PAGE 1 / 143

Image# 14978075641

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									Office U	se Only	
1.	NAME OF COMMITTEE ((in full)	TYPE OR	PRINT ▼		mple: If typion the lines.	ng, type	12FE4	lM5		
N	lational Den	nocratic F	Policy Co	mmittee							1
L											
AD∣	DRESS (number	and street)	113 HAL	IFAX PLACE							
H	Check if o	different									
L	than previ reported.	ously (ACC)	LEESBU	JRG				VA	20175	-	
2.	FEC IDENTIF	ICATION N	UMBER ▼		CITY 🛦		5	STATE 🛦		ZIP COI	DE 🛦
	C C00136	5531			3. IS THIS REPORT		NEW (N) OR		AMENDED (A)		
4.	TYPE OF R (Choose One)	EPORT	(b) Mor Rep	ort	Feb 20 (M2)		May 20 (M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly I	Reports:	Due	On:	Mar 20 (M3)		Jun 20 (M6)		Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April	15			Apr 20 (M4)		Jul 20 (M7)		Oct 20 (M10)		Jan 31 (YE)
		erly Report (Q1) (c)	12-Day	П	Primary (12F	P)	Gen	eral (12G)	П	Runoff (12R)
	July 1 Quart	15 erly Report (0	Q2)	PRE-Election Report for t		Convention ((12C)	Spe	cial (12S)		
		er 15 erly Report (Q3)	·					,		
	Janua Year-l	ary 31 End Report (YE)	E	Election on	M M /	D D /	Y Y Y	Y	in the State of	f
	Repo	31 Mid-Year rt (Non-electio Only) (MY)	on (d)	30-Day POST-Elect		General (300	G)	Run	off (30R)		Special (30S)
		nation Report	t	Report for t	ne:	M M /	D D /	Y = Y = Y	Y	in the	
	(TER)			E	Election on					State of	f
5.	Covering Perio	d 0	M / D 01		014	through	09	30	20	14	
l ce	ertify that I have	examined t	his Report a	nd to the be	est of my kno	wledge and	belief it is tru	e. correc	t and comple	te.	
	e or Print Name		-	e Jenkins					. und comple		
								П	M M / D	D /	Y Y Y Y Y
Sig	nature of Treasu	ırer <i>Katl</i>	nerine Jenkins			[Electronicall	y Filed] D	ate	10 06	ال	2014
NO.	TE: Submission o	of false, error	neous, or inc	omplete infor	mation may su	bject the per	son signing th	is Report	to the penalti	es of 2 L	J.S.C. §437g.
	Office	, i di		, ,		, , ,				FOR	
	Use Only									Rev. 12/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name National Democratic Policy Committee 01 2014 09 30 2014 Report Covering the Period: 07 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 3850.72 January 1, 2014 (b) Cash on Hand at 3895.72 Beginning of Reporting Period..... 405.00 120.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 4015.72 4255.72 6(a) and 6(c) for Column B)..... 120.00 360.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 3895.72 3895.72 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 449726.38 Schedule C and/or Schedule D)

×

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Democratic Policy Committee

Report Covering the Period: From: 07 01 2014 To: 09 30 2014					
I. Receipts	I. Receipts COLUMN A Total This Period				
Contributions (other than loans) From:					
(a) Individuals/Persons Other					
Than Political Committees	0.00	-15.00			
(i) Itemized (use Schedule A)	0.00	-13.00			
(ii) Harita anima d	120.00	420.00			
(ii) Unitemized(iii) TOTAL (add	120.00	420.00			
Lines 11(a)(i) and (ii)	120.00	405.00			
Lines Tr(a)(i) and (ii)	4, 12,00	4			
(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	100.00	405.00			
Totals to Line 33, page 5)▶	120.00	405.00			
. Transfers From Affiliated/Other	0.00	0.00			
Party Committees	0.00	0.00			
. All Loans Received	0.00	0.00			
. All Loans Neceived	7 7	7 7			
Lean Denoumente Dessived	0.00	0.00			
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00			
(Refunds, Rebates, etc.)					
(Carry Totals to Line 37, page 5)	0.00	0.00			
. Refunds of Contributions Made		7			
to Federal Candidates and Other					
Political Committees	0.00	0.00			
. Other Federal Receipts					
(Dividends, Interest, etc.)	0.00	0.00			
Transfers from Non-Federal and Levin Funds		,			
(a) Non-Federal Account	0.00	0.00			
(from Schedule H3)	0.00	0.00			
4) 1	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			
(c) Total Transiers (add To(a) and To(b))	0.00	0.00			
. Total Receipts (add Lines 11(d),					
12, 13, 14, 15, 16, 17, and 18(c))▶	120.00	405.00			
. Total Federal Receipts					
(subtract Line 18(c) from Line 19)▶	120.00	405.00			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tillo I Silou	Calendal Teal-to-Date		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00		
(i) Federal Share				
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	120.00	360.00		
Expenditures(c) Total Operating Expenditures	120.00	360.00		
(add 21(a)(i), (a)(ii), and (b))▶	120.00	360.00		
Transfers to Affiliated/Other Party		0.00		
CommitteesContributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	0.00	0.00		
Independent Expenditures	200	200		
(use Schedule E)	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(400 00/1004/10 1 //	7 7			
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
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	3.00			
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
Other Disbursements	0.00	0.00		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)	0.00	0.00		
(i) Federal Share	0.00			
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely	0.00	0.00		
With Federal Funds(c) Total Federal Election Activity (add	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Tatal Bishows are to (a LLL) and Od(a) CC				
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	120.00	360.00		
,,,,,,,,,,	120.00	300.00		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)	120.00	360 00		
from Line 31)	120.00	360.0		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	120.00	405.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	120.00	405.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	120.00	360.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	120.00	360.00

