

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 National Democratic Policy Committee

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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00136531 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 / 01 / 2019 through 06 / 30 / 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Jenkins, Katherine, , , Type or Print Name of Treasurer

Signature of Treasurer Jenkins, Katherine, , , [Electronically Filed] Date 07 / 27 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

National Democratic Policy Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value="3578.72"/>	<input type="text" value="3578.72"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3578.72"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="180.00"/>	<input type="text" value="180.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="3758.72"/>	<input type="text" value="3758.72"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="240.00"/>	<input type="text" value="240.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3518.72"/>	<input type="text" value="3518.72"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="449726.38"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

National Democratic Policy Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	180.00	180.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	180.00	180.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	180.00	180.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	180.00	180.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	180.00	180.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	240.00	240.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	240.00	240.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	240.00	240.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	240.00	240.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	180.00	180.00
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	180.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	240.00	240.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	240.00	240.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. EFT CORPORATION

Full Name (Last, First, Middle Initial)

Mailing Address 2911 DIXWELL AVE

City HAMDEN State CT Zip Code 06518

Purpose of Disbursement EFT PROCESSING FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 05 / 2019

FEC Identification Number: C

Transaction ID : 01000021101

Amount of Each Disbursement this Period: 40.00

Memo Item

B. EFT CORPORATION

Full Name (Last, First, Middle Initial)

Mailing Address 2911 DIXWELL AVE

City HAMDEN State CT Zip Code 06518

Purpose of Disbursement EFT PROCESSING FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 05 / 2019

FEC Identification Number: C

Transaction ID : 01000021201

Amount of Each Disbursement this Period: 40.00

Memo Item

C. EFT CORPORATION

Full Name (Last, First, Middle Initial)

Mailing Address 2911 DIXWELL AVE

City HAMDEN State CT Zip Code 06518

Purpose of Disbursement EFT PROCESSING FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 05 / 2019

FEC Identification Number: C

Transaction ID : 01000021301

Amount of Each Disbursement this Period: 40.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 120.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Full Name (Last, First, Middle Initial) A. EFT CORPORATION		Date of Disbursement MM / DD / YYYY 04 / 09 / 2019
Mailing Address 2911 DIXWELL AVE		FEC Identification Number C [REDACTED] Transaction ID : 01000021401 Amount of Each Disbursement this Period 40.00
City HAMDEN	State CT	Zip Code 06518
Purpose of Disbursement EFT PROCESSING FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. EFT CORPORATION		Date of Disbursement MM / DD / YYYY 05 / 05 / 2019
Mailing Address 2911 DIXWELL AVE		FEC Identification Number C [REDACTED] Transaction ID : 01000021501 Amount of Each Disbursement this Period 40.00
City HAMDEN	State CT	Zip Code 06518
Purpose of Disbursement EFT PROCESSING FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. EFT CORPORATION		Date of Disbursement MM / DD / YYYY 06 / 05 / 2019
Mailing Address 2911 DIXWELL AVE		FEC Identification Number C [REDACTED] Transaction ID : 01000021601 Amount of Each Disbursement this Period 40.00
City HAMDEN	State CT	Zip Code 06518
Purpose of Disbursement EFT PROCESSING FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	240.00

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN001000004**

LOAN SOURCE Full Name (Last, First, Middle Initial) HASCALL, HARVEY E., ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2137 S 1150 EAST			
City BOUNTIFUL	State UT	ZIP Code 84010	

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 12 / 22 / 1986	MM / DD / YYYY 11 / 28 / 1987	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	▶	1000.00
TOTALS This Period (last page in this line only)	▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : LOAN0000002009**
National Democratic Policy Committee

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

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

TERMS

Date Incurred MM / DD / YYYY 09 / 24 / 1984	Date Due MM / DD / YYYY 12 / 24 / 1984	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	-------------------------------	---

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

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

SUBTOTALS This Period This Page (optional)	▶	[] 1000.00
TOTALS This Period (last page in this line only)	▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000002886**

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

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 04 / 30 / 1984	MM / DD / YYYY 04 / 30 / 1985	1200.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	5000.00
TOTALS This Period (last page in this line only)	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000003820**

LOAN SOURCE Full Name (Last, First, Middle Initial) EDSEN, MINEHART, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1949 S MANCHESTER AVE SPACE 104			
City ANAHEIM	State CA	ZIP Code 92802	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
700.00	0.00	700.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 08 / 14 / 1984	MM / DD / YYYY 11 / 14 / 1984	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	700.00
TOTALS This Period (last page in this line only)	<input type="text"/>

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000003823**

LOAN SOURCE Full Name (Last, First, Middle Initial) EDSEN, MINEHART, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1949 S MANCHESTER AVE SPACE 104			
City ANAHEIM	State CA	ZIP Code 92802	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1250.00	0.00	1250.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 09 / 12 / 1984	MM / DD / YYYY 12 / 12 / 1984	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	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 Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000004982**

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

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

TERMS

Date Incurred MM / DD / YYYY 08 / 08 / 1984	Date Due MM / DD / YYYY 11 / 08 / 1984	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	-------------------------------	---

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

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

SUBTOTALS This Period This Page (optional)	▶	[] 1000.00
TOTALS This Period (last page in this line only)	▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000004983
--	--

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

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

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	MM / DD / YYYY 08 / 08 / 1984	MM / DD / YYYY 11 / 08 / 1984	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000005986**

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

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

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	MM / DD / YYYY 09 / 26 / 1984	MM / DD / YYYY 03 / 26 / 1985	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000005987**

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

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 10 / 18 / 1984	MM / DD / YYYY 12 / 18 / 1984	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000006929**

LOAN SOURCE Full Name (Last, First, Middle Initial) MAYBERRY, HENRY C, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8071 E 19TH ST			
City WESTMINSTER	State CA	ZIP Code 92683	

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 10 / 25 / 1984	MM / DD / YYYY 10 / 24 / 1985	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	500.00
TOTALS This Period (last page in this line only)	

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000007139**

LOAN SOURCE Full Name (Last, First, Middle Initial) CHOI, RONALD TAI HO, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 35797 BLAIR PL			
City FREMONT	State CA	ZIP Code 94536	

