OF SUBSCRITIONS	
Mailing Address RT. 1, BOX 22					
City State STERLING VA	ZIP Code 22170				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115490	
25.00					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			25.00	
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTION PURCHASES	
Mailing Address RT. 1, BOX 22					
City State STERLING VA	ZIP Code 22170				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115491	
25.00					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			25.00	
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor KREINGOLD DATA SERVICES	or Creditor			ebt (Purpose): ER SERVICES	
Mailing Address STE. 5D, 119 PAYSON AV	Ε.				
City State NEW YORK NY	ZIP Code 10034				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112384	
2156.53					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			2156.53	
		•		2206.53	
1) SUBTOTALS This Period This Page (optional)					
2) TOTALS This Period (last page this line number of	nly)	<u> </u>		· · · · · · · · ·	
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	)			
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	/)			

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 109 / 143
		schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each numbered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)			X 10
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debt KVAR-FM	or or Creditor	Nature of I MEDIA-F	Debt (Purpose): RADIO
Mailing Address TEXAS LOTAS CORP. 8400 DAPAPOINT ST. 53	35		
City State	ZIP Code		
SAN ANTONIO TX	78229		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000112385
544.00			
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
		Outstand	
0.00	0.00		544.00
<b>B.</b> Full Name (Last, First, Middle Initial) of Debt LOS ANGELES LABOR COMMITTEE	or or Creditor		Debt (Purpose): C RENT AND PHONE
Mailing Address 711 S. VERMONT AVE.	#207		
City State LOS ANGELES CA	ZIP Code 90005		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000112391
21277.77			
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	0.00		21277.77
<b>C.</b> Full Name (Last, First, Middle Initial) of Debt LOUIS JOLIET RENAISSANCE CENTR	or or Creditor		Debt (Purpose): RENTALS
Mailing Address 214 NORTH OTTAWA S	TREET		
City State	ZIP Code		
JOLIET IL	60431		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000112393
38.21			
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	0.00		38.21
1) SUBTOTALS This Period This Page (optional)			21859.98
2) TOTALS This Period (last page this line number		•	
	dule C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropriate		)	
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SCHEDULE D (FEC Form	n 3X)		(Use separate PAGE 110 / 1			
		sch	edule(s)	FOR LINE NUMBER:		
	NS			or each bered line)	(check only one) 9	
Excluding Loans NAME OF COMMITTEE (In Fu	II)		num		X 10	
National Democratic Policy	,					
A. Full Name (Last, First, M MARK CALNEY	liddle Initial) of Debtor	r or Creditor		Nature of D PRINTIN	ebt (Purpose): G	
· · · · · · · · · · · · · · · · · · ·						
Mailing Address 269 E. N	IEWTON ST.					
City	State	ZIP Code				
SEATTLE	WA	98102				
Outstanding Balance Beg	inning This Period			Tra	nsaction ID: INV6010000112	
	205.80					
Amount Incurred T	his Period	Payment This Period		Outstandi	ng Balance at Close of This Perio	
	0.00	0.00			205.80	
<b>B.</b> Full Name (Last, First, M MARRIOT HOTEL PITT		or Creditor		Nature of D ROOM R	ebt (Purpose):	
MARTINOT HOTELTH	SBORGH				LNTALO	
Mailing Address 101 MAL	L BLVD.					
City	State	ZIP Code				
MONROEVILLE	PA	15146				
Outstanding Balance Beg	inning This Period			Tra	nsaction ID: INV6010000112	
	227.73					
Amount Incurred T	his Period	Payment This Period		Outstandi	ng Balance at Close of This Perio	
	0.00	0.00			227.73	
C. Full Name (Last, First, N		or Creditor			ebt (Purpose):	
MARRIOTT - SANTA CL	_ARA			ROOM R	ENTALS	
Mailing Address GREAT	AMERICAN PARK	ŴAY				
City	State	ZIP Code				
SANTA CLARA	CA	95054				
Outstanding Balance Beg	inning This Period			Tra	nsaction ID: INV6010000112	
	24.50					
Amount Incurred T	his Period	Payment This Period		Outstandi	ng Balance at Close of This Perio	
	0.00	0.00			24.50	
	0.00				21.00	
					458.03	
1) SUBTOTALS This Period	This Page (optional)					
2) TOTALS This Period (last p	age this line number	only)	)			
	ANG from Cohod		)			
3) TOTAL OUTSTANDING LC	ANG ITOITI SCHEAL	Ile C (last page only)			A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A	
4) ADD 2) and 3) and carry for	prward to appropriate I	line of Summary Page (last page only	/) 🕨			

SCHEDULE D (FEC Form 3X)		(Use s	eparate	PAGE 111 / 143
DEBTS AND OBLIGATIONS			dule(s)	
Excluding Loans			each red line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)		1		
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor MARTY SIMON	or Creditor			ebt (Purpose): AND POSTAGE
Mailing Address 2971 W 8TH ST. #111				
City State LOS ANGELES CA	ZIP Code 96402			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112907
154.47				
Amount Incurred This Period	Payment This Period		Outstandii	ng Balance at Close of This Period
0.00	0.00			154.47
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	or Creditor			ebt (Purpose): EY EXPENSES
Mailing Address 1015 FIFTEENTH STREET	, NW			
SUITE 1200           City         State           WASHINGTON         DC	ZIP Code 20005			
Outstanding Balance Beginning This Period		L L	Tra	nsaction ID: INV6010000114180
446.69				
Amount Incurred This Period	Payment This Period		Outstandii	ng Balance at Close of This Period
0.00	0.00			446.69
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	or Creditor			ebt (Purpose): EY FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET SUITE 1200	, NW			
City State	ZIP Code			
WASHINGTON DC	20005			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114182
626.32				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			626.32
1) SUBTOTALS This Period This Page (optional)		►		1227.48
2) TOTALS This Period (last page this line number of		•		
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	·) ►		

SCHEDULE D (FEC Form 3X)		(Use ser	oarate	PAGE 112 / 143
DEBTS AND OBLIGATIONS		schedule(s)		
Excluding Loans		for ea numbere		(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	or Creditor			ebt (Purpose): EY FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET SUITE 1200	, NW			
City State WASHINGTON DC	ZIP Code 20005			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114183
800.00				
Amount Incurred This Period	Payment This Period	O	utstandi	ng Balance at Close of This Period
0.00	0.00			800.00
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	or Creditor			ebt (Purpose): EY FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET SUITE 1200	, NW			
City State WASHINGTON DC	ZIP Code 20005			
Outstanding Balance Beginning This Period 3179.29			Tra	nsaction ID: INV6010000114184
Amount Incurred This Period	Payment This Period	0	utstandii	ng Balance at Close of This Period
	0.00			3179.29
C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	or Creditor			ebt (Purpose): EY EXPENSES
Mailing Address 1015 FIFTEENTH STREET SUITE 1200	, NW			
City State	ZIP Code			
WASHINGTON DC	20005			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114185
3.32				
Amount Incurred This Period	Payment This Period	0	utstandi	ng Balance at Close of This Period
0.00	0.00			3.32
1) SUBTOTALS This Period This Page (optional)		Þ		3982.61
2) TOTALS This Period (last page this line number of	nly)	•		
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	) ►		