ITEMIZED DISBURSEMENTS Use separate schedule(s) for each category of the Detailed Summary Page (check only one)	S	CHEDULE B (FEC Form 3X)			FOR LINE					
Detailed Surmany Page 27 28a 28b 25c 25c 30b 30b 30c	IT	EMIZED DISBURSEMENTS			(check only					
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 Pull) National Democratic Policy Committee Full Name (Last, First, Middle Initial) A. EFT CORPORATION Mailing Address 2911 DIXWELL AVE City State Zip Code Category/ Type Purpose of Disbursement EFT PROCESSING FEE Candidate Name Category/ Type Distor Disbursement EFT PROCESSING FEE Candidate Name Category/ Type Distor Disbursement EFT PROCESSING FEE Candidate Name Category/ Type Distor Disbursement EFT PROCESSING FEE Candidate Name Category/ Type Transaction ID : 01000011301000018901 Amount of Each Disbursement EFT PROCESSING FEE Candidate Name Category/ Type Transaction ID : 01000011301000018901 Amount of Each Disbursement For: Bear Disbursement Category/ Type Transaction ID : 01000011301000018901 City State: Distor Full Name (Last, First, Middle Initial) C. EFT CORPORATION Mailing Address 2911 DIXWELL AVE City State: Disbursement EFT PROCESSING FEE Candidate Name Category/ Type Transaction ID : 01000011301000018901 Transaction ID : 01000011301000018901 Amount of Each Disbursement EFT PROCESSING FEE Candidate Name Category/ Type Transaction ID : 01000011401000010901 Transaction ID : 01000011401000010901 Amount of Each Disbursement EFT PROCESSING FEE Candidate Name Transaction ID : 01000011401000010901 Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: Disbursement This Page (optional)					I <u> </u>					
NAME OF COMMITTEE (in Fail) National Democratic Policy Committee Full Name (Last, First, Middle Initial) A. EFT CORPORATION Mailing Address 2911 DIXWELL AVE City City State Candidate Name Category/ Type Transaction ID: 01000011201000010702 Amount of Each Disbursement For: State: District City State City State: District Full Name (Last, First, Middle Initial) B. EFT CORPORATION Mailing Address 2911 DIXWELL AVE City State: District City State: District City State: District Full Name (Last, First, Middle Initial) B. EFT CORPORATION Mailing Address 2911 DIXWELL AVE City State: District Full Name (Last, First, Middle Initial) B. EFT CORPORATION Mailing Address 2911 DIXWELL AVE City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District City State: District State: District District State: District State: District District State: Distri	Λ.	ny information conicd from such Departs and Chites	l nonto mass	not ho oold or						
National Democratic Policy Committee										
A. EFT CORPORATION Mailing Address 2911 DIXWELL AVE City State Zip Code CT 06518 Purpose of Disbursement EFT PROCESSING FEE Candidate Name Office Sought: House Disbursement Por: State: District: Full Name (Last, First, Middle Initial) B. EFT CORPORATION Mailing Address 2911 DIXWELL AVE City State Zip Code Category/ 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	\setminus			<u> </u>						
A. EFT CORPORATION Mailing Address 2911 DIXWELL AVE City State Zip Code CT 06518 Purpose of Disbursement EFT PROCESSING FEE Candidate Name Office Sought: House Disbursement For: Senate President District: Full Name (Last, First, Middle Initial) State: District: Candidate Name Category/ Office Sought: House Disbursement For: Senate President Disbursement For: Candidate Name Category/ Office Sought: House Disbursement For: Category/ Office Sought: House Disbursement For: Category/ Office Sought: House Disbursement For: Category/ Office Sought: House Disbursement For: Category/ Full Name (Last, First, Middle Initial) C. EFT CORPORATION Mailing Address 2911 DIXWELL AVE City State: District: Category/ Office Sought: House Disbursement For: Category/ Full Name (Last, First, Middle Initial) C. EFT CORPORATION Mailing Address 2911 DIXWELL AVE City State: District: Category/ Amount of Each Di	$ \rangle$	National Democratic Policy Commi	ttee							
City State Zip Code CT Ge518 Purpose of Disbursement EFT PROCESSING FEE Candidate Name City State Zip Code CT Ge518 Purpose of Disbursement EFT PROCESSING FEE City House Sonate Primary General President Other (specify) ▼ City President Other (specify) ▼ City President Other (specify) ▼ City State Zip Code CT Ge518 Purpose of Disbursement EFT PROCESSING FEE Candidate Name City State Zip Code CT Ge518 Cartegory/ Transaction ID : 01000011201000010702 Date of Disbursement USB Period Transaction ID : 01000011301000010801 Date of Disbursement USB Period Category/ Type Cat	_	,								
Mailing Address 2911 DIXWELL AVE City	A.	EFT CORPORATION					_			
HAMDEN Purpose of Disbursement EFT PROCESSING FEE Candidate Name Office Sought: House Primary General President Disbursement EFT PROCESSING FEE Category/ Type Office Sought: House Primary General President Disbursement EFT PROCESSING FEE Category/ Type Date of Disbursement EFT PROCESSING FEE Candidate Name Category/ Type Date of Disbursement EFT PROCESSING FEE Candidate Name Office Sought: House Disbursement For: General Office Sought: House Disbursement For: General Office Sought: President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement Type Ado,00 Transaction ID: 01000011201000010801 Transaction ID: 01000011301000010801 Amount of Each Disbursement EFT PROCESSING FEE Category/ 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1		Mailing Address 2911 DIXWELL AVE				1				Y
HANDEN Purpose of Disbursement EFT PROCESSING FEE Candidate Name City State: City HAMDEN City HAMDEN Cote Sought: Full Name (Last, First, Middle Initial) B. EFT CORPORATION Mailing Address 2911 DixWeLL AVE City HAMDEN Cote Sought: Full Name (Last, First, Middle Initial) Cother (specify) Category/ Type Transaction ID : 01000011301000010801 Amount of Each Disbursement Category/ Type Transaction ID : 01000011301000010801 Category/ Type Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement Full Name (Last, First, Middle Initial) CEFT CORPORATION Mailing Address 2911 DixWeLL AVE City State: City State City General Primary General Other (specify) Transaction ID : 01000011301000010801 Amount of Each Disbursement this Period Category/ Type Transaction ID : 01000011301000010801 Transaction ID : 01000011301000010801 Amount of Each Disbursement Category/ Type Transaction ID : 01000011401000010901 Transaction ID : 01000011401000010901 Category/ Type Office Sought: House Sanate Primary General Other (specify) Transaction ID : 01000011401000010901 Amount of Each Disbursement this Period Category/ Type Transaction ID : 01000011401000010901 Transaction ID : 0100011401000010901		City S		Zip Code		Trans	raction ID	. 01000011	201000	010702
ETT PROCESSING FEE Candidate Name Category/ Office Sought: House Disbursement For: Senate President Other (specify) ▼ Full Name (Last, First, Middle Initial) B. EFT CORPORATION Mailing Address 2911 DIXWELL AVE City State Zip Code CT O6518 Purpose of Disbursement Err PROCESSING FEE Candidate Name Office Sought: House Disbursement Disbursement District: Primary General Disbursement			СТ	06518		ITALIS	saction ib	. 01000011	201000	010702
Office Sought: House Disbursement For: Senate President State: District: State: President Other (specify) ▼ Full Name (Last, First, Middle Initial) B. EFT CORPORATION Date of Disbursement Di		EFT PROCESSING FEE				Amoun	t of Each	Disburseme	ent this	Period
Office Sought:		Candidate Name							4	0.00
Senate President Other (specify) ▼ State: District:		Office Sought: House Disbursen	nent For:		туре		7	,		
State: District: Full Name (Last, First, Middle Initial) B. EFT CORPORATION Mailing Address 2911 DIXWELL AVE City State Zip Code CT 06518 Purpose of Disbursement EFT PROCESSING FEE Candidate Name Office Sought: House Primary General Primary Of State: Disbursement EFT CORPORATION Mailing Address 2911 DIXWELL AVE Category/Type Disbursement For: Senate Primary General Office Sought: First, Middle Initial) C. EFT CORPORATION Mailing Address 2911 DIXWELL AVE City State Zip Code CT 06518 Category/Type Category/Type Transaction ID: 01000011301000010801 Amount of Each Disbursement Date of Disbursement Transaction ID: 01000011401000010901 Transaction ID: 01000011401000010901 Amount of Each Disbursement For O6518 Transaction ID: 01000011401000010901 Amount of Each Disbursement this Period Category/Type Office Sought: House President Ofter (specify) Value of Disbursement this Period Category/Type Transaction ID: 01000011401000010901 Amount of Each Disbursement this Period Category/Type Office Sought: House President Ofter (specify) Value of Disbursement This Period Ofter (specify) Value of Disbursement This				General						
B. EFT CORPORATION Mailing Address 2911 DIXWELL AVE City State Zip Code CT 06518 Purpose of Disbursement EFT PROCESSING FEE Candidate Name City President State: District: District: Date of Disbursement Transaction ID: 01000011301000010801 Amount of Each Disbursement this Period Category/ Type Other (specify) ▼ Date of Disbursement Transaction ID: 01000011301000010801 Amount of Each Disbursement this Period Date of Disbursement this Period Date of Disbursement this Period Transaction ID: 01000011301000010801 Amount of Each Disbursement this Period Date of Disbursement this Period Transaction ID: 01000011401000010901 Date of Disbursement Date of Disbursement Transaction ID: 01000011401000010901 Date of Disbursement Date of Disbursement this Period Date of Disbursement Date of D			Other (spe	cify) 🔻						
B. EFT CORPORATION Mailing Address 2911 DIXWELL AVE City State Zip Code CT 06518 Purpose of Disbursement EFT PROCESSING FEE Candidate Name Disbursement For: Senate President Other (specify) ▼ State: District: City State Zip Code CT 06518 Primary General Other (specify) ▼ Date of Disbursement this Period Transaction ID : 01000011301000010801 Amount of Each Disbursement this Period Date of Disbursement this Period Transaction ID : 01000011301000010801 Date of Disbursement this Period Transaction ID : 01000011301000010801 Amount of Each Disbursement this Period Transaction ID : 01000011301000010801 Date of Disbursement Date of Disbursement Transaction ID : 01000011401000010901 Transaction ID : 01000011401000010901 Amount of Each Disbursement this Period Category/ Type Category/ Type Office Sought: House Primary General Other (specify) ▼ Senate President Other (specify) ▼ Substortal of Disbursements This Page (optional)	_									
Mailling Address 2911 DIXWELL AVE City State Zip Code CT 06518 Purpose of Disbursement EFT PROCESSING FEE Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) C. EFT CORPORATION Mailling Address 2911 DIXWELL AVE City State Zip Code HAMDEN CT 06618 Purpose of Disbursement EFT PROCESSING FEE Candidate Name Category/ Type Date of Disbursement Transaction ID: 01000011301000010801 Amount of Each Disbursement Transaction ID: 01000011301000010801 Amount of Each Disbursement Transaction ID: 01000011301000010801 Transaction ID: 01000011301000010801 Amount of Each Disbursement Transaction ID: 01000011301000010801	P					Dot-	f Diah	amant		
Mailing Address 2911 DIXWELL AVE City State Zip Code OB518 Purpose of Disbursement EFT PROCESSING FEE Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ City State Zip Code Category/ Type Office Sought: District: Full Name (Last, First, Middle Initial) C. EFT CORPORATION Mailing Address 2911 DIXWELL AVE City State Zip Code CT 06518 Purpose of Disbursement EFT PROCESSING FEE Candidate Name Category/ Type Date of Disbursement FTP PROCESSING FEE Candidate Name Category/ Type Disbursement this Period Amount of Each Disbursement FTP PROCESSING FEE Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Substortal of Disbursements This Page (optional)	Ď.	EFT CORPORATION							V - ·	V
HAMDEN CT 06518 Purpose of Disbursement EFT PROCESSING FEE Candidate Name Category/ Type Disbursement For: Senate Primary General Other (specify) ▼ Date of Disbursement City State Zip Code HAMDEN CT 06518 Purpose of Disbursement City State Zip Code CT 06518 Purpose of Disbursement City State Zip Code CT 06518 Purpose of Disbursement Category/ Type Transaction ID: 91000011301000010801 Amount of Each Disbursement this Period Date of Disbursement Transaction ID: 91000011301000010801 Amount of Each Disbursement Category/ Type Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Subtrotal of Disbursements This Page (optional)		Mailing Address 2911 DIXWELL AVE				1				Y
EFT PROCESSING FEE Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. EFT CORPORATION Mailing Address 2911 DIXWELL AVE City State Zip Code HAMDEN CT 06518 Purpose of Disbursement EFT PROCESSING FEE Candidate Name Category/ Type Transaction ID: 01000011401000010901 Amount of Each Disbursement Transaction ID: 01000011401000010901 Amount of Each Disbursement Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)		HAMDEN				Trans	saction ID) : 01000011	301000	0010801
Office Sought: House Disbursement For: Senate President Other (specify) V State: District: Full Name (Last, First, Middle Initial) C. EFT CORPORATION Mailing Address 2911 DIXWELL AVE City State Zip Code HAMDEN CT 06518 Purpose of Disbursement EFT PROCESSING FEE Candidate Name Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) V State: District: Substate: District: Substate: District: Primary General Other (specify) V State: District: Substate Tip Code Category/ Type Amount of Each Disbursement this Period State: District: Substate Tip Code Category/ Type State: District: Primary General Other (specify) V Substate: District: Substate Tip Code Category/ Type Amount of Each Disbursement this Period State: District: Substate Tip Code Category/ Type Substate Tip Code Category/ Type Amount of Each Disbursement this Period						Amoun	t of Each	Disburseme	ent this	Period
Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. EFT CORPORATION Mailing Address 2911 DIXWELL AVE City State Zip Code CT 06518 Purpose of Disbursement EFT PROCESSING FEE Candidate Name Category/ Type Office Sought: House Primary General Other (specify) State: District: Subtrotal of Disbursements This Page (optional)		Candidate Name							4	0.00
State: District: Full Name (Last, First, Middle Initial) C. EFT CORPORATION Mailing Address 2911 DIXWELL AVE City HAMDEN CT 06518 Purpose of Disbursement EFT PROCESSING FEE Candidate Name Category/ Type Office Sought: House Primary General President Other (specify) State: District: Subtrotal of Disbursements This Page (optional)		Office Sought: House Disbursen	nent For:							
State: District: Full Name (Last, First, Middle Initial) C. EFT CORPORATION Mailing Address 2911 DIXWELL AVE City HAMDEN CT 06518 Purpose of Disbursement EFT PROCESSING FEE Candidate Name Category/ Type Office Sought: House President State: District: Substock Amount of Disbursement For: Senate Primary General Other (specify) State: District: Substock Amount of Disbursement For: Senate Primary General Other (specify) State: District:			•							
Full Name (Last, First, Middle Initial) C. EFT CORPORATION Mailing Address 2911 DIXWELL AVE City State Zip Code O6518 Purpose of Disbursement CT 06518 Purpose of Disbursement EFT PROCESSING FEE Candidate Name Category/ Type Office Sought: House Primary General Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)			Other (spe	cify) 🔻						
Mailing Address 2911 DIXWELL AVE City State Zip Code CT 06518 Purpose of Disbursement EFT PROCESSING FEE Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)	_	Full Name (Last, First, Middle Initial)								
City State Zip Code HAMDEN CT 06518 Purpose of Disbursement EFT PROCESSING FEE Candidate Name Category/ Type Og 05 2014 Transaction ID: 01000011401000010901 Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	C.	EF I CORPORATION								
HAMDEN Purpose of Disbursement EFT PROCESSING FEE Candidate Name Category/ Type Category/ Type Category/ Type Category/ Type Amount of Each Disbursement this Period 40.00 Office Sought: House Senate Primary General Other (specify) ▼ Suate: District: Substrict: Primary General Other (specify) ▼ Substrict: 120.00		Mailing Address 2911 DIXWELL AVE								Y
HAMDEN Purpose of Disbursement EFT PROCESSING FEE Candidate Name Category/ Type Category/ Type Category/ Type Category/ Type Amount of Each Disbursement this Period 40.00 Office Sought: House Senate Primary General Other (specify) ▼ Suate: District: Substrict: Primary General Other (specify) ▼ Substrict: 120.00		City	State	Zip Code		T		. 0400004	404000	040004
EFT PROCESSING FEE Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)		HAMDEN	СТ			Irans	saction ID	01000011 : י	401000	10901
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ SUBTOTAL of Disbursements This Page (optional)										
Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)		Candidate Name				Amoun	t of Each	Disburseme		
State: District: Other (specify) SUBTOTAL of Disbursements This Page (optional)		Office Sought: House Disbursen	nent For:		.,,,,,		,			
State: District: SUBTOTAL of Disbursements This Page (optional)			Primary	General						
SUBTOTAL of Disbursements This Page (optional)			Other (spe	cify) 🔻						
120.00	_	State: District:								
120.00	s	SUBTOTAL of Disbursements This Page (optional)			·····				120	0.00
									120	0.00