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

TERMS

Date Incurred 09 / 28 / 1984	Date Due 09 / 28 / 1985	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------	----------------------------	-------------------------------	---

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

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

SUBTOTALS This Period This Page (optional)	▶	[] 500.00
TOTALS This Period (last page in this line only)	▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000009055**

LOAN SOURCE Full Name (Last, First, Middle Initial) MCKINNEY, ROBERT C, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 3245			
City	State	ZIP Code	
SEAL BEACH	CA	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:
10 / 22 / 1984	10 / 22 / 1985	1200.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	▶	1000.00
TOTALS This Period (last page in this line only)	▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000009557**

LOAN SOURCE Full Name (Last, First, Middle Initial) LOFTUS, ROBERT, , , Y <input type="checkbox"/> Memo Item		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2446 N SUMMIT		
City DECATUR	State IL	

Original Amount of Loan <input type="text" value="1000.00"/>	Cumulative Payment To Date <input type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input type="text" value="1000.00"/>
---	---	---

TERMS

Date Incurred <input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="1984"/>	Date Due <input type="text" value="07"/> / <input type="text" value="05"/> / <input type="text" value="1985"/>	Interest Rate <input type="text" value="0.00"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	--	---

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000010472**

LOAN SOURCE Full Name (Last, First, Middle Initial) BEARD, SCOTT, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4125 HAWTHORNE			
City DALLAS	State TX	ZIP Code 75202	

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 04 / 09 / 1984	MM / DD / YYYY 07 / 09 / 1984	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000010652**

LOAN SOURCE Full Name (Last, First, Middle Initial) STEINER, NANCY J, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2809 GREER RD			
City PALO ALTO	State CA	ZIP Code 94303	

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
12 / 29 / 1986	12 / 12 / 1987	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	▶	1000.00
TOTALS This Period (last page in this line only)	▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : LOAN0000011262

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

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 05 / 14 / 1984	MM / DD / YYYY 08 / 14 / 1984	1800.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	200.00
TOTALS This Period (last page in this line only)	

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000011993
--	--

LOAN SOURCE Full Name (Last, First, Middle Initial) BREEZE, JACKSON B, , ,			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 419 QUARTZ ST				
City REDWOOD CITY	State CA	ZIP Code 94062		

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

TERMS	Date Incurred MM / DD / YYYY 11 / 30 / 1984	Date Due MM / DD / YYYY 03 / 02 / 1985	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---	--	-------------------------------	---

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

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

SUBTOTALS This Period This Page (optional)	▶	[] 1000.00
TOTALS This Period (last page in this line only)	▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000012031**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROPER, RICHARD, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 630 W DUARTE RD #33			
City MONROVIA	State CA	ZIP Code 91016	

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 05 / 31 / 1984	MM / DD / YYYY 11 / 30 / 1984	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000012946**

LOAN SOURCE Full Name (Last, First, Middle Initial) WRIGHT, FLOYD T, , ,		Y <input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4207 PATRICIA ST			
City FREMONT	State CA	ZIP Code 94536	

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 08 / 24 / 1984	MM / DD / YYYY 11 / 24 / 1984	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional) ▶	1000.00
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000013379**

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

Original Amount of Loan	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:
MM / DD / YYYY 06 / 15 / 1984	MM / DD / YYYY 08 / 15 / 1984	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000013410**

LOAN SOURCE Full Name (Last, First, Middle Initial) DRAKE, BILL, , ,		<input checked="" type="checkbox"/> Y <input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address RT 4 BOX 126			
City DEXTER	State MO	ZIP Code 63841	

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

TERMS

Date Incurred MM / DD / YYYY 06 / 19 / 1984	Date Due MM / DD / YYYY 08 / 19 / 1984	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	-------------------------------	---

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

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

SUBTOTALS This Period This Page (optional)	▶	[] 100.00
TOTALS This Period (last page in this line only)	▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : LOAN0000017823**
National Democratic Policy Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) LYNGE MD, HAROLD N, , ,			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2 S 13TH ST				
City SAN JOSSE	State CA	ZIP Code 95112		

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

TERMS

Date Incurred MM / DD / YYYY 08 / 08 / 1984	Date Due MM / DD / YYYY 10 / 08 / 1984	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	-------------------------------	---

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

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

SUBTOTALS This Period This Page (optional)	▶	[] 1000.00
TOTALS This Period (last page in this line only)	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000018351**

LOAN SOURCE Full Name (Last, First, Middle Initial) WOLF, GREGORY R, , ,			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5258 CARTWRIGHT				
City NORTH HOLLYWOOD	State CA	ZIP Code 91601		

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

TERMS

Date Incurred MM / DD / YYYY 08 / 14 / 1984	Date Due MM / DD / YYYY 11 / 14 / 1984	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	-------------------------------	---

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

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

SUBTOTALS This Period This Page (optional)	▶	[] 300.00
TOTALS This Period (last page in this line only)	▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000018352**

LOAN SOURCE Full Name (Last, First, Middle Initial) WOLF, GREGORY R, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5258 CARTWRIGHT			
City NORTH HOLLYWOOD	State CA	ZIP Code 91601	

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 08 / 14 / 1984	MM / DD / YYYY 11 / 14 / 1984	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	100.00
TOTALS This Period (last page in this line only)	

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000018353**

LOAN SOURCE Full Name (Last, First, Middle Initial) WOLF, GREGORY R, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5258 CARTWRIGHT			
City NORTH HOLLYWOOD	State CA	ZIP Code 91601	

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

TERMS

Date Incurred MM / DD / YYYY 08 / 14 / 1984	Date Due MM / DD / YYYY 11 / 14 / 1984	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	-------------------------------	---

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

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

SUBTOTALS This Period This Page (optional)	100.00
TOTALS This Period (last page in this line only)	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000018611**

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

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 08 / 17 / 1984	MM / DD / YYYY 11 / 17 / 1985	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	▶	1000.00
TOTALS This Period (last page in this line only)	▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000018612**