s	CHEDULE D (FEC Form 3X)		(1 194	e separate	PAGE 113 / 143
	EBTS AND OBLIGATIONS		scl	hedule(s)	
				or each Ibered line)	(check only one) 9
<u> </u>	Cluding Loans AME OF COMMITTEE (In Full)				X 10
	ational Democratic Policy Committee				
	-				
	A. Full Name (Last, First, Middle Initial) of Debtor of MC GUINESS & WILLIAMS	or Creditor			ebt (Purpose): EY EXPENSES
	Mailing Address 1015 FIFTEENTH STREET, SUITE 1200	NW		-	
	City State	ZIP Code			
	WASHINGTON DC	20005			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114186
	5.50				
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			5.50
	<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor of MC GUINESS & WILLIAMS	or Creditor		Nature of D ATTORNI	ebt (Purpose): EY FEES
	Mailing Address 1015 FIFTEENTH STREET, SUITE 1200	NW		-	
	City State WASHINGTON DC	ZIP Code 20005		-	
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114189
	255.00			114	
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			255.00
	<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor of MEDIAWIRE	or Creditor			ebt (Purpose): ELEASE DISTRIBUTN
	Mailing Address 117 SOUTH 17TH ST. SUITE 210				
	City State	ZIP Code			
	PHILADELPHIA PA	19103			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112397
	60.00				
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			60.00
1)	SUBTOTALS This Period This Page (optional)		I		320.50
	TOTALS This Period (last page this line number or				
3)	TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	i		
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only	<sub>/)</sub> 1		

SCHEDULE D (FEC Form 3X)		(Use separate PAGE 114 / 1		PAGE 114 / 143		
DEBTS AND OBLIGATIONS		schedule(	s) FC	FOR LINE NUMBER:		
Excluding Loans		for each numbered li		neck only one) 9 X 10		
NAME OF COMMITTEE (In Full)			,			
National Democratic Policy Committee						
<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE	or Creditor		e of Debt (F REL DIS	Purpose): T-ELDER/USS		
Mailing Address 117 SOUTH 17TH ST. SUITE 210						
City State PHILADELPHIA PA	ZIP Code 19103					
Outstanding Balance Beginning This Period			Transact	tion ID: INV6010000112398		
65.00						
Amount Incurred This Period	Payment This Period	Outs	tanding Ba	alance at Close of This Period		
0.00	0.00			65.00		
B. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE	or Creditor		e of Debt (F REL DIS	<sup>P</sup> urpose): T-DOUGLAS/GOV		
Mailing Address 117 SOUTH 17TH ST. SUITE 210						
City State PHILADELPHIA PA	ZIP Code 19103					
Outstanding Balance Beginning This Period			Transac	tion ID: INV6010000112399		
35.00						
Amount Incurred This Period	Payment This Period	Outs	tanding Ba	alance at Close of This Period		
0.00	0.00			35.00		
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH	or Creditor		e of Debt (F DRNEY F	<sup>P</sup> urpose): EES & EXPENSES		
Mailing Address 204 WASHINGTON AVENU	JE, N.E.					
City State MARIETTA GA	ZIP Code 30060					
Outstanding Balance Beginning This Period			Transac	tion ID: INV6010000114254		
2354.40						
Amount Incurred This Period	Payment This Period	Outs	tanding Ba	alance at Close of This Period		
0.00	0.00		· · ·	2354.40		
1) SUBTOTALS This Period This Page (optional)				2454.40		
2) TOTALS This Period (last page this line number o						
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	- • [				
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	) ►				

		<i></i>		PAGE 115 / 143		
SCHEDULE D (FEC Form 3X)			separate edule(s)	FOR LINE NUMBER:		
DEBTS AND OBLIGATIONS		fo	r each	(check only one) 9		
Excluding Loans		numt	pered line)	X 10		
NAME OF COMMITTEE (In Full) National Democratic Policy Committee						
National Democratic Folicy Committee						
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			ebt (Purpose):		
MELVIN S. NASH			ATTORN	EY FEES & EXPENSES		
Mailing Address 204 WASHINGTON AVE	NUE. N.E.					
City State MARIETTA GA	ZIP Code 30060					
Outstanding Balance Beginning This Period			Tro	nsaction ID: INV601000011425		
			Ira	<b>nsaction ID:</b> 1110601000011425		
1496.91						
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period		
0.00	0.00			1496.91		
	0					
<b>B.</b> Full Name (Last, First, Middle Initial) of Debto MICHAEL FRANK, ESQ.	or or Greditor			ebt (Purpose): ES-WINTER/CONG		
Mailing Address 434 SPITZER BLDG						
City State	ZIP Code					
TOLEDO OH	43604					
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV601000011232		
400.00						
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period		
			Gutotana			
0.00	0.00			400.00		
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of D	ebt (Purpose):		
MICHAEL HODGEKISS			PRINTING	G		
Mailing Address 1265 48TH AVE.						
City State	ZIP Code					
SAN FRANCISCO CA	94122					
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV601000011236		
127.20						
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period		
0.00	0.00			127.20		
I) CINTAIC This David This Dass (anti-				2024.11		
I) SUBTOTALS This Period This Page (optional)						
2) TOTALS This Period (last page this line number	only)		•			
		<b>\</b>				
3) TOTAL OUTSTANDING LOANS from Schee	lule C (last page only)					
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only	r) 🕨				

SCHEDULE D (FEC Form 3X)		(Use separate PAGE 116 / 14		
		schedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		for each numbered line)	(check only one) 9	
Excluding Loans           NAME OF COMMITTEE (In Full)			X 10	
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor NEW BENJAMIN FRANKLIN HOUSE	r or Creditor		Debt (Purpose): URE PURCHASE	
Mailing Address 304 W 58TH ST.				
City State NEW YORK NY	ZIP Code 10019			
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112400	
176.50				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00	0.00		176.50	
B. Full Name (Last, First, Middle Initial) of Debtor NEW HAMPSHIRE HIGHWAY HOTEL Mailing Address FT. EDDY ROAD	r or Creditor	Nature of E ROOM R	Debt (Purpose): ENTALS	
City State CONCORD NH	ZIP Code 03301			
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112401	
75.20				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00	0.00		75.20	
C. Full Name (Last, First, Middle Initial) of Debtor NEW SOLIDARITY INT'L PRESS	r or Creditor	Nature of D ADVERT	Debt (Purpose): ISING	
Mailing Address 304 W. 58TH ST. 5TH FL.				
City State	ZIP Code			
NEW YORK NY	10019			
Outstanding Balance Beginning This Period		Tra	insaction ID: INV6010000112402	
540.00				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00	0.00		540.00	
1) SUBTOTALS This Period This Page (optional)			791.70	
2) TOTALS This Period (last page this line number	only)	•		
3) TOTAL OUTSTANDING LOANS from Schedu	ule C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)			