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

PAGE 7 OF 143

		Detailed Su	ımmary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		•	Transa	ction ID : LOAN0010000004
National Democratic Policy Comr	nittee			
LOAN SOURCE Full Name (Last, First, M	Middle Initial)	[PERSON	AL FUNDS]	Election:
HARVEY E. HASCALL				Primary General
Mailing Address 2137 S 1150 EAST				Other (specify)
2137 3 1130 EA31				
City BOUNTIFUL		ode 84010		
Original Amount of Loan	Cumulative Payment To	Date	Balanc	e Outstanding at Close of This Peri
1000.00		0.00)	1000.00
TERMS Date Incurred	Date Due		Interest Rate	Secured:
12 22 1986		1987	0.00	% (apr) Yes X
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Emp	ployer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Emp	ployer	
Mailing Address		Occupation		
	715.0	Amount		
City State	ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Emp	ployer	
Mailing Address		Occupation		
-				
City State	ZIP Code	Amount Guaranteed		
City	ZIF Code	Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Emp	ployer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Amount Guaranteed		
_		Outstanding:		
SUBTOTALS This Period This Page (optiona	l)		· []	1000.00
OTALS This Period (last page in this line o	nly)		<u> </u>	
Carry outstanding balance only to LINE 3, S	chedule D. for this line If	no Schedule I	D. carry forwa	rd to appropriate line of Summary
, Januarianing Duranios Siny to Ente 0, 0	, uno mio. II		_,,	where have mis or our minuty

Use separate schedule(s) for each category of the

PAGE 8 OF 143

		Detailed Sur	mmary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		•	Transa	ction ID : LOAN000002009
National Democratic Policy Comm				
LOAN SOURCE Full Name (Last, First, M ALBERT E MC NAIR	liddle Initial)	[PERSONA	AL FUNDS] E	Election: Primary General
Mailing Address 1657 EDDY DR				Other (specify) ▼
City NORTH TONAWANDA	State NY ZIP Cod	de 14120		
Original Amount of Loan	Cumulative Payment To	Date	Balance	e Outstanding at Close of This Period
1000.00		0.00		1000.00
TERMS Date Incurred	Date Due		nterest Rate	Secured:
09 / 24 / 1984		1984	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Emp	loyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	· · · · ·	7
2. Full Name (Last, First, Middle Initial)		Name of Emp	loyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	,	
3. Full Name (Last, First, Middle Initial)		Name of Emp	loyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Emp	loyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional	·)		.	1000.00
OTALS This Period (last page in this line or	ıly)		· [.	
Carry outstanding balance only to LINE 3, Se	chedule D, for this line. If	no Schedule D	, carry forwar	d to appropriate line of Summary.

Use separate schedule(s) for each category of the

PAGE 9 OF 143
FOR LINE 13 OF FORM 3X

		Detailed Summary Page FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full) ational Democratic Policy Co	mmittee	Transaction ID: LOAN0000002886
ational Democratic Policy Col	mmuee	
LOAN SOURCE Full Name (Last, First ESTHER E. WILSON	st, Middle Initial)	[PERSONAL FUNDS] Election: Primary General
Mailing Address 6241 WARNER #132		Other (specify) ▼
City HUNTINGTON BEACH	State CA ZIP	Code 92647
Original Amount of Loan	Cumulative Payment	
5000.00		0.00 5000.00
TERMS		
Date Incurred 04 / 30 / Y 1984	Date D	ue Interest Rate Secured: 1985 1200.00 % (apr) Yes
List All Endorsers or Guarantors (if a	any) to Loan Source	
1. Full Name (Last, First, Middle Initia	l)	Name of Employer
Mailing Address		Occupation
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:
JBTOTALS This Period This Page (option	onal)	5000.00
OTALS This Period (last page in this line	e only)	>
arry outstanding balance only to LINE 3	3. Schedule D. for this line.	If no Schedule D, carry forward to appropriate line of Summar

Use separate schedule(s) for each category of the

PAGE 10 OF 143

		Detailed Sun	nmary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		•	Transa	ction ID : LOAN000003820
National Democratic Policy Comn				
LOAN SOURCE Full Name (Last, First, M	fiddle Initial)	[PERSONA	L FUNDS]	Election:
MINEHART EDSEN				Primary General
Mailing Address 1949 S MANCHESTER AVE				Other (specify)
SPACE 104				
City ANAHEIM	State CA ZIP Co	de 92802		
Original Amount of Loan	Cumulative Payment To	Date	Balanc	e Outstanding at Close of This Period
700.00		0.00		700.00
TERMS Date Incurred	Date Due	Ir	nterest Rate	Secured:
M M / D D / Y Y Y Y	M M / D D / Y	YYY	0.00	
08 14 1984	11 14	1984	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any) 1. Full Name (Last, First, Middle Initial)	to Loan Source	Name of Empl	01/04	
1. Full Name (Last, First, Middle Illital)		Name of Empl	oyer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:	L.,	
2. Full Name (Last, First, Middle Initial)		Name of Empl	oyer	
			-,-	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:	,	
3. Full Name (Last, First, Middle Initial)		Name of Empl	oyer	
Mailing Address		Occupation		
0	710.0	Amount		
City State	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Empl	oyer	
Mailing Address		Occupation		
Oib.	710 0-4-	Amount		
City State	ZIP Code	Guaranteed Outstanding:		
I				
SUBTOTALS This Period This Page (optional	l)			700.00
TOTALS This Period (last page in this line or	<u> </u>			
The renew (act page in the of	,/			
Carry outstanding balance only to LINE 3, So	chedule D, for this line. If	no Schedule D	, carry forwa	rd to appropriate line of Summary.

Use separate schedule(s) for each category of the

PAGE 11 OF 143

FOR LINE 13 OF FORM 3X

		Detailed Summary Page	ge FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Tra	ansaction ID : LOAN000003823
National Democratic Policy Cor			
LOAN SOURCE Full Name (Last, Firs MINEHART EDSEN	t, Middle Initial)	[PERSONAL FUNDS	Election: Primary General
Mailing Address 1949 S MANCHESTER SPACE 104	AVE		Other (specify) ▼
City ANAHEIM	State CA ZIP Co	ode 92802	
Original Amount of Loan	Cumulative Payment To	o Date Ba	alance Outstanding at Close of This Period
1250.00		0.00	1250.00
TERMS Date Incurred	Date Due	e Interest Ra	ate Secured:
M 09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	12 / D D / Y	1984 0.0	% (apr) Yes X No
List All Endorsers or Guarantors (if a	ny) to Loan Source		
1. Full Name (Last, First, Middle Initial	1)	Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	7.1.7.1.7.1
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	ite ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This Page (option	onal)	>	1250.00
TOTALS This Period (last page in this line	e only)		
Carry outstanding balance only to LINE 3	B, Schedule D, for this line. I	f no Schedule D, carry fo	rward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

Use separate so for each category

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

Transaction ID : LOAN000004982
Transaction ID: LOAN0000004962
[PERSONAL FUNDS] Election:
Primary
General Other (specify) ▼
Other (speedily)
Code 91790
nt To Date Balance Outstanding at Close of This Period
0.00 1000.00
-
Due Interest Rate Secured:
1984 0.00 % (apr) Yes X No
Name of Employer
Name of Employer
Occupation
Amount
Guaranteed Outstanding:
Name of Employer
Traine of Employor
Occupation
Amount
Guaranteed Outstanding:
Name of Employer
Occupation
Amount Guaranteed
Outstanding:
Name of Employer
Occupation
<u> </u>
Amount Guaranteed
Outstanding:
>
e. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 13 OF 143
FOR LINE 13 OF FORM 3X

		Detailed Suffillary	rage contains
AME OF COMMITTEE (In Full) National Democratic Policy Committee			Transaction ID : LOAN0000004983
·			
LOAN SOURCE Full Name (Last, First, Middle Initi	al)	[PERSONAL FUN	
EUGENE L DRUSELL			Primary
			General
Mailing Address 1704 SAWYER			Other (specify) ▼
City WEST COVINA State		Code 91790	
Original Amount of Loan Cumu	ative Payment	To Date	Balance Outstanding at Close of This Pe
1000.00		0.00	1000.00
TERMS Date Incurred	Date D	ue Interest	: Rate Secured:
M M / D D / Y Y Y Y M M M	/ D D /	Y Y Y Y Y	0.00
08 08 1984 11	08	1984	% (apr) Yes
List All Endorsers or Guarantors (if any) to Loan	Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZIP (`ada	Amount Guaranteed	
City State ZIP (Joue	Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZIP (odo	Amount Guaranteed	
Only State 211	70 0 C	Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		·	
		Amount	
City State ZIP (Code	Guaranteed	
		Outstanding:	,
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
Cib.	Sada .	Amount	
City State ZIP (ode	Guaranteed Outstanding:	
<u></u>		I	
SUBTOTALS This Period This Page (optional)		>	1000.00
OTALS This Period (last page in this line only)			
This I end that page in this line only)			7
Carry outstanding balance only to LINE 3, Schedule D	, for this line	. If no Schedule D, carry	forward to appropriate line of Summa

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

PAGE 14 OF 143

FOR LINE 13 OF FORM 3X

		Detailed Summary I	Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		1	Fransactio	n ID : LOAN000005986
National Democratic Policy Comn				
LOAN SOURCE Full Name (Last, First, M BILL SUEDKAMP	fiddle Initial)	[PERSONAL FUN		ion: Primary General
Mailing Address 1211 DOUGLAS HWY				Other (specify) ▼
City GILLETTE	State WY ZIP Cod	de 82716		
Original Amount of Loan	Cumulative Payment To	Date	Balance O	utstanding at Close of This Period
1000.00		0.00		1000.00
TERMS Date Incurred	Date Due	Interest	Rate	Secured:
09 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		V V V	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed 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:		9 1 1 1 1 1
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 or	nly)	>		
Carry outstanding balance only to LINE 3, So	chedule D, for this line. If	no Schedule D, carry	forward to	appropriate line of Summary.