LOAN SOURCE Full Name (Last, First, Middle Initial) MONTEROS, ALFRED, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1210 W PUENTE AVE			
City WEST COVINA	State CA	ZIP Code 91790	

Original Amount of Loan <input type="text" value="1000.00"/>	Cumulative Payment To Date <input type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input type="text" value="1000.00"/>
---	---	---

TERMS

Date Incurred <input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="1984"/>	Date Due <input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="1984"/>	Interest Rate <input type="text" value="0.00"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	--	---

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000018817**

LOAN SOURCE Full Name (Last, First, Middle Initial) NITZ, LEONARD K, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5343 CALLISTER AVE			
City SACRAMENTO	State CA	ZIP Code 95819	

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 08 / 20 / 1984	MM / DD / YYYY 11 / 20 / 1984	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	▶	1000.00
TOTALS This Period (last page in this line only)	▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : LOAN0000019658**
National Democratic Policy Committee

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

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

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	MM / DD / YYYY 09 / 06 / 1984	MM / DD / YYYY 12 / 06 / 1984	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	▶	1000.00
TOTALS This Period (last page in this line only)	▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000019945**

LOAN SOURCE Full Name (Last, First, Middle Initial) MC CLASHAN, IAN, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 245 W LORRAINE ST APT 121			
City GLENDALE	State CA	ZIP Code 91202	

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 09 / 10 / 1984	MM / DD / YYYY 12 / 10 / 1984	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	▶	1500.00
TOTALS This Period (last page in this line only)	▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000021069**

LOAN SOURCE Full Name (Last, First, Middle Initial) HARDING, LOUIS, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 815 N MADISON			
City PIERRE	State SD	ZIP Code 57501	

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

TERMS

Date Incurred MM / DD / YYYY 09 / 27 / 1984	Date Due MM / DD / YYYY 03 / 27 / 1985	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	-------------------------------	---

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

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

SUBTOTALS This Period This Page (optional)	▶	1000.00
TOTALS This Period (last page in this line only)	▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000021171**

LOAN SOURCE Full Name (Last, First, Middle Initial) PEARSON, MARILYN, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address RR 1			
City SPENCER	State IA	ZIP Code 51301	

Original Amount of Loan 1000.00	Cumulative Payment To Date 100.00	Balance Outstanding at Close of This Period 900.00
------------------------------------	--------------------------------------	---

TERMS

Date Incurred MM / DD / YYYY 09 / 28 / 1984	Date Due MM / DD / YYYY 03 / 28 / 1985	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	-------------------------------	---

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

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		

SUBTOTALS This Period This Page (optional)	▶	900.00
TOTALS This Period (last page in this line only)	▶	

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000021412**

LOAN SOURCE Full Name (Last, First, Middle Initial) CZECZOK, MARJORIE, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 820 LAKE ST S			
City KIRKLAND	State WA	ZIP Code 98033	

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 10 / 25 / 1984	MM / DD / YYYY 11 / 25 / 1984	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	200.00
TOTALS This Period (last page in this line only)	

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000022667**

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

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 10 / 22 / 1984	MM / DD / YYYY 01 / 22 / 1985	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	750.00
TOTALS This Period (last page in this line only)	

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000023255**

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

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 10 / 24 / 1984	MM / DD / YYYY 12 / 24 / 1984	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	500.00
TOTALS This Period (last page in this line only)	

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000023300
--	--

LOAN SOURCE Full Name (Last, First, Middle Initial) LANDRY, H WYVONNE, , ,			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 18346 COLLINS ST #17				
City TARZANA	State CA	ZIP Code 91356		

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

TERMS	Date Incurred MM / DD / YYYY 10 / 25 / 1984	Date Due MM / DD / YYYY 01 / 25 / 1985	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---	--	-------------------------------	---

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

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

SUBTOTALS This Period This Page (optional)	▶	800.00
TOTALS This Period (last page in this line only)	▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : LOAN0000023612**
National Democratic Policy Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) PAINTER, JACOB S, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4371 SUNRISE DR			
City CASPER	State WY	ZIP Code 82604	

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 10 / 22 / 1984	MM / DD / YYYY 01 / 22 / 1985	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	250.00
TOTALS This Period (last page in this line only)	<input type="text"/>

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000023623**

LOAN SOURCE Full Name (Last, First, Middle Initial) BOWDEN, RONALD A, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 46 SOMERSET AVE			
City RIVERSIDE	State RI	ZIP Code 02915	

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 10 / 22 / 1984	MM / DD / YYYY 01 / 22 / 1985	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	▶	1000.00
TOTALS This Period (last page in this line only)	▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000023624**

LOAN SOURCE Full Name (Last, First, Middle Initial) JONES, BRYCE, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 213 W OAKRIDGE DR			
City FARMINGTON	State UT	ZIP Code 84025	

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 10 / 22 / 1984	MM / DD / YYYY 01 / 22 / 1985	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	▶	1000.00
TOTALS This Period (last page in this line only)	▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000023627**

LOAN SOURCE Full Name (Last, First, Middle Initial) JONES, MRS BRYCE, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 213 W OAKRIDGE DR			
City FARMINGTON	State UT	ZIP Code 84025	

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 10 / 22 / 1984	MM / DD / YYYY 01 / 22 / 1985	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : LOAN0000023628**
National Democratic Policy Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, MRS DONALD, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4495 WOODLAWN			
City BEAUMONT	State TX	ZIP Code 77703	

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 22 / 1984	10 / 22 / 1985	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	500.00
TOTALS This Period (last page in this line only)	<input type="text"/>

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000023683**

LOAN SOURCE Full Name (Last, First, Middle Initial) BRAINARD, AMY G, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1202 S GLADYS AVE			
City SAN GABRIEL	State CA	ZIP Code 91776	

Original Amount of Loan	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:
MM / DD / YYYY 10 / 25 / 1984	MM / DD / YYYY 10 / 25 / 1985	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000024453**

LOAN SOURCE Full Name (Last, First, Middle Initial) PETERS, JAMES HOWARD, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2380 GRANADA AVE			
City LONG BEACH	State CA	ZIP Code 90815	

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 11 / 26 / 1984	MM / DD / YYYY 05 / 26 / 1985	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000024908**