SCHEDULE D (FEC Form 3X)		(1.100	aanarata	PAGE 117 / 143		
			separate edule(s)	FOR LINE NUMBER:		
DEBTS AND OBLIGATIONS		fo	r each	(check only one) 9		
Excluding Loans		numc	pered line)	X 10		
NAME OF COMMITTEE (In Full) National Democratic Policy Committee						
National Democratic Folicy Committee						
<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor o NEW YORK TELEPHONE	r Creditor		Nature of D TELEPHC	ebt (Purpose): DNE		
Mailing Address 10 COLUMBUS CIRCLE						
City State NEW YORK NY	ZIP Code 10019					
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112403		
236.83						
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period		
			Outstandi			
0.00	0.00			236.83		
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor of PATRICK F ADAMS P.C.	r Creditor			ebt (Purpose): ES - NY BEAM DEMS		
Mailing Address ATTORNEY AT LAW						
ONE EAST MAIN STREET						
City State BAY SHORE NY	ZIP Code 11706					
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112085		
5762.50						
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period		
0.00	0.00			5762.50		
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor of PATRICK F ADAMS P.C.	r Creditor			ebt (Purpose): / FEES-NY BEAM DEM		
Mailing Address ATTORNEY AT LAW ONE EAST MAIN STREET						
City State	ZIP Code					
BAY SHORE NY	11706					
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112086		
400.00						
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period		
0.00	0.00			400.00		
1) SUBTOTALS This Period This Page (optional)		►		6399.33		
2) TOTALS This Period (last page this line number on	lly)	•				
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	•				
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only	r) ►				

SCHEDULE D (FEC Form 3X)		(1.100.0	oporato	PAGE 118 / 143
			separate edule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS			ered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)		numb		X 10
National Democratic Policy Committee				
<b>A.</b> Full Name (Last, First, Middle Initial) of Debto PETER ENNIS	r or Creditor			ebt (Purpose): AND LODGING
Mailing Address 65 SEAMAN AVE.				
City State NEW YORK NY	ZIP Code 10034			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112316
16.76				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			16.76
<b>B.</b> Full Name (Last, First, Middle Initial) of Debto PMR PRINTING	r or Creditor		Nature of D PRINTINC	ebt (Purpose): G
Mailing Address INDIAN CREEK CENTER RT. 1, BOX 22	III			
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112882
2500.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00	1		2500.00
<b>C.</b> Full Name (Last, First, Middle Initial) of Debto PMR PRINTING	r or Creditor		Nature of D PRINTING	ebt (Purpose): G
Mailing Address INDIAN CREEK CENTER RT. 1, BOX 22	111			
City State	ZIP Code			
STERLING VA	22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112885
6123.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			6123.00
1) SUBTOTALS This Period This Page (optional).		►		8639.76
2) TOTALS This Period (last page this line number		<b>&gt;</b>		
	ule C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate		r) ►		

SCHEDULE D (FEC Form 3X)		(1)		PAGE 119 / 143	
			separate edule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		fo	r each (	(check only one) 9	
Excluding Loans		numb	pered line)	X 10	
NAME OF COMMITTEE (In Full)					
National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor o PROVIDENCE MARRIOTT INN	r Creditor		Nature of D ROOM RI	lebt (Purpose): ENTAL	
Mailing Address CHARLES & ORMS STREE	TS				
City State PROVIDENCE RI	ZIP Code 02904				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000113747	
125.00					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			125.00	
	0.00			123.00	
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor o PUBLICATION & GENERAL MGMT.	r Creditor			ebt (Purpose): TING & DP SERVICE	
Mailing Address P.O. BOX 836					
City State LEESBURG VA	ZIP Code 22075				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112654	
1700.00					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			1700.00	
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor o PUBLICATION & GENERAL MGMT.	r Creditor			ebt (Purpose): TING & DP SERVICE	
Mailing Address P.O. BOX 836					
City State	ZIP Code				
LEESBURG VA	22075				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112656	
3000.00					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			3000.00	
1) SUBTOTALS This Period This Page (optional)		►	•	4825.00	
2) TOTALS This Period (last page this line number on		—.			
	C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line		—.			

SCHEDULE D (FEC Form 3X)		(Use sepa	arato	PAGE 120 / 143	
		schedule	e(s) F0	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		for eac numberec		heck only one) 9	
Excluding Loans           NAME OF COMMITTEE (In Full)				X 10	
National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor of PUBLICATION & GENERAL MGMT.	or Creditor		ure of Debt (	Purpose): NT & DP SERVICE	
Mailing Address P.O. BOX 836					
City State LEESBURG VA	ZIP Code 22075				
Outstanding Balance Beginning This Period			Transac	tion ID: INV6010000112657	
3000.00					
Amount Incurred This Period	Payment This Period	Ou	tstanding Ba	alance at Close of This Period	
	0.00				
0.00	0.00			3000.00	
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor of PUBLICATION & GENERAL MGMT.	or Creditor		ure of Debt ( NAGEMEN	Purpose): NT & DP SERVICES	
Mailing Address P.O. BOX 836					
City State LEESBURG VA	ZIP Code 22075				
Outstanding Balance Beginning This Period			Transac	tion ID: INV6010000112658	
3000.00					
Amount Incurred This Period	Payment This Period	Ou	tstanding Ba	alance at Close of This Period	
0.00	0.00			3000.00	
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor of PUBLICATION & GENERAL MGMT.	or Creditor		ure of Debt ( NAGEMEN	Purpose): NT & DP SERIVCES	
Mailing Address P.O. BOX 836					
City State	ZIP Code				
LEESBURG VA	22075				
Outstanding Balance Beginning This Period			Transac	tion ID: INV6010000112661	
3000.00					
Amount Incurred This Period	Payment This Period	Ou	tstanding Ba	alance at Close of This Period	
0.00	0.00			3000.00	
	0.00			3000.00	
1) SUBTOTALS This Period This Page (optional)		•		9000.00	
2) TOTALS This Period (last page this line number o	nly)	•			
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	•			
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	) ►			

SCHEDULE D (FEC Form	3 <b>X</b> )		(1.100	separate	PAGE 121 / 143
		sch	edule(s)		
DEBTS AND OBLIGATION	15			or each bered line)	(check only one) 9
Excluding Loans	)				X 10
National Democratic Policy					
		<b>0</b>			
A. Full Name (Last, First, Mir PUBLICATION & GENEF		r Creditor			ebt (Purpose): MENT & DP SREVICES
Mailing Address P.O. BOX	K 836				
City LEESBURG	State VA	ZIP Code 22075			
Outstanding Balance Begir	nning This Period			Tra	nsaction ID: INV6010000112662
	3000.00				
Amount Incurred Th	nis Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	0.00	0.00			3000.00
B. Full Name (Last, First, Mic PUBLICATION & GENER		r Creditor			ebt (Purpose): MENT & DP SERVICES
Mailing Address P.O. BOX	< 836				
City LEESBURG	State VA	ZIP Code 22075			
Outstanding Balance Begir	nning This Period			Tra	nsaction ID: INV6010000112666
	3000.00				
Amount Incurred Th	nis Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	0.00	0.00			3000.00
C. Full Name (Last, First, Mir PUBLICATION & GENER		r Creditor			ebt (Purpose): MENT &DP SERVICES
Mailing Address P.O. BOX	K 836				
City	State	ZIP Code			
LEESBURG	VA	22075			
Outstanding Balance Begir				Tra	nsaction ID: INV6010000112667
	3000.00				
Amount Incurred Th	nis Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	0.00	0.00			3000.00
1) SUBTOTALS This Period T	his Page (ontional)		Þ		9000.00
		ly)	`		
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3) TOTAL OUTSTANDING LOA		C (last page only)			
4) ADD 2) and 3) and carry for	ward to appropriate line	e of Summary Page (last page only)	)		<u>1 1 1 1 1 1 1 1 1</u>