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

PAGE 15 OF 143

FOR LINE 13 OF FORM 3X

	Detailed Summary Page
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000005987
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) BILL SUEDKAMP	[PERSONAL FUNDS] Election: Primary General
Mailing Address 1211 DOUGLAS HWY	Other (specify) ▼
City GILLETTE State WY ZIP Coo	de 82716
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Data leasured Data Dua	laterant Date Convention
Date Incurred	Interest Rate Secured: 1984 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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:
Carry outstanding balance only to LINE 3, Schedule D, for this line. If r	>

SCHEDULE C (FEC Form 3X)

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

PAGE 16 OF 143
FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	je TON EINE 13 OF TONW 3X
ME OF COMMITTEE (In Full)	•	Tra	nsaction ID : LOAN000006929
lational Democratic Policy Comn	nittee		
LOAN SOURCE Full Name (Last, First, M	fiddle Initial)	[PERSONAL FUNDS]	Election:
HENRY C MAYBERRY	,	[ENGONAL I GINDO]	Primary
			General
Mailing Address 8071 E 19TH ST			Other (specify) ▼
	State CA ZIP Co	de 92683	
City WESTMINSTER Original Amount of Loan	Cumulative Payment To		ance Outstanding at Close of This Perio
Original Amount of Loan	Odindialive Fayment 10	Date	ance Outstanding at Close of This Fello
500.00		0.00	500.00
TERMS	Data Bara	late and Dat	0
Date Incurred	Date Due	Interest Rat	
10 25 1984	10 24	1985 0.0	0
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
2 Full Name (Last First Middle Initial)		Outstanding: Name of Employer	, ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
3			
Cia.	7ID ()-1-	Amount	
City State	ZIP Code	Guaranteed Outstanding:	7
		1	
UBTOTALS This Period This Page (optional	i)	>	500.00
OTALS This Period (last page in this line or	ıly)		
arry outstanding balance only to LINE 3. S	chodulo D. for this line. If	no Schodulo D. com: for	ward to appropriate line of Currence.
arry outstanding palance only to LINE 3. S	chequie D. for this line. If	no achequie D. Carry for	ward to appropriate line of Summai

Use separate schedule(s) for each category of the

PAGE 17 OF 143

		Detailed Summary	Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)			Transactio	on ID : LOAN000007139
National Democratic Policy Comm				
LOAN SOURCE Full Name (Last, First, M RONALD TAI HO CHOI	Middle Initial)	[PERSONAL FUN		tion: Primary General
Mailing Address 35797 BLAIR PL				Other (specify) ▼
City FREMONT	State CA ZIP Cod	de 94536		
Original Amount of Loan	Cumulative Payment To	Date	Balance C	Outstanding at Close of This Period
500.00		0.00		500.00
TERMS Date Incurred	Date Due	Interest	Rate	Secured:
09 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M 09 / D D / Y 28	1985	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	- 7	5
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	, , , , ,
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	
SUBTOTALS This Period This Page (optiona	l)	>		500.00
OTALS This Period (last page in this line of	nly)	>		4
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no Schedule D, carry	forward t	o appropriate line of Summary.

Use separate schedule(s) for each category of the

PAGE 18 OF 143

FOR LINE 13 OF FORM 3X

		Detailed Summary Page FOR LINE 13 OF FORM 3.
ME OF COMMITTEE (In Full) ational Democratic Policy Cor	mmittee	Transaction ID: LOAN000009055
alional Democratic Folicy Col	mmuee	
LOAN SOURCE Full Name (Last, Firs ROBERT C MCKINNEY	t, Middle Initial)	[PERSONAL FUNDS] Election: Primary General
Mailing Address PO BOX 3245		Other (specify) ▼
City SEAL BEACH	State CA ZIP (Code 90740
Original Amount of Loan	Cumulative Payment	
1000.00		0.00
TERMS		
Date Incurred 10 22 1984	Date Du	le Interest Rate Secured: 1985 1200.00 % (apr) Yes
List All Endorsers or Guarantors (if a	ny) to Loan Source	
1. Full Name (Last, First, Middle Initia		Name of Employer
Mailing Address		Occupation
City Sta	te ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Sta		Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Sta	te ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Sta	te ZIP Code	Amount Guaranteed Outstanding:
JBTOTALS This Period This Page (option	onal)	1000.00
OTALS This Period (last page in this line	e only)	>
arry outstanding balance only to LINE 3	S. Schedule D. for this line	If no Schedule D, carry forward to appropriate line of Summa

SCHEDULE C (FEC Form 3X)

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

PAGE 19 OF 143
FOR LINE 13 OF FORM 3X

		Detailed Sum	mary Page	FOR LINE 1	13 OF FORM 3X
AME OF COMMITTEE (In Full)			Transa	ction ID : LOAN00	00009557
National Democratic Policy Comr					
LOAN SOURCE Full Name (Last, First, MROBERT LOFTUS	Middle Initial)	[PERSONA	L FUNDS]	Election: Primary General	
Mailing Address 2446 N SUMMIT				Other (specify)	▼
City DECATUR	State IL ZIP Cod	de 62526			
Original Amount of Loan	Cumulative Payment To	Date	Balanc	e Outstanding at	Close of This Period
1000.00		0.00		.,,	1000.00
TERMS Date Incurred	Date Due	In	iterest Rate		Secured:
06 / 05 / 1984		1985	0.00	% (apr)	Yes No
List All Endorsers or Guarantors (if any)	to Loan Source				
Full Name (Last, First, Middle Initial)		Name of Emplo	oyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:	,	, , ,	
2. Full Name (Last, First, Middle Initial)		Name of Emplo	oyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Emplo	oyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Emplo	oyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optiona	l)	1			1000.00
TOTALS This Period (last page in this line o	nly)				
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no Schedule D,	carry forwa	rd to appropriate	line of Summary.

SCHEDULE C (FEC Form 3X)

Use separate so for each categor

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 20 OF 143

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000010472
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) SCOTT BEARD	[PERSONAL FUNDS] Election: Primary General
Mailing Address 4125 HAWTHORNE	Other (specify) ▼
City DALLAS State TX ZIP Co	ode 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:
04	1984
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 21 OF 143

FOR LINE 13 OF FORM 3X

		Detailed Summary P	Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Т	ransaction ID : LOAN0000010652
National Democratic Policy Comm	nittee		
LOAN SOURCE Full Name (Last, First, M NANCY J STEINER	fiddle Initial)	[PERSONAL FUND	Primary General
Mailing Address 2809 GREER RD			Other (specify)
City PALO ALTO	State CA ZIP Cod	de 94303	
Original Amount of Loan	Cumulative Payment To	Date E	Balance Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS Date Incurred	Date Due	Interest F	Rate Secured:
12 / 29 / 1986 Y		VVV	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
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:	
UBTOTALS This Period This Page (optional	l)	>	1000.00
OTALS This Period (last page in this line or	าly)	>	
Carry outstanding balance only to LINE 3, So	chedule D, for this line. If	no Schedule D, carry 1	forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

PAGE 22 OF 143
FOR LINE 13 OF FORM 3X

		Detailed Summary Page FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	n na itta a	Transaction ID : LOAN0000011262
lational Democratic Policy Cor	nmittee	
LOAN SOURCE Full Name (Last, First RAY BRANDENBERG	, Middle Initial)	[PERSONAL FUNDS] Election: Primary General
Mailing Address 1303 AMORETTI		Other (specify) ▼
City THERMOPOLIS	State WY ZIP (Code 82443
Original Amount of Loan	Cumulative Payment	
200.00		0.00 200.00
TERMS		
Date Incurred Date Date	Date Du	Interest Rate Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
List All Endorsers or Guarantors (if a	ny) to Loan Source	
1. Full Name (Last, First, Middle Initial		Name of Employer
Mailing Address		Occupation
City Stat	te ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Stat	te ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Stat	te ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Stat	te ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This Page (optio	nal)	
OTALS This Period (last page in this line	only)	>
arry outstanding balance only to LINE 3	. Schedule D. for this line.	If no Schedule D, carry forward to appropriate line of Summary

Use separate schedule(s) for each category of the

PAGE 23 OF 143

FOR LINE 13 OF FORM 3X

		Detailed Summa	ary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)			Transac	tion ID : LOAN0000011993
National Democratic Policy Comm				
LOAN SOURCE Full Name (Last, First, M JACKSON B BREEZE	liddle Initial)	[PERSONAL F	UNDSJE	ection:
JACKSON B BREEZE				Primary General
Mailing Address 419 QUARTZ ST				Other (specify) ▼
	710.0			
City REDWOOD CITY		de 94062		0
Original Amount of Loan	Cumulative Payment To	Date	Balance	Outstanding at Close of This Period
1000.00		0.00	<u> </u>	1000.00
TERMS Date Incurred	Date Due	Inter	est Rate	Secured:
11 / 30 / 1984	03 / 02 / Y	1985	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employe	er	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employe	er	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed		
Gity	ZIF Code	Outstanding:	- 1	
3. Full Name (Last, First, Middle Initial)		Name of Employe	er	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employe	er	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
<u>l</u>				
SUBTOTALS This Period This Page (optional)	>		1000.00
OTALS This Period (last page in this line or	nly)	>		, , , , , , , ,
Carry outstanding balance only to LINE 3, So	chedule D, for this line. If	no Schedule D, ca	arry forward	d to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

PAGE 24 OF 143

FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000012031
lational Democratic Policy Committee	Transaction in . LOANOUUUT2031
•	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
RICHARD ROPER	Primary General
Mailing Address 630 W DUARTE RD #33	Other (specify)
630 W DUARTE RD #33	
City MONROVIA State CA ZIP	Code 91016
Original Amount of Loan Cumulative Payment	t To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS	
Date Incurred Date D	
05 31 1984 11 30	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Cit. 71D O- 1	Amount
City State ZIP Code	Guaranteed Outstanding:
UBTOTALS This Period This Page (optional)	
OTALS This Period (last page in this line only)	>
carry outstanding halance only to LINE 3. Schedule D. for this line	. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 25 OF 143
FOR LINE 13 OF FORM 3X