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

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 11 / 02 / 1984	MM / DD / YYYY 02 / 02 / 1985	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000025202**

LOAN SOURCE Full Name (Last, First, Middle Initial) UBER, ALMA G, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3447 STERNE ST			
City SAN DIEGO	State CA	ZIP Code 92106	

Original Amount of Loan	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:
MM / DD / YYYY 11 / 07 / 1984	MM / DD / YYYY 05 / 07 / 1985	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional) ▶	500.00
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000026096**

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

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 11 / 30 / 1984	MM / DD / YYYY 12 / 30 / 1984	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	500.00
TOTALS This Period (last page in this line only)	

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Democratic Policy Committee** Transaction ID : **LOAN0000032658**

LOAN SOURCE Full Name (Last, First, Middle Initial) PRICE, JOHN, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 101 S COTTAGE RD			
City STERLING	State VA	ZIP Code 22170	

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

TERMS	Date Incurred MM / DD / YYYY 05 / 20 / 1985	Date Due MM / DD / YYYY 05 / 20 / 1986	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---	--	-------------------------------	---

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

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

SUBTOTALS This Period This Page (optional)	▶	[] 750.00
TOTALS This Period (last page in this line only)	▶	[] 41400.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 55 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	349.99
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 56 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	101.72
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 57 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	1813.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 58 OF 144
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="285.00"/>	Transaction ID : INV6010000112099	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="285.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="2700.00"/>	Transaction ID : INV6010000111880	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2700.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="64.51"/>	Transaction ID : INV6010000111909	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="64.51"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3049.51"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 59 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	8943.85
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 60 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period 800.00	Transaction ID : INV601000011915	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 800.00

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

Outstanding Balance Beginning This Period 250.00	Transaction ID : INV601000011916	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 250.00

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

Outstanding Balance Beginning This Period 1000.00	Transaction ID : INV601000011917	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

1) SUBTOTALS This Period This Page (optional)..... ▶	2050.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 61 OF 144
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

Outstanding Balance Beginning This Period 11948.30	Transaction ID : INV6010000111920	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11948.30

1) SUBTOTALS This Period This Page (optional)..... ▶	21428.30
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 62 OF 144
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	2050.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 63 OF 144
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="8170.00"/>	Transaction ID : INV6010000111924	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="8170.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="150.00"/>	Transaction ID : INV6010000111925	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="150.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="30.00"/>	Transaction ID : INV6010000111926	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="30.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="8350.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="5852.00"/>	Transaction ID : INV6010000111927	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5852.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="13773.65"/>	Transaction ID : INV6010000112054	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="13773.65"/>

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

Outstanding Balance Beginning This Period <input type="text" value="302.50"/>	Transaction ID : INV6010000112055	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="302.50"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="19928.15"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 65 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	15939.60
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 66 OF 144
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	2600.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 67 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	2800.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 68 OF 144
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period	Transaction ID : INV6010000112103	
<input type="text" value="93.10"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="93.10"/>

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

Outstanding Balance Beginning This Period	Transaction ID : INV6010000112102	
<input type="text" value="15.78"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="15.78"/>

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

Outstanding Balance Beginning This Period	Transaction ID : INV6010000112274	
<input type="text" value="8023.57"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="8023.57"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="8132.45"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	10694.10
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

Outstanding Balance Beginning This Period		Transaction ID : INV6010000112288	
1151.71			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1151.71	

1) SUBTOTALS This Period This Page (optional)..... ▶	9016.06
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period		Transaction ID : INV6010000112289	
2614.35			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2614.35	

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

Outstanding Balance Beginning This Period		Transaction ID : INV6010000112290	
2296.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2296.00	

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

Outstanding Balance Beginning This Period		Transaction ID : INV6010000112291	
10085.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	10085.00	

1) SUBTOTALS This Period This Page (optional)..... ▶	14995.35
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	13370.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	13314.91
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period	Transaction ID : INV6010000112298	
<input type="text" value="18135.97"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="18135.97"/>

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

Outstanding Balance Beginning This Period	Transaction ID : INV6010000112299	
<input type="text" value="2000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2000.00"/>

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

Outstanding Balance Beginning This Period	Transaction ID : INV6010000112300	
<input type="text" value="9170.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="9170.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="29305.97"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	1436.76
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	694.85
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 78 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	431.33
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period 915.00	Transaction ID : INV6010000114471	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 915.00

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

Outstanding Balance Beginning This Period 200.00	Transaction ID : INV6010000114472	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 200.00

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

Outstanding Balance Beginning This Period 915.00	Transaction ID : INV6010000114473	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 915.00

1) SUBTOTALS This Period This Page (optional)..... ▶	2030.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 80 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	1315.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 81 OF 144
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	1142.95
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period 11.50	Transaction ID : INV6010000112315	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11.50

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

Outstanding Balance Beginning This Period 37.10	Transaction ID : INV6010000112364	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 37.10

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

Outstanding Balance Beginning This Period 206.00	Transaction ID : INV6010000112094	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 206.00

1) SUBTOTALS This Period This Page (optional)..... ▶	254.60
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="60.98"/>	Transaction ID : INV6010000112386	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="60.98"/>

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

Outstanding Balance Beginning This Period <input type="text" value="100.00"/>	Transaction ID : INV6010000114372	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="100.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="22.00"/>	Transaction ID : INV6010000112317	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="22.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="182.98"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	543.97
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period	Transaction ID : INV6010000112341	
<input type="text" value="40.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="40.00"/>

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

Outstanding Balance Beginning This Period	Transaction ID : INV6010000112996	
<input type="text" value="42.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="42.00"/>

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

Outstanding Balance Beginning This Period	Transaction ID : INV6010000112340	
<input type="text" value="157.50"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="157.50"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="239.50"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 87 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period 23.15	Transaction ID : INV6010000112342	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 23.15

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

Outstanding Balance Beginning This Period 50.00	Transaction ID : INV6010000112343	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

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

Outstanding Balance Beginning This Period 45.00	Transaction ID : INV6010000112344	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 45.00