	Earm 2V)				PAGE 122 / 143
SCHEDULE D (FEC			(Use se schedu		FOR LINE NUMBER:
DEBTS AND OBLIG	ATIONS		for ea	ach	(check only one) 9
Excluding Loans			numbere	ed line)	X 10
NAME OF COMMITTEE	. ,				
National Democratic	Policy Committee				
A Full Name (Last	First, Middle Initial) of Debtor	or Creditor	Na	ture of D	ebt (Purpose):
	GENERAL MGMT.				MENT & DP SERVICES
Mailing Address P.	O. BOX 836				
City	State	ZIP Code			
LEESBURG	VA	22075			
	ce Beginning This Period			Tro	nsaction ID: INV6010000112668
				IIa	
	3000.00				
Amount Inc	curred This Period	Payment This Period	C	outstandi	ng Balance at Close of This Period
	0.00	0.00			3000.00
	First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):
PUBLICATION &	GENERAL MGMT.		M	ANAGE	MENT & DP SERVICES
Mailing Addungs D					
Mailing Address P.	O. BOX 836				
City	State	ZIP Code			
LEESBURG	VA	22075			
Outstanding Balan	ce Beginning This Period			Tra	nsaction ID: INV6010000112669
	3000.00			-	
Amount Inc	curred This Period	Payment This Period	(	outstandi	ng Balance at Close of This Period
	0.00	0.00			3000.00
	First, Middle Initial) of Debtor GENERAL MGMT.	or Creditor			ebt (Purpose): MENT & DP SERVICES
FUBLICATION &	GENERAL MGMT.		IVI	ANAGE	MENT & DF SERVICES
Mailing Address P.	O. BOX 836				
-					
City	State	ZIP Code			
LEESBURG	VA	22075			
Outstanding Balan	ce Beginning This Period			Tra	nsaction ID: INV6010000112670
	3000.00				
Amount Inc	curred This Period	Payment This Period	C	Jutstandi	ng Balance at Close of This Period
	0.00	0.00			3000.00
1) SUBTOTALS This	Period This Page (optional)		•		9000.00
	0 (1 )				
2) TOTALS This Period	d (last page this line number o	only)	▶		
2) TOTAL OUTOTAND		ula C (last page only)	•		
3) TOTAL OUTSTAND	ING LUANS IFOM Schedu	Ile C (last page only)		1 1	
	carry forward to appropriate I	ine of Summary Page (last page only	r) 🕨		
<b>4) ADD 2)</b> and <b>3)</b> and	ourly for ward to appropriate i				

SCHEDULE D (FEC	Form 3Y)		(11	0000000	PAGE 123 / 143	
	-			separate edule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIG	ATIONS		fo	r each (	(check only one) 9	
Excluding Loans			numt	pered line)	X 10	
NAME OF COMMITTEE						
National Democratic I	Policy Committee					
A. Full Name (Last, F PUBLICATION & C	First, Middle Initial) of Debtor	or Creditor			ebt (Purpose): MENT &DP SERVICE	
Mailing Address P.C						
	J. DUX 030					
City LEESBURG	State VA	ZIP Code 22075				
Outstanding Balance	e Beginning This Period			Tra	nsaction ID: INV6010000112671	
0 0 0 0	3000.00					
Amount Inci	urred This Period	Payment This Period		Outstandii	ng Balance at Close of This Period	
	0.00	0.00			3000.00	
B. Full Name (Last, F PUBLICATION & C	First, Middle Initial) of Debtor	or Creditor			ebt (Purpose): MENT &D P SERVICES	
Mailing Address P.C	D. BOX 836					
City	State	ZIP Code				
LEESBURG	VA	22075				
Outstanding Balance	e Beginning This Period			Tra	nsaction ID: INV6010000112672	
	3000.00					
Amount Incu	urred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			3000.00	
C. Full Name (Last, F PUBLICATION & C	First, Middle Initial) of Debtor GENERAL MGMT.	or Creditor			ebt (Purpose): MENT &DP SERVICES	
Mailing Address P.C	D. BOX 836					
City	State	ZIP Code				
LEESBURG	VA	22075				
Outstanding Balance	e Beginning This Period			Tra	nsaction ID: INV6010000112673	
0 0 0 0	3000.00					
Amount Inci	urred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			3000.00	
1) SUBTOTALS This F	Period This Page (optional).		₽		9000.00	
		only)	,			
	liast page this intertuttiber (	л нуу,				
3) TOTAL OUTSTANDI	NG LOANS from Schedu	le C (last page only)	<b>)</b>		<u> </u>	
4) ADD 2) and 3) and a	carry forward to appropriate li	ine of Summary Page (last page only	/) 🕨			

SCHEDULE D (FEC Form 3X)		(Llas constate	PAGE 124 / 143
		(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each	(check only one) 9
		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committe			
A. Full Name (Last, First, Middle Initial) PUBLICATION & GENERAL MGM			Debt (Purpose): MENT &DP SERVICES
Mailing Address P.O. BOX 836			
City State LEESBURG VA	ZIP Code 22075		
Outstanding Balance Beginning This I	Period	Tra	ansaction ID: INV6010000112674
3000.00			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		3000.00
<b>B.</b> Full Name (Last, First, Middle Initial) PUBLICATION & GENERAL MGM			Debt (Purpose): EMENT & DP SERVICES
Mailing Address P.O. BOX 836			
City State	ZIP Code		
LEESBURG VA	22075		
Outstanding Balance Beginning This I	Period	Tra	ansaction ID: INV6010000112675
3000.00			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		3000.00
<b>C.</b> Full Name (Last, First, Middle Initial) PUBLICATION & GENERAL MGM			Debt (Purpose): EMENT & DP SERVICES
Mailing Address P.O. BOX 836			
City State	ZIP Code		
LEESBURG VA	22075		
Outstanding Balance Beginning This I	Period	Tra	ansaction ID: INV6010000112676
3000.00			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		3000.00
1) SUBTOTALS This Period This Page (	optional)		9000.00
2) IOTALS THIS PERIOD (last page this line	e number only)		
3) TOTAL OUTSTANDING LOANS from	m Schedule C (last page only)	• [	
4) ADD 2) and 3) and carry forward to ap	propriate line of Summary Page (last page only		