	Detailed Sulfilliary Page
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000012946
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) FLOYD T WRIGHT	[PERSONAL FUNDS] Election: Primary General
Mailing Address 4207 PATRICIA ST	Other (specify) ▼
City FREMONT State CA	ZIP Code 94536
Original Amount of Loan Cumulative P	Payment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred	Date Due Interest Rate Secured:
08 / 24 / 1984 Man M / 24	D / Y Y Y Y
List All Endorsers or Guarantors (if any) to Loan Source	е
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:
COTALS This Period This Page (optional)	
Carry outstanding balance only to LINE 3, Schedule D, for the	his line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

PAGE 26 OF 143

FOR LINE 13 OF FORM 3X

		Detailed Su	ımmary Page	FOR LINE 1	3 OF FORM 3X
AME OF COMMITTEE (In Full)			Transa	ction ID : LOAN00	00013379
National Democratic Policy Comn					
LOAN SOURCE Full Name (Last, First, MARGARET MAMULA	fliddle Initial)	[PERSON	IAL FUNDS]	Election: Primary General	
Mailing Address 4321 N EL BURRITO				Other (specify)	▼
City TUCSON	State AZ ZIP Cod	de 85705			
Original Amount of Loan	Cumulative Payment To	Date	Balanc	e Outstanding at C	close of This Period
1000.00		0.00)		1000.00
TERMS Date Incurred	Date Due		Interest Rate		Secured:
M 06 / D 5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		1984	0.00	% (apr)	Yes No
List All Endorsers or Guarantors (if any)	to Loan Source				
Full Name (Last, First, Middle Initial)		Name of Em	ployer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Emp	ployer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Emp	ployer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Emp	ployer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optiona	l)		· [1000.00
OTALS This Period (last page in this line or	nly)		<u> </u>		
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no Schedule I	D, carry forwa	rd to appropriate	line of Summary.

SCHEDULE C (FEC Form 3X)

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

PAGE 27 OF 143
FOR LINE 13 OF FORM 3X

		Detailed Summary Page FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	***	Transaction ID : LOAN0000013410
ational Democratic Policy Con	nmittee	
LOAN SOURCE Full Name (Last, First BILL DRAKE	, Middle Initial)	[PERSONAL FUNDS] Election: Primary General
Mailing Address RT 4 BOX 126		Other (specify) ▼
City DEXTER	State MO ZIP C	Code 63841
Original Amount of Loan	Cumulative Payment	
100.00	Cumulative Fuyinesis	0.00 100.00
TERMS	,	, , ,
Date Incurred Mark	Date Du	e Interest Rate Secured: 1984 0.00 % (apr) Yes X
List All Endorsers or Guarantors (if ar		
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Stat	e ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Stat	e ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Stat	e ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Stat	e ZIP Code	Amount Guaranteed Outstanding:
JBTOTALS This Period This Page (optio	nal)	
OTALS This Period (last page in this line	only)	>
erry outstanding balance only to LINE 3	Schedule D. for this line	If no Schedule D, carry forward to appropriate line of Summary

Use separate schedule(s) for each category of the

PAGE 28 OF 143

FOR LINE 13 OF FORM 3X

		Detailed Summ	nary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		•	Transa	ction ID : LOAN0000017823
National Democratic Policy Com	mittee			
LOAN SOURCE Full Name (Last, First, I HAROLD N LYNGE MD	Middle Initial)	[PERSONAL	FUNDS]	Election: Primary General
Mailing Address 2 S 13TH ST				Other (specify) ▼
City SAN JOSSE	State CA ZIP Co	de 95112	-	
Original Amount of Loan	Cumulative Payment To	Date	Balance	e Outstanding at Close of This Period
1000.00		0.00		1000.00
TERMS	Date Due	lote	areat Data	Coouradi
Date Incurred Mark		1984	0.00	Secured: % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employ	ver .	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	,	
2. Full Name (Last, First, Middle Initial)		Name of Employ	ver	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employ	ver .	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employ	ver .	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		, , , , , , , , , , , , , , , , , , ,
SUBTOTALS This Period This Page (optional	(lɛ	>		1000.00
OTALS This Period (last page in this line of	only)	>		
Carry outstanding balance only to LINE 3, 5	Schedule D, for this line. If	no Schedule D. d	carry forwar	d to appropriate line of Summarv.

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

PAGE 29 OF 143
FOR LINE 13 OF FORM 3X

		Detailed Sulfilliary F	age
AME OF COMMITTEE (In Full)	mittoo	Т	ransaction ID : LOAN0000018351
National Democratic Policy Comr			
LOAN SOURCE Full Name (Last, First, I	Middle Initial)	[PERSONAL FUND	osj Election:
GREGORY R WOLF		-	Primary
			General
Mailing Address 5258 CARTWRIGHT			Other (specify)
City NORTH HOLLYWOOD		ode 91601	
Original Amount of Loan	Cumulative Payment To	Date E	Balance Outstanding at Close of This Period
300.00		0.00	300.00
TERMS	Data Data	Internal F	2.1.
Date Incurred	Date Due	VVV	
08 14 1984	11 14	1984	0.00 % (apr) Yes ⊠ No
List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed	
City State	ZIP Code	Outstanding:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
2 Full Name /Last First Middle Initial)		_	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
		Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	ZIP Code	Amount Guaranteed	
City State	ZIF Gode	Outstanding:	<u></u>
SUBTOTALS This Period This Page (optional	ıl)		300.00
COTALS This Period (last page in this line of	nly)	>	
Carry outstanding balance only to LINE 3, S	Schedule D, for this line. If	no Schedule D, carry f	forward to appropriate line of Summary.

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

PAGE 30 OF 143

FOR LINE 13 OF FORM 3X

		Detailed Sum	mary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		•	Transa	ction ID : LOAN0000018352
National Democratic Policy Comn				
LOAN SOURCE Full Name (Last, First, M GREGORY R WOLF	liddle Initial)	[PERSONAI	L FUNDS]	Election: Primary General
Mailing Address 5258 CARTWRIGHT	_			Other (specify) ▼
City NORTH HOLLYWOOD	State CA ZIP Cod	de 91601	-	
Original Amount of Loan	Cumulative Payment To	Date	Balanc	e Outstanding at Close of This Perio
100.00		0.00		100.00
TERMS Date Incurred	Date Due	In	terest Rate	Secured:
M 08 / 14 / 1984		1984	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Emplo	oyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	· ,	
2. Full Name (Last, First, Middle Initial)		Name of Emplo	oyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	,	
3. Full Name (Last, First, Middle Initial)		Name of Emplo	oyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Emplo	oyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional	l))		100.00
OTALS This Period (last page in this line or	ıly))		
Carry outstanding balance only to LINE 3, Se	chedule D, for this line. If	no Schedule D,	carry forwar	d to appropriate line of Summary.

NS

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

chedule(s) PAGE 31 OF 143

ory of the ary Page FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)	Transaction ID : LOANI000019252
National Democratic Policy Committee	Transaction ID: LOAN0000018353
lational Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
GREGORY R WOLF	Primary General
Mailing Address 5258 CARTWRIGHT	General Other (specify) ▼
Mailing Address 5258 CARTWRIGHT	Canon (openin)
City NORTH HOLLYWOOD State CA ZIP Co	ode 91601
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
100.00	0.00
TERMS	
Date Incurred Date Due	
08 14 1984 11 11 14	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	A
City State ZIP Code	Amount Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Chata ZID Code	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
The state of the s	
	Amount
City State ZIP Code	Guaranteed Outstanding:
UBTOTALS This Period This Page (optional)	
OTALS This Period (last page in this line only)	>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	f no Schedule D. carry forward to appropriate line of Summary.
,	

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

PAGE 32 OF 143
FOR LINE 13 OF FORM 3X

	Detailed Summary Fage 1 3 1 2 1 3 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 3 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 3 1 1
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000018611
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) WILLIAM O MC KAY	[PERSONAL FUNDS] Election: Primary General
Mailing Address 4627 W 137TH PL	Other (specify) ▼
City HAWTHORNE State CA	ZIP Code 90250
Original Amount of Loan Cumulative	e Payment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred	Date Due Interest Rate Secured:
	17 / Y 1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Sou	urce
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:
COTALS This Period This Page (optional)	
Carry outstanding balance only to LINE 3, Schedule D, fo	or this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 33 OF 143
FOR LINE 13 OF FORM 3X

	Detailed Suffillary Page
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000018612
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) ALFRED MONTEROS	[PERSONAL FUNDS] Election:
ALFRED MONTEROS	Primary General
Mailing Address 1210 W PUENTE AVE	Other (specify) ▼
City WEST COVINA State CA	ZIP Code 91790
Original Amount of Loan Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred D	Date Due Interest Rate Secured:
08 17 1984 11 17	
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
Carry outstanding balance only to LINE 3, Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 34 OF 143

FOR LINE 13 OF FORM 3X

		Detailed Summary Page FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	•••	Transaction ID : LOAN0000018817
lational Democratic Policy Con	nmittee	
LOAN SOURCE Full Name (Last, First, LEONARD K NITZ	Middle Initial)	[PERSONAL FUNDS] Election: Primary General
Mailing Address 5343 CALLISTER AVE		Other (specify) ▼
City SACRAMENTO	State CA ZIP C	Code 95819
Original Amount of Loan	Cumulative Payment T	
1000.00	1 1 1 1 1 1	0.00
Date Incurred 08 / 20 / 1984	Date Due	e Interest Rate Secured: 1984 0.00 % (apr) Yes
List All Endorsers or Guarantors (if an		
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
JBTOTALS This Period This Page (option	nal)	
OTALS This Period (last page in this line	only)	
arry outstanding balance only to LINE 3.	Schedule D. for this line. I	If no Schedule D, carry forward to appropriate line of Summa

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

PAGE 35 OF 143

FOR LINE 13 OF FORM 3X

	Detailed Summary Page
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000019658
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) WARREN BANDY	[PERSONAL FUNDS] Election: Primary General
Mailing Address 934 TAMARACK LN #6	Other (specify) ▼
City SUNNYVALE State CA ZIP Coo	de 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:
	1984 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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:
Carry outstanding balance only to LINE 3, Schedule D, for this line. If r	>