1) SUBTOTALS This Period This Page (optional)..... ▶	118.15
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="224.00"/>	Transaction ID : INV6010000112345	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="224.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="97.24"/>	Transaction ID : INV6010000112346	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="97.24"/>

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

Outstanding Balance Beginning This Period <input type="text" value="52.00"/>	Transaction ID : INV6010000112347	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="52.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="373.24"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 90 OF 144
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="90.00"/>	Transaction ID : INV6010000112356	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="90.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="52.78"/>	Transaction ID : INV6010000112353	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="52.78"/>

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

Outstanding Balance Beginning This Period <input type="text" value="90.00"/>	Transaction ID : INV6010000112355	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="90.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="232.78"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="157.30"/>		Transaction ID : INV6010000112358	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="157.30"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="45.00"/>		Transaction ID : INV6010000112362	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="45.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="75.00"/>		Transaction ID : INV6010000112357	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="75.00"/>	

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="277.30"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 93 OF 144
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	216.04
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 94 OF 144
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="88.04"/>	Transaction ID : INV6010000112370	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="88.04"/>

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

Outstanding Balance Beginning This Period <input type="text" value="58.43"/>	Transaction ID : INV6010000112371	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="58.43"/>

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

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID : INV6010000112100	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="1146.47"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 95 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	85.43
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period 84.95		Transaction ID : INV6010000112377	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 84.95	

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

Outstanding Balance Beginning This Period 45071.87		Transaction ID : INV6010000115120	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 45071.87	

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

Outstanding Balance Beginning This Period 1649.60		Transaction ID : INV6010000115123	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1649.60	

1) SUBTOTALS This Period This Page (optional)..... ▶	46806.42
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period 1349.80	Transaction ID : INV6010000115207	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1349.80

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

Outstanding Balance Beginning This Period 1000.00	Transaction ID : INV6010000115362	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

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

Outstanding Balance Beginning This Period 1410.40	Transaction ID : INV6010000115364	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1410.40

1) SUBTOTALS This Period This Page (optional)..... ▶	3760.20
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	385.85
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 100 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period 62.35	Transaction ID : INV6010000115378	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 62.35

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

Outstanding Balance Beginning This Period 42.10	Transaction ID : INV6010000115379	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 42.10

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

Outstanding Balance Beginning This Period 51.10	Transaction ID : INV6010000115380	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 51.10

1) SUBTOTALS This Period This Page (optional)..... ▶	155.55
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 101 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period 13.45		Transaction ID : INV6010000115381	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 13.45	

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

Outstanding Balance Beginning This Period 4567.27		Transaction ID : INV6010000115383	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4567.27	

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

Outstanding Balance Beginning This Period 19.20		Transaction ID : INV6010000115384	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 19.20	

1) SUBTOTALS This Period This Page (optional)..... ▶	4599.92
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period 25.34		Transaction ID : INV6010000115385	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.34	

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

Outstanding Balance Beginning This Period 397.04		Transaction ID : INV6010000115386	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 397.04	

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

Outstanding Balance Beginning This Period 33.88		Transaction ID : INV6010000115387	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 33.88	

1) SUBTOTALS This Period This Page (optional)..... ▶	456.26
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period 101.14	Transaction ID : INV6010000115388	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 101.14

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

Outstanding Balance Beginning This Period 121.51	Transaction ID : INV6010000115410	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 121.51

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

Outstanding Balance Beginning This Period 25.00	Transaction ID : INV6010000115422	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00

1) SUBTOTALS This Period This Page (optional)..... ▶	247.65
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 104 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="1125.00"/>	Transaction ID : INV6010000115444	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1125.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="800.00"/>	Transaction ID : INV6010000115457	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="800.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="12.75"/>	Transaction ID : INV6010000115458	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="12.75"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="1937.75"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 105 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period 50.00	Transaction ID : INV6010000115469	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

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

Outstanding Balance Beginning This Period 750.00	Transaction ID : INV6010000115470	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 750.00

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

Outstanding Balance Beginning This Period 50.00	Transaction ID : INV6010000115471	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

1) SUBTOTALS This Period This Page (optional)..... ▶	850.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period 50.00	Transaction ID : INV6010000115472	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

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

Outstanding Balance Beginning This Period 3734.90	Transaction ID : INV6010000115481	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3734.90

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

Outstanding Balance Beginning This Period 199.25	Transaction ID : INV6010000115482	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 199.25

1) SUBTOTALS This Period This Page (optional)..... ▶	3984.15
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 107 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period 2030.98	Transaction ID : INV6010000115483	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2030.98

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

Outstanding Balance Beginning This Period 25.00	Transaction ID : INV6010000115484	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00

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

Outstanding Balance Beginning This Period 10.00	Transaction ID : INV6010000115486	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10.00

1) SUBTOTALS This Period This Page (optional)..... ▶	2065.98
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 108 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period 25.00	Transaction ID : INV6010000115487	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00

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

Outstanding Balance Beginning This Period 25.00	Transaction ID : INV6010000115488	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00

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

Outstanding Balance Beginning This Period 50.00	Transaction ID : INV6010000115489	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

1) SUBTOTALS This Period This Page (optional)..... ▶	100.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	2206.53
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	21859.98
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 111 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	458.03
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

Outstanding Balance Beginning This Period		Transaction ID : INV6010000114182	
626.32			
Amount Incurred This Period	Payment This Period	Outstanding 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 only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	3982.61
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period		Transaction ID : INV6010000114186	
5.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	5.50	

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

Outstanding Balance Beginning This Period		Transaction ID : INV6010000114189	
255.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	255.00	

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

Outstanding Balance Beginning This Period		Transaction ID : INV6010000112397	
60.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	60.00	

1) SUBTOTALS This Period This Page (optional)..... ▶	320.50
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period	Transaction ID : INV6010000112398	
65.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	65.00

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

Outstanding Balance Beginning This Period	Transaction ID : INV6010000112399	
35.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	35.00

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

Outstanding Balance Beginning This Period	Transaction ID : INV6010000114254	
2354.40		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2354.40

1) SUBTOTALS This Period This Page (optional)..... ▶	2454.40
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	2024.11
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 117 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	791.70
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	6399.33
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="16.76"/>	Transaction ID : INV6010000112316	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="16.76"/>