SCHEDULE D (FEC F	Form 3X)		(Use sepa	arato	PAGE 125 / 143
		schedule		FOR LINE NUMBER:	
DEBTS AND OBLIGA	TIONS		for each numbered line)		(check only one) 9
Excluding Loans			numbered		X 10
National Democratic Po	,				
A. Full Name (Last, Fir PUBLICATION & GE	rst, Middle Initial) of Debtor ENERAL MGMT.	or Creditor			bt (Purpose): /IENT & DP SERVICE
Mailing Address P.O.	BOX 836				
City LEESBURG	State VA	ZIP Code 22075			
Outstanding Balance	Beginning This Period			Tran	saction ID: INV6010000112677
	3000.00				
Amount Incur	red This Period	Payment This Period	Ou	Itstandin	g Balance at Close of This Period
0 0 0 0 0	0.00	0.00			3000.00
	0.00	0.00			0000.00
<b>B.</b> Full Name (Last, Fir PUROLATOR COUR	rst, Middle Initial) of Debtor RIER CORP.	or Creditor			bt (Purpose): PACKAGE SERVICE
Mailing Address 3333	3 NEW HYDE PARK R	OAD			
City NEW HYDE PARK	State NY	ZIP Code 11042			
Outstanding Balance	Beginning This Period			Tran	saction ID: INV6010000112891
	55.10				
Amount Incur	red This Period	Payment This Period	Ou	Itstandin	g Balance at Close of This Period
	0.00	0.00	ů A		55.10
C. Full Name (Last, Fir QUALITY INN ALBA	rst, Middle Initial) of Debtor	or Creditor			ebt (Purpose): INTALS
Mailing Address 1-3	WATERVLIET AVE.				
City	State	ZIP Code			
ALBANY	NY	12206			
Outstanding Balance	Beginning This Period			Tran	saction ID: INV6010000112892
	43.45				
Amount Incur	red This Period	Payment This Period	Ou	tstandin	g Balance at Close of This Period
	0.00	0.00			43.45
1) SUBTOTALS This Pe	eriod This Page (optional)		•		3098.55
		only)	_, ⊢		
3) TOTAL OUTSTANDIN		le C (last page only)	L	1 1 1 1	
		ne of Summary Page (last page only	/) <b>•</b>		

SCHEDULE D (FEC	Form 3X)		(Use separate	PAGE 126 / 143
		schedule(s)		
DEBTS AND OBLIG	ATIONS		for each numbered line)	(check only one) 9
Excluding Loans	(In Full)			X 10
National Democratic F	. ,			
A. Full Name (Last, F RAMADA INN CAS	irst, Middle Initial) of Debtor	or Creditor	Nature of D ROOM R	Debt (Purpose): ENTALS
Mailing Address PO	BOX 2917			
City CASPER	State WY	ZIP Code 82602		
Outstanding Balanc	e Beginning This Period		Tra	nsaction ID: INV6010000112893
	108.85			
Amount Incu	Irred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00	0.00		108.85
<b>B.</b> Full Name (Last, F RAMADA INN ST.	irst, Middle Initial) of Debtor	or Creditor	Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address 963	86 NATURAL BRIDGE F	RD.		
City ST. LOUIS	State MO	ZIP Code 63134		
Outstanding Balanc	e Beginning This Period		Tra	nsaction ID: INV6010000112894
	52.31			
Amount Incu	Irred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00	0.00		52.31
<b>C.</b> Full Name (Last, F RAMADA INN-SAN	irst, Middle Initial) of Debtor	or Creditor	Nature of D ROOM R	9ebt (Purpose): ENTALS
Mailing Address 364	15 N. PAN AM EXPRES	SWAY		
City SAN ANTONIO	State TX	ZIP Code 78219		
	e Beginning This Period		Tra	nsaction ID: INV6010000112897
	60.00		114	
			<b>A</b> · · · · ·	
Amount Incu	irred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00	0.00		60.00
1) SUBTOTALS This F	Period This Page (optional)			221.16
2) TOTALS This Period	(last page this line number of	only)		
3) TOTAL OUTSTANDI	NG LOANS from Schedu	le C (last page only)		
4) ADD 2) and 3) and c	arry forward to appropriate li	ine of Summary Page (last page only)		

SCHEDULE D (FEC Fo	orm 3X)		(1.100	oonoroto	PAGE 127 / 143
			separate edule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGAT	IONS		fo	r each Ó	(check only one) 9
Excluding Loans			numu	pered line)	X 10
NAME OF COMMITTEE (In National Democratic Pol					
National Democratic For					
A. Full Name (Last, Firs RENAISSANCE MAR		or Creditor		Nature of D OFFICE F	ebt (Purpose): RENT
Mailing Address 1249	WASHINGTON BLVI	D. STE. 626			
City DETROIT	State MI	ZIP Code 48226			
Outstanding Balance E	Beginning This Period			Tra	nsaction ID: INV6010000112898
	600.00				
Amount Incurre	ed This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			600.00
B. Full Name (Last, Firs RHEA, BOYD & RHE		or Creditor			ebt (Purpose): EY FEES & EXPENSES
Mailing Address 930 F	ORREST AVENUE				
City	State	ZIP Code			
GADSDEN	AL	35901			
Outstanding Balance E	Beginning This Period 24.60			Tra	nsaction ID: INV6010000114208
Amount Incurre	ed This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			24.60
C. Full Name (Last, Firs RICHARD MAGRAW	t, Middle Initial) of Debtor	or Creditor		Nature of D AUTO RE	ebt (Purpose): :NTAL
Mailing Address 22-60	23RD ST.				
City	State	ZIP Code			
ASTORIA	NY	11105			
Outstanding Balance E	Beginning This Period			Tra	nsaction ID: INV6010000112394
	114.90				
Amount Incurre		Payment This Period		Outotoood	ng Balance at Close of This Period
Amount incurre	· · · · ·			Outstandi	
	0.00	0.00			114.90
1) SUBTOTALS This Peri	iod This Page (optional)		▶		739.50
2) TOTALS This Period (la	st page this line number of	only)	•		
3) TOTAL OUTSTANDING	LOANS from Schedu	ile C (last page only)	•		
4) ADD 2) and 3) and car	ry forward to appropriate I	ine of Summary Page (last page only	/) Þ		

SCHEDULE D (FEC Form 3X)		(1.100	separate	PAGE 128 / 143	
		sch	edule(s)		
DEBTS AND OBLIGATIONS			or each bered line)	(check only one) 9	
Excluding Loans NAME OF COMMITTEE (In Full)				X 10	
National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor of ROBERT COLE	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS	
Mailing Address 4119 W. BELLEPLAINE #2V	N				
City State CHICAGO IL	ZIP Code 60641				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112305	
1243.95					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			1243.95	
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor of ROBERT KAY	or Creditor			ebt (Purpose): AND LODGING	
Mailing Address 22-49 38TH ST.					
City State ASTORIA NY	ZIP Code 11105				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112375	
19.74					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			19.74	
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor of ROGER HAM	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS	
Mailing Address 2 PINEHURST					
City State NEW YORK CITY NY	ZIP Code 10033				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112330	
207.82					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			207.82	
1) SUBTOTALS This Period This Page (optional)		Þ		1471.51	
2) TOTALS This Period (last page this line number or		,			
	⊖ C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate lin		<sup>')</sup>			