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

PAGE 36 OF 143
FOR LINE 13 OF FORM 3X

		Detailed Suffillary Fa	age · · · · · · · · · · · · · · · · · ·
AME OF COMMITTEE (In Full)	-:44	Tr	ransaction ID : LOAN0000019945
National Democratic Policy Comr	nittee		
LOAN SOURCE Full Name (Last, First, M	/liddle Initial)	[PERSONAL FUND	S7 Election:
IAN MC CLASHAN	•	L. E. CONAL I OND	Primary
			General
Mailing Address			Other (specify)
Mailing Address 245 W LORRAINE ST APT	121		Other (specify)
City GLENDALE	State CA ZIP Co	ode 91202	
Original Amount of Loan	Cumulative Payment To	Date B	alance Outstanding at Close of This Period
1500.00		0.00	1500.00
TERMS			
Date Incurred	Date Due		ate Secured:
09 / 10 / 1984	12 / 10 / Y	1984 0	.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
o. Full Name (Last, Flist, Middle Hillar)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
		Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		'	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optiona	n	, [1500.00
TOTALS THIS FEHOU THIS FAGE (OPHOHA	·// ······		, , , , , ,
TOTALS This Period (last page in this line of	nly)	>	
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no Schedule D, carry f	orward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

PAGE 37 OF 143
FOR LINE 13 OF FORM 3X

		Detailed Summary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)	•••	Transaction ID : LOAN0000021069
lational Democratic Policy Cor	nmittee	
LOAN SOURCE Full Name (Last, First LOUIS HARDING	r, Middle Initial)	[PERSONAL FUNDS] Election: Primary General
Mailing Address 815 N MADISON		Other (specify) ▼
City PIERRE	State SD ZIP C	ode 57501
Original Amount of Loan	Cumulative Payment T	
1000.00		0.00 1000.00
Date Incurred Date Incurred 27 / 1984	Date Due	e Interest Rate Secured: 1985 0.00 % (apr)
List All Endorsers or Guarantors (if a	- -	1
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address		Occupation
City Stat	te ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Stat	te ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Stat	te ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Stat	te ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This Page (option	nal)	
OTALS This Period (last page in this line	only)	>
arry outstanding balance only to LINE 3	Schedule D. for this line I	f no Schedule D, carry forward to appropriate line of Summary

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

PAGE 38 OF 143

FOR LINE 13 OF FORM 3X

		Detailed Summary	Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)			Transactio	on ID : LOAN0000021171
National Democratic Policy Comr				
LOAN SOURCE Full Name (Last, First, MARILYN PEARSON	Middle Initial)	[PERSONAL FUN		tion: Primary General
Mailing Address RR 1				Other (specify) ▼
City SPENCER	State IA ZIP Cod	de 51301		
Original Amount of Loan	Cumulative Payment To	Date	Balance C	Outstanding at Close of This Period
1000.00		100.00		900.00
TERMS Date Incurred	Date Due	Interest	Rate	Secured:
09 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	03 / 28 / Y	1985	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		-
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		7
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	1 7	
SUBTOTALS This Period This Page (optiona	I)			900.00
OTALS This Period (last page in this line of	nly)	>		7
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no Schedule D, carry	forward t	o appropriate line of Summary.

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

PAGE 39 OF 143
FOR LINE 13 OF FORM 3X

		Detailed Suffillary F	age 1 or 1 or 1 or 11
AME OF COMMITTEE (In Full) National Democratic Policy Committe	<u> </u>	Т	ransaction ID : LOAN0000021412
valional Democratic Folicy Committee	, C		
LOAN SOURCE Full Name (Last, First, Middle MARJORIE CZECZOK	e Initial)	[PERSONAL FUND	DSJ Election: Primary
William College of the College of th			General
Mailing Address 820 LAKE ST S			Other (specify)
		de 98033	
Original Amount of Loan	Cumulative Payment To	Date E	Balance Outstanding at Close of This Period
250.00	7	50.00	200.00
TERMS Date Incurred	Date Due	Interest F	Rate Secured:
	M / D D / Y	VVV	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to L	oan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	7
UBTOTALS This Period This Page (optional)		<u></u>	200.00
OTALS This Period (last page in this line only)		>	
Carry outstanding balance only to LINE 3, Sched	ule D, for this line. If	no Schedule D, carry	forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

PAGE 40 OF 143

FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	Je FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	nittoo	Tra	nsaction ID : LOAN0000022667
ational Democratic Policy Comr	niitee		
LOAN SOURCE Full Name (Last, First, M ROBERT A FUDO	Middle Initial)	[PERSONAL FUNDS]	Primary General
Mailing Address 24922 MUIRLANDS SP 36			Other (specify)
		N	
City EL TORO		Code 92630	
Original Amount of Loan	Cumulative Payment	To Date Bal	ance Outstanding at Close of This Perio
750.00		0.00	750.00
TERMS	5 . 5		
Date Incurred 10 22 1984	Date Du	e Interest Rai	
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:	9 9
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	7
JBTOTALS This Period This Page (optiona	l)	<u>}</u>	750.00
OTALS This Period (last page in this line o	nly)	>	
arry outstanding balance only to LINE 3, S	chedule D. for this line	If no Schedule D. carry for	ward to appropriate line of Summary

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

PAGE 41 OF 143

FOR LINE 13 OF FORM 3X

		Detailed Summary P	age FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Т	ransaction ID : LOAN0000023255
National Democratic Policy Comn			
LOAN SOURCE Full Name (Last, First, MKEITH J ORR	fliddle Initial)	[PERSONAL FUND	Primary General
Mailing Address 441 PUERTO PL			Other (specify)
City HAYWARD	State CA ZIP Cod	de 94541	
Original Amount of Loan	Cumulative Payment To	Date E	Balance Outstanding at Close of This Period
500.00	, , , ,	0.00	500.00
TERMS Date Incurred	Date Due	Interest F	Rate Secured:
10 24 1984		V V V	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	.,,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7 1 7 1 7
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	l)		500.00
TOTALS This Period (last page in this line or	nly)	>	
Carry outstanding balance only to LINE 3, So	chedule D, for this line. If	no Schedule D, carry	forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

PAGE 42 OF 143

FOR LINE 13 OF FORM 3X

		Detailed Summary F	Page FOR LINE 13 OF F	ORM 3X
AME OF COMMITTEE (In Full)		T	Fransaction ID : LOAN00000233	00
lational Democratic Policy Comr	nittee			
LOAN SOURCE Full Name (Last, First, M H WYVONNE LANDRY	Middle Initial)	[PERSONAL FUND	Primary General	
Mailing Address 18346 COLLINS ST #17			Other (specify)	
City TARZANA	State CA ZIP Cod	de 91356		
Original Amount of Loan	Cumulative Payment To	Date E	Balance Outstanding at Close of	This Period
800.00		0.00		800.00
TERMS Date Incurred	Date Due	Interest I	Rate Secu	red:
10 25 / 1984		V V V	0.00	res X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
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:		
UBTOTALS This Period This Page (optiona	ı)	>		800.00
OTALS This Period (last page in this line of	nly)	>		
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no Schedule D, carry	forward to appropriate line of	Summary.

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

PAGE 43 OF 143

FOR LINE 13 OF FORM 3X

		Detailed Summary Fa	age · · · · · · · · · · · · · · · · · ·
AME OF COMMITTEE (In Full)	_	Tr	ansaction ID : LOAN0000023612
National Democratic Policy Committe	е		
LOAN SOURCE Full Name (Last, First, Middle	Initial)	[PERSONAL FUND	SI Election:
JACOB S PAINTER	,	[I LNSONAL I OND	Primary
			General
Mailing Address 4371 SUNRISE DR			Other (specify)
43/1 SUNRISE DR			Caron (openity) V
City CASPER St.	ate WY ZIP Co	de 82604	
Original Amount of Loan	Cumulative Payment To	Date B	alance Outstanding at Close of This Period
250.00		0.00	250.00
7 7 7			7 7
TERMS Date Incurred	Date Due	Interest R	ate Secured:
M M / D D / Y Y Y Y M	M / D D / Y	Y	.00
10 22 1984 01	22	1985	% (apr) Yes X No
List All Endorsers or Guarantors (if any) to L	oan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	ZIP Code	Amount	
City State	ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Amount Guaranteed	
Oily State .	iii code	Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
,		Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
IVIAIIIII Audi ess		Occupation	
		Amount	
City State 2	ZIP Code	Guaranteed	
		Outstanding:	
		ı	
		Г	252.22
SUBTOTALS This Period This Page (optional)		>	250.00
OTALS This Period (last page in this line only)			
CIALO TINO I CHOU (last page in this line offly)			
Carry outstanding balance only to LINE 3, Sched	ule D, for this line. If	no Schedule D, carry fo	orward to appropriate line of Summary.

S

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

PAGE 44 OF 143

FOR LINE 13 OF FORM 3X

	Detailed Suffilliary Page 1 3 1 2 1 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1
AME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000023623
•	
RONALD A BOWDEN	[PERSONAL FUNDS] Election: Primary Occupant
Mailing Address 46 SOMERSET AVE	General Other (specify) ▼
City RIVERSIDE State RI	ZIP Code ₀₂₉₁₅
Original Amount of Loan Cumulative Page 1	ayment 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 01 22	D / Y Y Y Y
List All Endorsers or Guarantors (if any) to Loan Source	9
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:
UBTOTALS This Period This Page (optional) OTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for the	nis line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

PAGE 45 OF 143

FOR LINE 13 OF FORM 3X

		Detailed Su	mmary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		•	Transa	ction ID : LOAN0000023624
National Democratic Policy Comm				
LOAN SOURCE Full Name (Last, First, M BRYCE JONES	liddle Initial)	[PERSON	AL FUNDS]	Election: Primary General
Mailing Address 213 W OAKRIDGE DR				Other (specify)
City FARMINGTON	State UT ZIP Cod	de 84025		
Original Amount of Loan	Cumulative Payment To	Date	Balanc	e Outstanding at Close of This Period
1000.00		0.00		1000.00
TERMS Date Incurred	Date Due		Interest Rate	Secured:
10 22 1984		1985	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Emp	oloyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Emp	oloyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Emp	oloyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Emp	oloyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional			· [1000.00
OTALS This Period (last page in this line or	ıly)		.	
Carry outstanding balance only to LINE 3, Se	chedule D, for this line. If	no Schedule [D, carry forwa	rd to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

Use separate so for each catego Detailed Summer

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

PAGE 46 OF 143

FOR LINE 13 OF FORM 3X

	Dotailed Carifficaty Lago	
NAME OF COMMITTEE (In Full)	Transaction ID: LOAN0000023627	
National Democratic Policy Committee		
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:	
MRS BRYCE JONES	Primary	
	General	
Mailing Address 213 W OAKRIDGE DR	Other (specify) ▼	
	de 84025	
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period	
1000.00	0.00 1000.00	
TERMS		
Date Incurred Date Due	Interest Rate Secured:	
10 22 1984 01 22	1985 0.00	
List All Endorsers or Guarantors (if any) to Loan Source	76 (аµг)	
1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City Chata ZID Code	Amount	
City State ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
	Traine or Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
2 Full Name (Leat First Middle Initial)	Outstanding.	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	O constant	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
2	Outstanding:	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)	>	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.	