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

Outstanding Balance Beginning This Period <input type="text" value="2500.00"/>	Transaction ID : INV6010000112882	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2500.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="6123.00"/>	Transaction ID : INV6010000112885	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="6123.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="8639.76"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 120 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional).....▶	4825.00
2) TOTALS This Period (last page this line number only).....▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period 3000.00	Transaction ID : INV6010000112662	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

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

Outstanding Balance Beginning This Period 3000.00	Transaction ID : INV6010000112666	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

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

Outstanding Balance Beginning This Period 3000.00	Transaction ID : INV6010000112667	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

1) SUBTOTALS This Period This Page (optional)..... ▶	9000.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 123 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID : INV6010000112668	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID : INV6010000112669	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID : INV6010000112670	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 124 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period 3000.00	Transaction ID : INV6010000112671	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

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

Outstanding Balance Beginning This Period 3000.00	Transaction ID : INV6010000112672	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

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

Outstanding Balance Beginning This Period 3000.00	Transaction ID : INV6010000112673	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

1) SUBTOTALS This Period This Page (optional)..... ▶	9000.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 125 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID : INV6010000112674	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID : INV6010000112675	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID : INV6010000112676	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 126 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period 3000.00		Transaction ID : INV6010000112677	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUROLATOR COURIER CORP.		Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE	
Mailing Address 3333 NEW HYDE PARK ROAD			
City NEW HYDE PARK	State NY	Zip Code 11042	

Outstanding Balance Beginning This Period 55.10		Transaction ID : INV6010000112891	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 55.10	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor QUALITY INN ALBANY		Nature of Debt (Purpose): ROOM RENTALS	
Mailing Address 1-3 WATERVLIET AVE.			
City ALBANY	State NY	Zip Code 12206	

Outstanding Balance Beginning This Period 43.45		Transaction ID : INV6010000112892	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 43.45	

1) SUBTOTALS This Period This Page (optional)..... ▶	3098.55
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 127 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RAMADA INN CASPER			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address PO BOX 2917			
City CASPER	State WY	Zip Code 82602	

Outstanding Balance Beginning This Period 108.85	Transaction ID : INV6010000112893	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 108.85

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RAMADA INN ST. LOUIS			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 9636 NATURAL BRIDGE RD.			
City ST. LOUIS	State MO	Zip Code 63134	

Outstanding Balance Beginning This Period 52.31	Transaction ID : INV6010000112894	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 52.31

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RAMADA INN-SAN ANTONIO			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 3645 N. PAN AM EXPRESSWAY			
City SAN ANTONIO	State TX	Zip Code 78219	

Outstanding Balance Beginning This Period 60.00	Transaction ID : INV6010000112897	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 60.00

1) SUBTOTALS This Period This Page (optional)..... ▶	221.16
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 128 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RENAISSANCE MARKETING			Nature of Debt (Purpose): OFFICE RENT
Mailing Address 1249 WASHINGTON BLVD. STE. 626			
City DETROIT	State MI	Zip Code 48226	

Outstanding Balance Beginning This Period 600.00	Transaction ID : INV6010000112898	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 600.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RHEA, BOYD & RHEA			Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES
Mailing Address 930 FORREST AVENUE			
City GADSDEN	State AL	Zip Code 35901	

Outstanding Balance Beginning This Period 24.60	Transaction ID : INV6010000114208	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 24.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RICHARD MAGRAW			Nature of Debt (Purpose): AUTO RENTAL
Mailing Address 22-60 23RD ST.			
City ASTORIA	State NY	Zip Code 11105	

Outstanding Balance Beginning This Period 114.90	Transaction ID : INV6010000112394	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 114.90

1) SUBTOTALS This Period This Page (optional)..... ▶	739.50
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 129 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ROBERT COLE			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 4119 W. BELLEPLAINE #2W			
City CHICAGO	State IL	Zip Code 60641	

Outstanding Balance Beginning This Period 1243.95	Transaction ID : INV6010000112305	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1243.95

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ROBERT KAY			Nature of Debt (Purpose): TRAVEL AND LODGING
Mailing Address 22-49 38TH ST.			
City ASTORIA	State NY	Zip Code 11105	

Outstanding Balance Beginning This Period 19.74	Transaction ID : INV6010000112375	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 19.74

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ROGER HAM			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 2 PINEHURST			
City NEW YORK CITY	State NY	Zip Code 10033	

Outstanding Balance Beginning This Period 207.82	Transaction ID : INV6010000112330	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 207.82

1) SUBTOTALS This Period This Page (optional)..... ▶	1471.51
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 130 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RONALD KOKINDA			Nature of Debt (Purpose): CONSULTING
Mailing Address 36-5 FORT EVANS ROAD, NE			
City LEESBURG	State VA	Zip Code 22075	

Outstanding Balance Beginning This Period 524.50	Transaction ID : INV6010000114750	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 524.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RONALD KOKINDA			Nature of Debt (Purpose): CONSULTING
Mailing Address 36-5 FORT EVANS ROAD, NE			
City LEESBURG	State VA	Zip Code 22075	

Outstanding Balance Beginning This Period 1600.00	Transaction ID : INV6010000114756	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1600.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SAFEWAY PRINTING			Nature of Debt (Purpose): PRINTING
Mailing Address 3276 WEST 6TH ST.			
City LOS ANGELES	State CA	Zip Code 90020	

Outstanding Balance Beginning This Period 300.38	Transaction ID : INV6010000112901	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 300.38

1) SUBTOTALS This Period This Page (optional)..... ▶	2424.88
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 131 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SAN FRANCISCO LABOR CTTE.			Nature of Debt (Purpose): POSTAGE
Mailing Address 1826 NOREIGA ST.			
City SAN FRANCISCO	State CA	Zip Code 94122	

Outstanding Balance Beginning This Period 413.47	Transaction ID : INV6010000112902	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 413.47

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SANS SOUCI TRAVEL			Nature of Debt (Purpose): AIR TRAVEL
Mailing Address 253 - 12 UNION TURNPIKE			
City FLORAL PARK	State NY	Zip Code 11004	