SCHEDULE D (FEC Form 3X)		(1100	separate	PAGE 129 / 143
DEBTS AND OBLIGATIONS			nedule(s)	
			or each bered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of	or Croditor		Naturo of D	ebt (Purpose):
RONALD KOKINDA			CONSUL	
Mailing Address 36-5 FORT EVANS ROAD,	NE			
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114750
524.50				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			524.50
B. Full Name (Last, First, Middle Initial) of Debtor of RONALD KOKINDA	or Creditor		Nature of D CONSUL	ebt (Purpose): TING
Mailing Address 36-5 FORT EVANS ROAD,	NE			
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114756
1600.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			1600.00
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor of SAFEWAY PRINTING	or Creditor		Nature of D PRINTINC	ebt (Purpose): G
Mailing Address 3276 WEST 6TH ST.				
City State	ZIP Code			
LOS ANGELES CA	90020			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112901
300.38				
Amount Incurred This Period	Payment 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
2) TOTALS This Period (last page this line number or		,		
	e C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate lir	ne of Summary Page (last page only	<i>ı</i> )		

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

SCHEDULE D (FEC Form 3X)		(LISA	separate	PAGE 131 / 143
DEBTS AND OBLIGATIONS		sch	edule(s)	FOR LINE NUMBER:
Excluding Loans			r each bered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor of SEGAL, MORAN & FEINBERG	or Creditor		Nature of D ATTORNE	ebt (Purpose): EY FEES
Mailing Address 210 COMMERCIAL STREE	Т			
City State BOSTON MA	ZIP Code 02109			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000113750
712.50				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			712.50
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor of SEVEN SEAS MOTOR INN	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 1823 OLD RED TRAIL				
City State MANDAN ND	ZIP Code 58554			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112903
46.12				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			46.12
C. Full Name (Last, First, Middle Initial) of Debtor of SHERATON COLUMBUS PLAZA	or Creditor			ebt (Purpose): -SCOTT/CONG
Mailing Address 50 NORTH THIRD STREET				
City State COLUMBUS OH	ZIP Code 43215			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112906
50.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00	Р 		50.00
1) SUBTOTALS This Period This Page (optional)		►		808.62
2) TOTALS This Period (last page this line number or		•		
, , , , , , , , , , , , , , , , , , , ,	C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only	r) <b>Þ</b>		

SCHEDULE D (FEC Form 3X)		(1150	separate	PAGE 132 / 143
			iedule(s)	
DEBTS AND OBLIGATIONS			or each bered line)	(check only one) 9
Excluding Loans           NAME OF COMMITTEE (In Full)		nam		X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor or SOLOMON, FOLEY & MORAN	r Creditor			ebt (Purpose): E: L. BOYLE/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDIN				
City State	ZIP Code			
DETROIT MI	48226			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112908
538.45				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			538.45
	0.00			536.45
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or SOLOMON, FOLEY & MORAN	r Creditor			ebt (Purpose): E: S. CROCKER/CONG
Mailing Address ATTORNEYS AT LAW				
2280 PENOBSCOT BUILDIN				
City State DETROIT MI	ZIP Code 48226			
	40220			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112909
538.45				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			538.45
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor of SOLOMON, FOLEY & MORAN	r Creditor			ebt (Purpose): E: M. DEAN/USS
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDIN	IG			
City State	ZIP Code			
DETROIT MI	48226			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112910
538.46				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			538.46
	0.00	_		536.40
1) SUBTOTALS This Period This Page (optional)		þ		1615.36
2) TOTALS This Period (last page this line number on	ω)	,	•	
	C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate line		·) D		

sc	CHEDULE D (FEC Form 3X)		(1100	e separate	PAGE 133 / 143
	ETS AND OBLIGATIONS		scl	nedule(s)	FOR LINE NUMBER:
	cluding Loans			or each bered line)	(check only one) 9 X 10
	AME OF COMMITTEE (In Full)			,	X 10
N	ational Democratic Policy Committee				
	A. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor			ebt (Purpose): E: S. JOHNSON/CONG
	Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDI	NG			
	City State	ZIP Code			
	DETROIT MI	48226			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112911
	538.46				
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			538.46
	B. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor			ebt (Purpose): E: E.SEFCOVIC/CONG
	Mailing Address ATTORNEYS AT LAW			-	
	2280 PENOBSCOT BUILDI City State	ZIP Code			
	DETROIT MI	48226			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112912
	538.46				
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			538.46
	<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor			ebt (Purpose): E: G SHEPPARD/CONG
	Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDI	NG			
	City State	ZIP Code		-	
	DETROIT MI	48226			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112913
	538.46				
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			538.46
					1615 29
1)	SUBTOTALS This Period This Page (optional)				1615.38
2)	TOTALS This Period (last page this line number o	nly)	I		
3)	TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)			
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only	/)		

SCHEDULE D (FEC Form 3	X)		(Use	separate	PAGE 134 / 143
DEBTS AND OBLIGATIONS	-		sch	nedule(s)	FOR LINE NUMBER:
Excluding Loans	•		for each numbered line)		(check only one) 9 X 10
NAME OF COMMITTEE (In Full)					
National Democratic Policy Co	ommittee				
A. Full Name (Last, First, Middl SOLOMON, FOLEY & MOR		Creditor			ebt (Purpose): E: H. SHORE/CONG
Mailing Address ATTORNEY 2280 PENC	YS AT LAW				
City S DETROIT N	tate 1I	ZIP Code 48226			
Outstanding Balance Beginnin	ng This Period			Tra	nsaction ID: INV6010000112914
5	38.46				
Amount Incurred This	Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			538.46
B. Full Name (Last, First, Middl SOLOMON, FOLEY & MOR		Creditor			ebt (Purpose): E: J. STAMPS/CONG
Mailing Address ATTORNEY		10			
	DBSCOT BUILDIN tate	ZIP Code			
DETROIT N	11	48226			
Outstanding Balance Beginnin				Tra	nsaction ID: INV6010000112915
5	38.46				
Amount Incurred This	Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			538.46
C. Full Name (Last, First, Middl SOLOMON, FOLEY & MOR		Creditor			ebt (Purpose): E: J. VAUGHN/CONG
Mailing Address ATTORNEY 2280 PENC	YS AT LAW	IG			
City S	tate	ZIP Code			
DETROIT N		48226			
Outstanding Balance Beginni				Tra	nsaction ID: INV6010000112916
5	38.46				
Amount Incurred This	Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			538.46
1) SUBTOTALS This Period This	s Page (optional)		,		1615.38
2) TOTALS This Period (last page			,		
3) TOTAL OUTSTANDING LOAN		C (last page only)	)		
4) ADD 2) and 3) and carry forward			)		
			•		