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

PAGE 47 OF 143
FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)		Trai	nsaction ID : LOAN0000023628
lational Democratic Policy Comm	ittee		
LOAN SOURCE Full Name (Last, First, M	iddle Initial)	(DEDOONAL FUNDO)	Election:
MRS DONALD MILLS	iddle illitial)	[PERSONAL FUNDS]	Primary
			General
Mailing Address 4495 WOODLAWN			Other (specify) ▼
City BEAUMONT		de 77703	
Original Amount of Loan	Cumulative Payment To	Date Bal	ance Outstanding at Close of This Perio
500.00		0.00	500.00
TERMS	Data Dua	Interest Dat	Convent
Date Incurred		Interest Rat	
10 22 1984	10 22	1985 0.0	9/2 (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	, , , , , , , , ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
		Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	7
UBTOTALS This Period This Page (optional)	1	<u> </u>	500.00
OTALS This Period (last page in this line on	ly)	>	
carry outstanding balance only to LINE 3, Sc	hedule D. for this line. If	no Schedule D. carry for	ward to appropriate line of Summary

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

PAGE 48 OF 143

FOR LINE 13 OF FORM 3X

	Detailed Suffilliary Page 1 311 2112 13 31 1 3111 311
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000023683
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) AMY G BRAINARD	[PERSONAL FUNDS] Election: Primary General
Mailing Address 1202 S GLADYS AVE	Other (specify) ▼
	IP Code 91776
Original Amount of Loan Cumulative Payme	ent To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date	e Due Interest Rate Secured:
10 / 25 / 1984 10 / 25	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
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:
COTALS This Period This Page (optional)	
Carry outstanding balance only to LINE 3, Schedule D, for this li	ne. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

PAGE 49 OF 143
FOR LINE 13 OF FORM 3X

	Detailed Sulfilliary Page 1 311 211 2 31 1 311 311
AME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000024453
National Democratic Folicy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) JAMES HOWARD PETERS	[PERSONAL FUNDS] Election: Primary
	General
Mailing Address 2380 GRANADA AVE	Other (specify) ▼
City LONG BEACH State CA	ZIP Code 90815
Original Amount of Loan Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred	Date Due Interest Rate Secured:
11 26 / 1984 05 Z6	0.00
List All Endorsers or Guarantors (if any) to Loan Source)
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
OTALS This Period (last page in this line only)	······································
Carry outstanding balance only to LINE 3, Schedule D, for th	is line. If no Schedule D, carry forward to appropriate line of Summary.

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

		Detailed Summary Page	ge TOTT EINE 13 OF TOTTIN 3X
AME OF COMMITTEE (In Full)		Tra	ansaction ID : LOAN0000024908
National Democratic Policy Com	mittee		
LOAN SOURCE Full Name (Last, First, LARS THELANDER	Middle Initial)	[PERSONAL FUNDS	g Election: Primary General
Mailing Address 14 MOUNT CASTLE PL			Other (specify) ▼
City JOHNSON CITY	State TN ZIP Co	de 37601	
Original Amount of Loan	Cumulative Payment To	Date Ba	lance Outstanding at Close of This Period
500.00		0.00	500.00
TERMS Date Incurred	Date Due	Interest Ra	ate Secured:
M 11		1985 ° 0.0	
List All Endorsers or Guarantors (if any	/) to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
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:	
UBTOTALS This Period This Page (option	al)	>	500.00
OTALS This Period (last page in this line of	only)	>	
Carry outstanding balance only to LINE 3.	Schedule D. for this line If	no Schedule D. carry fo	rward to appropriate line of Summary

Use separate schedule(s) for each category of the

PAGE 51 OF 143

FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	POR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	mmitto o	Tra	nsaction ID : LOAN0000025202
ational Democratic Policy Co	mmulee		
LOAN SOURCE Full Name (Last, Fir ALMA G UBER	st, Middle Initial)	[PERSONAL FUNDS]	Election: Primary General
Mailing Address 3447 STERNE ST			Other (specify)
City SAN DIEGO	State CA ZIP C	Code 92106	
Original Amount of Loan	Cumulative Payment		ance Outstanding at Close of This Perio
500.00		0.00	500.00
TERMS			
Date Incurred 11 07 1984	Date Du 05 / 07	ne Interest Rat 1985 0.0	
List All Endorsers or Guarantors (if	any) to Loan Source		
1. Full Name (Last, First, Middle Initia	(اھ	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , ,
2. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	7.1.7.1.8.1
3. Full Name (Last, First, Middle Initia	1)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initia	()	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	g
JBTOTALS This Period This Page (opt			500.00
arry outstanding balance only to LINE	3, Schedule D, for this line.	If no Schedule D, carry for	ward to appropriate line of Summary

SCHEDULE C (FEC Form 3X)

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

PAGE 52 OF 143
FOR LINE 13 OF FORM 3X

		Detailed Suffillary F	age
AME OF COMMITTEE (In Full) National Democratic Policy Comi	mittee	т	ransaction ID: LOAN0000026096
national Democratic Folicy Com	IIIIIIGG		
LOAN SOURCE Full Name (Last, First, GABRIEL DICK	Middle Initial)	[PERSONAL FUND	Election: Primary General
Mailing Address BOX 274			Other (specify)
City CARMEL	State CA ZIP Co	ode 93921	
Original Amount of Loan	Cumulative Payment To	Date E	Balance Outstanding at Close of This Period
500.00		0.00	500.00
TERMS Date Incurred	Date Due	Interest F	Rate Secured:
11 30 1984	12 / 30 / Y	V V V	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed 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:	
UBTOTALS This Period This Page (optional			500.00
Carry outstanding balance only to LINE 3, \$	Schedule D, for this line. If	no Schedule D, carry f	orward to appropriate line of Summary.

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

PAGE 53 OF 143
FOR LINE 13 OF FORM 3X

	Detailed Sulfilliary Page
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000032658
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN PRICE	[PERSONAL FUNDS] Election: Primary General
Mailing Address 101 S COTTAGE RD	Other (specify) ▼
City STERLING State VA Z	ZIP Code 22170
Original Amount of Loan Cumulative Paym	ent To Date Balance Outstanding at Close of This Period
750.00	0.00 750.00
TERMS Date Incurred Date	e Due Interest Rate Secured:
05 20 1985 05 20 20 1985	1986 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed 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:
UBTOTALS This Period This Page (optional)	750.00
OTALS This Period (last page in this line only)	41400.00
Carry outstanding balance only to LINE 3, Schedule D, for this ${\sf li}$	ine. If no Schedule D, carry forward to appropriate line of Summary.

Excluding Loans

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

PAGE FOR LINE NUMBER: (check only one)

	9
X	10

143

54 OF

NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE AIRBORNE FREIGHT CORP. Mailing Address P O BOX 662 City State Zip Code WA **SEATTLE** 98111 Transaction ID: INV6010000112089 Outstanding Balance Beginning This Period 12.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 12.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTAL** AMFAC HOTEL Mailing Address P O BOX 1926 City State Zip Code **ALBUQUERQUE** NM 87119 Outstanding Balance Beginning This Period Transaction ID: INV6010000112090 198.49 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 198.49 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** ARLINGTON HILTON Mailing Address 2401 EAST LAMAR BOULEVARD Zip Code City State **ARLINGTON** 76011 TX Transaction ID: INV6010000112363 Outstanding Balance Beginning This Period 139.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 139 00 0.00 349.99 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

(Use separate schedule(s) for each

PAGE 55 OF 143 FOR LINE NUMBER: (check only one)

	9
X	10

cluding Loans		num	bered line)	X 10
AME OF COMMITTEE (In Full)			•	
National Democratic Policy Committee	∋e			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debt (Pu	rpose):
AUDIO VISUAL CENTER			EQUIPMENT REN	IAL
Mailing Address 235 NORTH BROAD STREET				
City State	Zip Code			
PHILADELPHIA	PA 19107			
Outstanding Balance Beginning This Period			Transaction ID:	INV6010000112091
25.00				
Amount Incurred This Period	Payment This Peri	iod	Outstanding Bala	nce at Close of This Period
	r dyment This i en		Cutotariang Bala	
0.00		0.00		25.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Pu	
AUDIO VISUAL HEADQUARTE	RS CORP		EQUIPMENT REN	TAL
Mailing Address 361 NORTH OAK STREET			_	
City. Chata	7:- Code		-	
City State INGLEWOOD	Zip Code CA 90301			
Outstanding Balance Beginning This Period			Transaction ID :	INV6010000112092
11.08				
	December This Dec		Outstanding Date	and Alexand This Businel
Amount Incurred This Period	Payment This Per		Outstanding Bala	nce at Close of This Period
0.00		0.00		11.08
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debt (Pu	
AVW AUDIO VISUAL INC			EQUIPMENT REN	TAL
Mailing Address 1372 WYCLIFF AVE			_	
Otto	7'- 0-1-			
City DALLAS	State Zip Code TX 75207			
Outstanding Balance Beginning This Period			Transaction ID :	INV6010000112093
65.64				
	December This Dec		Outstanding Date	and the Desiral
Amount Incurred This Period	Payment This Per		Outstanding Bala	nce at Close of This Period
0.00		0.00		65.64
<u> </u>				
) SUBTOTALS This Period This Page (optional)		>		101.72
) TOTALS This Period (last page this line number	only)	>		7
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>		
ADD 2) and 2) and correctorward to appropriate	line of Summon, Bose (leet a	nago only) 🏲		
) ADD 2) and 3) and carry forward to appropriate	ine of Summary Page (last p	Jage only) 🟲		

Excluding Loans

(Use separate schedule(s) for each

PAGE 56 OF 143 FOR LINE NUMBER: (check only one)

	9
X	10

Lacidding Loans			numbered i	ine) X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee		•	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor				e of Debt (Purpose): C. EXPENSE
BANK OF THE COMMONWEALTH			IVIISC	, EAFENSE
Mailing Address PO BOX 32900				
City State	Zip Code			
DETROIT	MI	48232		
Outstanding Balance Beginning This Period			Trai	nsaction ID : INV6010000112095
1430.00				
Amount Incurred This Period	Pay	ment This Period	Out	standing Balance at Close of This Period
0.00	,		0.00	1430.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature	e of Debt (Purpose):
BELMONT RESTAURANT	o. Gradio.			M RENTALS
Mailing Address 541 LEXINGTON AVE.				
City State NEW YORK	Zip Code NY	10022		
Outstanding Balance Beginning This Period			Tro	unsaction ID : INV6010000112096
Odistanding Dalance Deginning This Fellod			110	IISACTION ID . INVOUTOUUUT 12090
110.00				
Amount Incurred This Period	Pay	ment This Period	Outs	standing Balance at Close of This Period
0.00			0.00	110.00
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			e of Debt (Purpose): DM RENTALS
Mailing Address P.O. BOX 1440				
City	State	Zip Code		
DENVER	СО	80201		
Outstanding Balance Beginning This Period			Tra	nsaction ID : INV6010000112097
272.00				
273.00				
Amount Incurred This Period	Pay	ment This Period	Outs	standing Balance at Close of This Period
0.00			0.00	273.00
5.00	,		0.00	210.00
1) SUBTOTALS This Period This Page (optional)				1813.00
· · · · · · · · · · · · · · · · · · ·				
2) TOTALS This Period (last page this line number	Offig)		······ P	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	nly)	▶	
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ry Page (last page	only) ▶	