Outstanding Balance Beginning This Period 290.00	Transaction ID : INV6010000113737	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 290.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SANS SOUCI TRAVEL			Nature of Debt (Purpose): ADDER TO 4/10 INV-TRAVEL
Mailing Address 253 - 12 UNION TURNPIKE			
City FLORAL PARK	State NY	Zip Code 11004	

Outstanding Balance Beginning This Period 40.00	Transaction ID : INV6010000113743	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 40.00

1) SUBTOTALS This Period This Page (optional)..... ▶	743.47
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 132 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SEGAL, MORAN & FEINBERG			Nature of Debt (Purpose): ATTORNEY FEES
Mailing Address 210 COMMERCIAL STREET			
City BOSTON	State MA	Zip Code 02109	

Outstanding Balance Beginning This Period 712.50	Transaction ID : INV6010000113750	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 712.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SEVEN SEAS MOTOR INN			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 1823 OLD RED TRAIL			
City MANDAN	State ND	Zip Code 58554	

Outstanding Balance Beginning This Period 46.12	Transaction ID : INV6010000112903	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 46.12

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SHERATON COLUMBUS PLAZA			Nature of Debt (Purpose): RM-RNTL-SCOTT/CONG
Mailing Address 50 NORTH THIRD STREET			
City COLUMBUS	State OH	Zip Code 43215	

Outstanding Balance Beginning This Period 50.00	Transaction ID : INV6010000112906	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

1) SUBTOTALS This Period This Page (optional)..... ▶	808.62
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 133 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN			Nature of Debt (Purpose): ATTY FEE: L. BOYLE/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING			
City DETROIT	State MI	Zip Code 48226	

Outstanding Balance Beginning This Period 538.45	Transaction ID : INV6010000112908	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 538.45

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN			Nature of Debt (Purpose): ATTY FEE: S. CROCKER/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING			
City DETROIT	State MI	Zip Code 48226	

Outstanding Balance Beginning This Period 538.45	Transaction ID : INV6010000112909	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 538.45

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN			Nature of Debt (Purpose): ATTY FEE: M. DEAN/USS
Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING			
City DETROIT	State MI	Zip Code 48226	

Outstanding Balance Beginning This Period 538.46	Transaction ID : INV6010000112910	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 538.46

1) SUBTOTALS This Period This Page (optional)..... ▶	1615.36
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 134 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN			Nature of Debt (Purpose): ATTY FEE: S. JOHNSON/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING			
City DETROIT	State MI	Zip Code 48226	

Outstanding Balance Beginning This Period 538.46	Transaction ID : INV6010000112911	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 538.46

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN			Nature of Debt (Purpose): ATTY FEE: E.SEFKOVIC/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING			
City DETROIT	State MI	Zip Code 48226	

Outstanding Balance Beginning This Period 538.46	Transaction ID : INV6010000112912	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 538.46

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN			Nature of Debt (Purpose): ATTY FEE: G SHEPPARD/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING			
City DETROIT	State MI	Zip Code 48226	

Outstanding Balance Beginning This Period 538.46	Transaction ID : INV6010000112913	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 538.46

1) SUBTOTALS This Period This Page (optional)..... ▶	1615.38
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 135 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN			Nature of Debt (Purpose): ATTY FEE: H. SHORE/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING			
City DETROIT	State MI	Zip Code 48226	

Outstanding Balance Beginning This Period 538.46	Transaction ID : INV6010000112914	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 538.46

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN			Nature of Debt (Purpose): ATTY FEE: J. STAMPS/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING			
City DETROIT	State MI	Zip Code 48226	

Outstanding Balance Beginning This Period 538.46	Transaction ID : INV6010000112915	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 538.46

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN			Nature of Debt (Purpose): ATTY FEE: J. VAUGHN/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING			
City DETROIT	State MI	Zip Code 48226	

Outstanding Balance Beginning This Period 538.46	Transaction ID : INV6010000112916	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 538.46

1) SUBTOTALS This Period This Page (optional)..... ▶	1615.38
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 136 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN			Nature of Debt (Purpose): ATTY FEE: O. WALKER/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING			
City DETROIT	State MI	Zip Code 48226	

Outstanding Balance Beginning This Period 538.46	Transaction ID : INV6010000112917	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 538.46

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHEAST POLITICAL LITERATURE			Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD			
City BALTIMORE	State MD	Zip Code 21227	

Outstanding Balance Beginning This Period 915.00	Transaction ID : INV6010000114478	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 915.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHEAST POLITICAL LITERATURE			Nature of Debt (Purpose): FIELD OFFICE RENT
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD			
City BALTIMORE	State MD	Zip Code 21227	

Outstanding Balance Beginning This Period 200.00	Transaction ID : INV6010000114479	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 200.00

1) SUBTOTALS This Period This Page (optional)..... ▶	1653.46
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 137 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHEAST POLITICAL LITERATURE			Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD			
City BALTIMORE	State MD	Zip Code 21227	

Outstanding Balance Beginning This Period <input type="text" value="915.00"/>	Transaction ID : INV6010000114480	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="915.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHEAST POLITICAL LITERATURE			Nature of Debt (Purpose): FIELD OFFICE RENT
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD			
City BALTIMORE	State MD	Zip Code 21227	

Outstanding Balance Beginning This Period <input type="text" value="200.00"/>	Transaction ID : INV6010000114481	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="200.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHEAST POLITICAL LITERATURE			Nature of Debt (Purpose): TELEPHONE USAGE
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD			
City BALTIMORE	State MD	Zip Code 21227	

Outstanding Balance Beginning This Period <input type="text" value="915.00"/>	Transaction ID : INV6010000114482	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="915.00"/>

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 138 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHEAST POLITICAL LITERATURE			Nature of Debt (Purpose): RENT
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD			
City BALTIMORE	State MD	Zip Code 21227	