SCHEDULE D (FEG	C Form 3X)		(Use se	parate	PAGE 135 / 143
DEBTS AND OBLIGATIONS			sched	ule(s)	FOR LINE NUMBER:
Excluding Loans			for each numbered line)		(check only one) 9 X 10
NAME OF COMMITTEE	E (In Full)			,	
National Democratic	Policy Committee				
A. Full Name (Last, SOLOMON, FOL	First, Middle Initial) of Debtor EY & MORAN	or Creditor			ebt (Purpose): E: O. WALKER/CONG
-	TTORNEYS AT LAW 280 PENOBSCOT BUILD	ING			
City DETROIT	State MI	ZIP Code 48226			
Outstanding Balar	nce Beginning This Period			Tra	nsaction ID: INV6010000112917
	538.46				
Amount Inc	curred This Period	Payment This Period		Dutstandi	ng Balance at Close of This Period
	0.00	0.00			538.46
	First, Middle Initial) of Debtor LITICAL LITERATURE	or Creditor			ebt (Purpose): C TELEPHONE USAGE
-	ALES & DISTRIBUTION, 916-A VERO ROAD	INC.			
City BALTIMORE	State MD	ZIP Code 21227			
Outstanding Balar	nce Beginning This Period			Tra	nsaction ID: INV6010000114478
	915.00				
Amount Inc	curred This Period	Payment This Period	(	Dutstandi	ng Balance at Close of This Period
	0.00	0.00			915.00
	First, Middle Initial) of Debtor LITICAL LITERATURE	or Creditor			9ebt (Purpose): FFICE RENT
-	ALES & DISTRIBUTION, 916-A VERO ROAD	INC.			
City	State	ZIP Code			
BALTIMORE	MD	21227			
Outstanding Balar	nce Beginning This Period			Tra	nsaction ID: INV6010000114479
	200.00				
Amount Inc	curred This Period	Payment This Period	(	Dutstandi	ng Balance at Close of This Period
	0.00	0.00			200.00
1) SUBTOTALS This	Period This Page (ontional)		•		1653.46
-		only)	`		
3) TOTAL OUTSTANE		ile C (last page only)	` ▶		
		ine of Summary Page (last page only)			
TI ADD ZJ and SJ and	carry lorward to appropriate i	ine of Summary Fage (last page only)	-		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 136 / 143	
DEBTS AND OBLIGATIONS		schedule(s)		
Excluding Loans		for each numbered line)	(check only one) 9 X 10	
NAME OF COMMITTEE (In Full)		<u> </u>		
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITERATURE	or Creditor		Debt (Purpose): FC TELEPHONE USAGE	
Mailing Address SALES & DISTRIBUTION, 3916-A VERO ROAD				
City State BALTIMORE MD	ZIP Code 21227			
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000114480	
915.00				
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period	
0.00	0.00		915.00	
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITERATURE	or Creditor		Debt (Purpose): FFICE RENT	
Mailing Address SALES & DISTRIBUTION, 3916-A VERO ROAD	INC.			
City State BALTIMORE MD	ZIP Code 21227			
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000114481	
200.00				
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period	
0.00	0.00		200.00	
C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITERATURE	or Creditor		Debt (Purpose): ONE USAGE	
Mailing Address SALES & DISTRIBUTION, 3916-A VERO ROAD	INC.			
City State	ZIP Code			
BALTIMORE MD	21227			
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000114482	
915.00				
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period	
0.00	0.00		915.00	
1) SUBTOTALS This Period This Page (optional)			2030.00	
2) TOTALS This Period (last page this line number c	nly)	•		
3) TOTAL OUTSTANDING LOANS from Schedu	e C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	) ►		

SCHEDULE D (FEC Form 3X)		(] ] [0	separate	PAGE 137 / 143
		sch	nedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS			or each bered line)	(check only one) 9
Excluding Loans           NAME OF COMMITTEE (In Full)		nunn		X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor c SOUTHEAST POLITICAL LITERATURE	or Creditor		Nature of D RENT	ebt (Purpose):
Mailing Address SALES & DISTRIBUTION, II 3916-A VERO ROAD	NC.			
City State BALTIMORE MD	ZIP Code 21227			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114483
200.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			200.00
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor STATE OF CALIFORNIA			Nature of D PRINTING	ebt (Purpose): Э
Mailing Address OFFICE OF STATE PRINTI LEGISLATIVE BILL ROOM	NG			
City State SACRAMENTO CA	ZIP Code 95814			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112389
53.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			53.00
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor of STATLER BUFFALO	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address 107 DELAWARE AVENUE				
City State BUFFALO NY	ZIP Code 14202			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112918
85.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
			Outstandi	
0.00	0.00			85.00
1) SUBTOTALS This Period This Page (optional)		Þ		338.00
2) TOTALS This Period (last page this line number or	עור)	•		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	)		
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only)	)		

SCHEDULE D (FEC Form 3X)		(1)00	oonorato	PAGE 138 / 143	
			separate edule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		for	each	(check only one) 9	
Excluding Loans		numb	ered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee					
National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor c SYRACUSE AIRPORT INN	or Creditor		Nature of D ROOM RE	ebt (Purpose): ENTALS	
Mailing Address HANCOCK AIRPORT					
City State NORTH SYRACUSE NY	ZIP Code 13212				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112921	
19.00			-		
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			19.00	
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor of TED HERBERT	or Creditor			ebt (Purpose): ES & EXP-GA DEM SL	
Mailing Address 142 FOREST AVENUE N.E.					
City State MARIETTA GA	ZIP Code 30060				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114387	
1088.20					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			1088.20	
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor of TED HERBERT	or Creditor			ebt (Purpose): ES & EXP-GA DEM SL	
Mailing Address 142 FOREST AVENUE N.E.					
City State	ZIP Code				
MARIETTA GA	30060				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114393	
800.00					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			800.00	
				000.00	
1) SUBTOTALS This Period This Page (optional)		►		1907.20	
2) TOTALS This Period (last page this line number or	ıly)	•			
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	•			
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only	<sup>')</sup>			

SCHEDULE D (FEC Form 3X)		(1.100	accarata	PAGE 139 / 143	
			separate edule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		fc	or each (	(check only one) 9	
		num	bered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor o THE CHANCELLOR HOTEL	r Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS	
Mailing Address 1501 SOUTH NEIL STREET	-				
City State CHAMPAIGN IL	ZIP Code 61820				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112301	
25.00					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			25.00	
B. Full Name (Last, First, Middle Initial) of Debtor o THE COLONNADE	r Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS	
Mailing Address 120 HUNTINGTON AVENUE	Ē				
City State BOSTON MA	ZIP Code 02116				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112306	
75.00					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			75.00	
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor o THE PRESS CLUB OF HOUSTON	r Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS	
Mailing Address THE WORLD TRADE CENT	ER				
1520 TEXAS AVENUE					
City State HOUSTON TX	ZIP Code 77002				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112890	
25.00					
	Devenuel This Deviad				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			25.00	
1) SUBTOTALS This Period This Page (optional)				125.00	
2) TOTALS This Period (last page this line number on	ly)	•			
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	•			
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only	/)			

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 140 / 143
		schedule(s)	
DEBTS AND OBLIGATIONS		for each numbered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)		numbered line)	X 10
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor TONI JENNINGS	or Creditor	Nature of POSTAC	Debt (Purpose): GE
Mailing Address 2414 13TH AVE. SO. #104	1		
City State SEATTLE WA	ZIP Code 98144		
Outstanding Balance Beginning This Period		Tr	ansaction ID: INV6010000112374
30.15			
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	0.00		30.15
	0.00		
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor TREAT CATERERS	r or Creditor		Debt (Purpose): RENTALS
Mailing Address 50 PARK PLACE			
City State	ZIP Code		
NÉWARK NJ	07101		
Outstanding Balance Beginning This Period		Tr	ansaction ID: INV6010000112922
100.00			
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	0.00	0 0 R R	100.00
<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor TUTTLES RESTAURANT	or Creditor		Debt (Purpose): RENTALS
Mailing Address (C/O GILBERT ROBINSO P.O. BOX 16000	N COLLEX)		
City State	ZIP Code		
KANSAS CITY MO	64112		
Outstanding Balance Beginning This Period		Tr	ansaction ID: INV6010000112923
50.00			
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	0.00		50.00
	0.00		50.00
1) SUBTOTALS This Period This Page (optional).			180.15
2) TOTALS This Period (last page this line number	only)	▶	
	Ile C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	)	

SCHEDULE D (FEC	Form 3X)		(Use separate	PAGE 141 / 143
-	-		schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIG	ATIONS		for each numbered line)	(check only one) 9
Excluding Loans	(In Full)			X 10
National Democratic I	. ,			
	· · · · · · · · · · · · · · · · · · ·			
A. Full Name (Last, F VITA OBERSCHN	First, Middle Initial) of Debtor EIDER	or Creditor		Debt (Purpose): RENTALS
Mailing Address 544	4 OAK HILL RD.			
City ELGIN	State IL	ZIP Code 60120		
Outstanding Balance	ce Beginning This Period		Т	ransaction ID: INV6010000112404
	149.16			
Amount Inci	urred This Period	Payment This Period	Outstan	ding Balance at Close of This Period
	0.00	0.00		149.16
B. Full Name (Last, F WESTBOROUGH	First, Middle Initial) of Debtor PLAZA HOTEL	or Creditor		Debt (Purpose): IG ROOM RENTAL
Mailing Address 5 T	URNPIKE ROAD			
City WESTBOROUGH	State MA	ZIP Code 01581		
Outstanding Balance	ce Beginning This Period		Т	ransaction ID: INV6010000114249
	54.25			
Amount Inci	urred This Period	Payment This Period	Outstan	ding Balance at Close of This Period
	0.00	0.00		54.25
	0.00	0.00		54.25
	First, Middle Initial) of Debtor	or Creditor	Nature of TELEPH	Debt (Purpose): IONE
Mailing Address BC	X 6022 CHRUCH ST. S	TA.		
City	State	ZIP Code		
NEW YORK	NY	10008		
Outstanding Baland	ce Beginning This Period		Т	ransaction ID: INV6010000112926
	18.42			
Amount Inci	urred This Period	Payment This Period	Outetaa	ding Balance at Close of This Period
			Outstan	
	0.00	0.00		18.42
1) SUBTOTALS This F	Period This Page (optional)			221.83
2) TOTALS This Period	(last page this line number of	only)	•	
3) TOTAL OUTSTANDI		le C (last page only)		
4) ADD 2) and 3) and 0	carry forward to appropriate li	ne of Summary Page (last page only)		

SCHEDULE D (FEC Form 3X)		(1.10-	conoroto	PAGE 142 / 143	
		sch	e separate nedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		fc	or each bered line)	(check only one) 9	
Excluding Loans NAME OF COMMITTEE (In Full)		num		X 10	
National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor o WORLDCOMP	r Creditor		Nature of D TYPE SE	ebt (Purpose): TTING	
Mailing Address 722 EAST MARKET STREE	Т				
City State LEESBURG VA	ZIP Code 22075				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112983	
741.67					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			741.67	
B. Full Name (Last, First, Middle Initial) of Debtor o WORLDCOMP			Nature of D TYPE & A	ebt (Purpose): \RT	
Mailing Address 722 EAST MARKET STREE					
City State LEESBURG VA	ZIP Code 22075				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112988	
926.37					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00	1		926.37	
C. Full Name (Last, First, Middle Initial) of Debtor o WORLDCOMP	r Creditor		Nature of D TYPE & A	ebt (Purpose): \RT	
Mailing Address 722 EAST MARKET STREE	Т				
City State	ZIP Code				
LEESBURG VA	22075				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112992	
71.58					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			71.58	
1) SUBTOTALS This Period This Page (optional)		P		1739.62	
2) TOTALS This Period (last page this line number on		;			
	C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only)	r) D			

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			(Use se sched		FOR LINE NUMBER:
	BTS AND OBLIGATIONS		for e	ach	(check only one) 9
	cluding Loans		number	ea line)	X 10
	ME OF COMMITTEE (In Full) ational Democratic Policy Committee				
INC					
	A. Full Name (Last, First, Middle Initial) of Deb WORLDCOMP	tor or Creditor		ature of D YPE SE	ebt (Purpose): TTING
	Mailing Address 722 EAST MARKET STF	REET			
	City State LEESBURG VA	ZIP Code 22075			
	Outstanding Balance Beginning This Period		·	Tra	nsaction ID: INV6010000112993
	50.00				
	Amount Incurred This Period	Payment This Period	(	Dutstandir	ng Balance at Close of This Period
	0.00	0.00			50.00
	0.00	0.00			
	B. Full Name (Last, First, Middle Initial) of Deb YMCA SYRACUSE	tor or Creditor			ebt (Purpose): ENTALS
Ē	Mailing Address 340 MONTGOMERY ST	REET			
	-				
	City State SYRACUSE NY	ZIP Code 13202			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112994
	25.00				
	Amount Incurred This Period	Payment This Period	C	Dutstandir	ng Balance at Close of This Period
	0.00	0.00			25.00
	<b>C.</b> Full Name (Last, First, Middle Initial) of Deb ZELLER & LETICA INC.	tor or Creditor			ebt (Purpose): LABELS-SUB LISTS
	Mailing Address 15 E. 26TH ST.				
ŀ	City State	ZIP Code			
	NEW YORK NY	10010			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112995
	57.84				
	Amount Incurred This Period	Payment This Period	C	Dutstandir	ng Balance at Close of This Period
	0.00	0.00			57.84
-11	CLIPTOTALS This David This Dava (article)		•		132.84
-	SUBTOTALS This Period This Page (optional	-			132.84
-	SUBTOTALS This Period This Page (optional TOTALS This Period (last page this line number	-			408326.38
2)	TOTALS This Period (last page this line number	-	►		