Outstanding Balance Beginning This Period <input type="text" value="200.00"/>	Transaction ID : INV6010000114483	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="200.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor STATE OF CALIFORNIA			Nature of Debt (Purpose): PRINTING
Mailing Address OFFICE OF STATE PRINTING LEGISLATIVE BILL ROOM			
City SACRAMENTO	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="53.00"/>	Transaction ID : INV6010000112389	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="53.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor STATLER BUFFALO			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 107 DELAWARE AVENUE			
City BUFFALO	State NY	Zip Code 14202	

Outstanding Balance Beginning This Period <input type="text" value="85.00"/>	Transaction ID : INV6010000112918	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="85.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="338.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 139 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SYRACUSE AIRPORT INN			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address HANCOCK AIRPORT			
City NORTH SYRACUSE	State NY	Zip Code 13212	

Outstanding Balance Beginning This Period 19.00	Transaction ID : INV6010000112921	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 19.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor TED HERBERT			Nature of Debt (Purpose): ATTY FEES & EXP-GA DEM SL
Mailing Address 142 FOREST AVENUE N.E.			
City MARIETTA	State GA	Zip Code 30060	

Outstanding Balance Beginning This Period 1088.20	Transaction ID : INV6010000114387	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1088.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor TED HERBERT			Nature of Debt (Purpose): ATTY FEES & EXP-GA DEM SL
Mailing Address 142 FOREST AVENUE N.E.			
City MARIETTA	State GA	Zip Code 30060	

Outstanding Balance Beginning This Period 800.00	Transaction ID : INV6010000114393	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 800.00

1) SUBTOTALS This Period This Page (optional)..... ▶	1907.20
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 140 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE CHANCELLOR HOTEL			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 1501 SOUTH NEIL STREET			
City CHAMPAIGN	State IL	Zip Code 61820	

Outstanding Balance Beginning This Period	Transaction ID : INV6010000112301	
<input type="text" value="25.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="25.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE COLONNADE			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 120 HUNTINGTON AVENUE			
City BOSTON	State MA	Zip Code 02116	

Outstanding Balance Beginning This Period	Transaction ID : INV6010000112306	
<input type="text" value="75.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="75.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE PRESS CLUB OF HOUSTON			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE			
City HOUSTON	State TX	Zip Code 77002	

Outstanding Balance Beginning This Period	Transaction ID : INV6010000112890	
<input type="text" value="25.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="25.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="125.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 141 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor TONI JENNINGS			Nature of Debt (Purpose): POSTAGE
Mailing Address 2414 13TH AVE. SO. #104			
City SEATTLE	State WA	Zip Code 98144	

Outstanding Balance Beginning This Period		Transaction ID : INV6010000112374	
30.15			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	30.15	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor TREAT CATERERS			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 50 PARK PLACE			
City NEWARK	State NJ	Zip Code 07101	

Outstanding Balance Beginning This Period		Transaction ID : INV6010000112922	
100.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	100.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor TUTTLES RESTAURANT			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address (C/O GILBERT ROBINSON COLLEX) P.O. BOX 16000			
City KANSAS CITY	State MO	Zip Code 64112	

Outstanding Balance Beginning This Period		Transaction ID : INV6010000112923	
50.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	50.00	

1) SUBTOTALS This Period This Page (optional)..... ▶	180.15
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 142 OF 144
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor VITA OBERSCHNEIDER			Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 544 OAK HILL RD.			
City ELGIN	State IL	Zip Code 60120	

Outstanding Balance Beginning This Period <input type="text" value="149.16"/>	Transaction ID : INV6010000112404	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="149.16"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WESTBOROUGH PLAZA HOTEL			Nature of Debt (Purpose): MEETING ROOM RENTAL
Mailing Address 5 TURNPIKE ROAD			
City WESTBOROUGH	State MA	Zip Code 01581	

Outstanding Balance Beginning This Period <input type="text" value="54.25"/>	Transaction ID : INV6010000114249	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="54.25"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WESTERN UNION INTERNATIONAL			Nature of Debt (Purpose): TELEPHONE
Mailing Address BOX 6022 CHRUCH ST. STA.			
City NEW YORK	State NY	Zip Code 10008	

Outstanding Balance Beginning This Period <input type="text" value="18.42"/>	Transaction ID : INV6010000112926	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="18.42"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="221.83"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 143 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor WORLDCOMP		Nature of Debt (Purpose): TYPE SETTING	
Mailing Address 722 EAST MARKET STREET			
City LEESBURG	State VA	Zip Code 22075	

Outstanding Balance Beginning This Period 741.67		Transaction ID : INV6010000112983	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 741.67	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WORLDCOMP		Nature of Debt (Purpose): TYPE & ART	
Mailing Address 722 EAST MARKET STREET			
City LEESBURG	State VA	Zip Code 22075	

Outstanding Balance Beginning This Period 926.37		Transaction ID : INV6010000112988	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 926.37	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WORLDCOMP		Nature of Debt (Purpose): TYPE & ART	
Mailing Address 722 EAST MARKET STREET			
City LEESBURG	State VA	Zip Code 22075	

Outstanding Balance Beginning This Period 71.58		Transaction ID : INV6010000112992	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 71.58	

1) SUBTOTALS This Period This Page (optional)..... ▶	1739.62
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor WORLDCOMP		Nature of Debt (Purpose): TYPE SETTING	
Mailing Address 722 EAST MARKET STREET			
City LEESBURG	State VA	Zip Code 22075	

Outstanding Balance Beginning This Period 50.00		Transaction ID : INV6010000112993	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor YMCA SYRACUSE		Nature of Debt (Purpose): ROOM RENTALS	
Mailing Address 340 MONTGOMERY STREET			
City SYRACUSE	State NY	Zip Code 13202	

Outstanding Balance Beginning This Period 25.00		Transaction ID : INV6010000112994	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ZELLER & LETICA INC.		Nature of Debt (Purpose): MAILING LABELS-SUB LISTS	
Mailing Address 15 E. 26TH ST.			
City NEW YORK	State NY	Zip Code 10010	

Outstanding Balance Beginning This Period 57.84		Transaction ID : INV6010000112995	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 57.84	

1) SUBTOTALS This Period This Page (optional)..... ▶	132.84
2) TOTALS This Period (last page this line number only)..... ▶	408326.38
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	41400.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	449726.38