Excluding Loans

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

FOR LINE NUMBER: (check only one)

PAGE

57 OF

	9
X	10

143

NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEES-ZIEGLER/CONG BRUKOFF, BERAS & STEWART, P.C. Mailing Address 3000 TOWN CENTER **SUITE 2550** State Zip Code SOUTHFIELD 48075 Transaction ID: INV6010000112099 Outstanding Balance Beginning This Period 285.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 285.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRESS RELATIONS SERVICE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000111880 2700.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2700.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **RENT** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 Zip Code City State WASHINGTON DC 20041 Transaction ID: INV6010000111909 Outstanding Balance Beginning This Period 64.51 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 64.51 0.00 3049.51 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

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

FOR LINE NUMBER: (check only one)

PAGE

58 OF

	9
X	10

143

NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code DC WASHINGTON 20041 Transaction ID: INV6010000111912 Outstanding Balance Beginning This Period 1567.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1567.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000111913 60.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 60.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 Zip Code City State WASHINGTON DC 20041 Transaction ID: INV6010000111914 Outstanding Balance Beginning This Period 7316.85 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 7316.85 0.00 8943.85 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

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

FOR LINE NUMBER: (check only one)

	9
X	10

PAGE 59 OF 143

toldding Loune		numbered line)	X 10
AME OF COMMITTEE (In Full) National Democratic Policy Committ	ee		
A. Full Name (Last, First, Middle Initial) of Debto		Nature of Debt (Purpose RENT)):
Mailing Address P.O. BOX 17726			
City State WASHINGTON	Zip Code DC 20041		
Outstanding Balance Beginning This Period 800.00		Transaction ID : INV6	010000111915
Amount Incurred This Period 0.00	Payment This Period 0.0		at Close of This Period 800.00
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS		Nature of Debt (Purpose PHOTOCOPIER USAG	
Mailing Address P.O. BOX 17726 City State WASHINGTON	Zip Code DC 20041		
Outstanding Balance Beginning This Period 250.00		Transaction ID : INV	6010000111916
Amount Incurred This Period 0.00	Payment This Period 0.0		at Close of This Period 250.00
C. Full Name (Last, First, Middle Initial) of Debte CAMPAIGNER PUBLICATION		Nature of Debt (Purpose TELECOMMUNICATIO	
Mailing Address P.O. BOX 17726			
City WASHINGTON	State Zip Code DC 20041		
Outstanding Balance Beginning This Period 1000.00		Transaction ID : INV	6010000111917
Amount Incurred This Period 0.00	Payment This Period 0.0		at Close of This Period 1000.00
) SUBTOTALS This Period This Page (optional)			2050.00
) TOTALS This Period (last page this line number	r only)	<u> </u>	7
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	. >	,
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only	ı) >	

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 60 OF 143

	Juaning Louis			Tiullibered line,) X 10
	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	e			
	A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS			Nature of PRESS	f Debt (Purpose): RELATIONS SERVICE
	Mailing Address P.O. BOX 17726				
	City State WASHINGTON	Zip Code DC	20041		
	Outstanding Balance Beginning This Period 8170.00			Transa	action ID : INV6010000111918
	Amount Incurred This Period	Pay	ment This Period	Outstar	nding Balance at Close of This Period 8170.00
	7 7 7	O. Sitan			
	B. Full Name (Last, First, Middle Initial) of Debtor o CAMPAIGNER PUBLICATIONS	or Creditor		Nature of ADVER	f Debt (Purpose): TISING
	Mailing Address P.O. BOX 17726				
	City State WASHINGTON	Zip Code DC	20041		
	Outstanding Balance Beginning This Period 1310.00			Trans	action ID : INV6010000111919
	Amount Incurred This Period	Pay	ment This Period	Outstar	nding Balance at Close of This Period
	0.00	7	0	0.00	1310.00
	C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS				f Debt (Purpose): RIPTIONS PURCHASE
	Mailing Address P.O. BOX 17726				
	City WASHINGTON	State DC	Zip Code 20041		
	Outstanding Balance Beginning This Period 11948.30			Trans	action ID : INV6010000111920
	Amount Incurred This Period	Pay	ment This Period	Outstar	nding Balance at Close of This Period
	0.00		(0.00	11948.30
1)	SUBTOTALS This Period This Page (optional)			>	21428.30
2)	TOTALS This Period (last page this line number o	only)		>	
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	าly)	>	, , , , , , ,
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summa	ry Page (last page o	nly) ▶	

Excluding Loans

(Use separate schedule(s) for each

PAGE 61 OF 143 FOR LINE NUMBER: (check only one)

	9
X	10

cidding Loans		numbered line)	 X 10
AME OF COMMITTEE (In Full)	::400		1 - 1
National Democratic Policy Comm	ιιπεε		
A. Full Name (Last, First, Middle Initial) of De	ebtor or Creditor	Nature of Debt (I	Purpose):
CAMPAIGNER PUBLICATION	RENT		
Mailing Address P.O. BOX 17726			
City State	Zip Code		
WASHINGTON	DC 20041		
Outstanding Balance Beginning This Period		Transaction ID	: INV6010000111921
800.00			
Amount Incurred This Period	Payment This Period	Outstanding Ba	lance at Close of This Period
0.00		0.00	800.00
	, , , , , , , , , , , , , , , , , , , ,	,	,
B. Full Name (Last, First, Middle Initial) of Del CAMPAIGNER PUBLICATION		Nature of Debt (I PHOTOCOPIER	
Mailing Address P.O. BOX 17726			
City State	Zip Code		
WASHINGTON	DC 20041		
Outstanding Balance Beginning This Period		Transaction II	D : INV6010000111922
250.00			
Amount Incurred This Period	Payment This Period	Outstanding Ba	lance at Close of This Period
0.00	7 1 7	0.00	250.00
C. Full Name (Last, First, Middle Initial) of De	ebtor or Creditor	Nature of Debt (I	Purpose):
CAMPAIGNER PUBLICATION	NS	TELECOMMUN	ICATIONS
Mailing Address P.O. BOX 17726			
City	State Zip Code		
WASHINGTON	DC 20041		
Outstanding Balance Beginning This Period		Transaction II	D : INV6010000111923
1000.00			
Amount Incurred This Period	Payment This Period	Outstanding Ba	lance at Close of This Period
0.00	7,	0.00	1000.00
CURTOTAL C This Davied This Dave (authors	n.	<u> </u>	2050.00
) SUBTOTALS This Period This Page (optiona	1)	P	2000.00
) TOTALS This Period (last page this line num	ber only)	<u> </u>	
) TOTAL OUTSTANDING LOANS from Schedu	ule C (last page only)	> ,	
) ADD 2) and 3) and carry forward to appropri	ate line of Summary Page (last page	only) ►	
		,	

Excluding Loans

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

FOR LINE NUMBER: (check only one)

PAGE

62 OF

	9
X	10

143

NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRESS RELATIONS SERVICE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code DC WASHINGTON 20041 Transaction ID: INV6010000111924 Outstanding Balance Beginning This Period 8170.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 8170.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000111925 150.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 150.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 Zip Code City State WASHINGTON DC 20041 Transaction ID: INV6010000111926 Outstanding Balance Beginning This Period 30.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 30.00 0.00 8350.00 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

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

PAGE FOR LINE NUMBER: (check only one)

	9
X	10

143

63 OF

NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code DC WASHINGTON 20041 Transaction ID: INV6010000111927 Outstanding Balance Beginning This Period 5852.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5852.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000112054 13773.65 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 13773.65 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 Zip Code City State WASHINGTON DC 20041 Transaction ID: INV6010000112055 Outstanding Balance Beginning This Period 302.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 302 50 0.00 19928.15 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 64 OF 143

	· J · · ·			l mannisored iine)	X 10
	E OF COMMITTEE (In Full) ional Democratic Policy Committe	е			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS					Debt (Purpose): IPTIONS PURCHASE
М	ailing Address P.O. BOX 17726				
	ty State /ASHINGTON	Zip Code DC	20041		
	Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000112056
	7910.00				
	Amount Incurred This Period	Payme	nt This Period	Outstand	ding Balance at Close of This Period
	0.00		0.	.00	7910.00
	Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	or Creditor		Nature of ADVERT	Debt (Purpose): ISING
М	ailing Address P.O. BOX 17726				
- 1	ty State	Zip Code			
W	/ASHINGTON	DC	20041		
	Outstanding Balance Beginning This Period 40.00			Transa	ction ID : INV6010000112057
	Amount Incurred This Period	Payme	nt This Period	Outstand	ding Balance at Close of This Period
	0.00	7	0.	00	40.00
C.	Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS				Debt (Purpose): RIPTIONS PURCHASE
М	ailing Address P.O. BOX 17726				
Ci W	ty /ASHINGTON	State DC	Zip Code 20041		
	Outstanding Balance Beginning This Period 7989.60			Transa	ction ID : INV6010000112058
	Amount Incurred This Period	Payme	nt This Period	Outstand	ding Balance at Close of This Period
	0.00	7	0.	.00	7989.60
1) S	SUBTOTALS This Period This Page (optional)			>	15939.60
2) T	TOTALS This Period (last page this line number of	only)			
3) T	TOTAL OUTSTANDING LOANS from Schedule C	(last page only)		>	, , , , , , , , , , , , , , , , , , , ,
4) /	ADD 2) and 3) and carry forward to appropriate li	ne of Summary	Page (last page on	nly) ▶	

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 65 OF 143

Lacidding Loans			numbered line) X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	Nature o RENT	f Debt (Purpose):		
Mailing Address P.O. BOX 17726				
City State WASHINGTON	Zip Code DC	20041		
Outstanding Balance Beginning This Period 800.00			Transa	action ID : INV6010000112059
Amount Incurred This Period	Pay	ment This Period	Outsta	nding Balance at Close of This Period
0.00		, , , ,	0.00	800.00
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS				f Debt (Purpose): DMMUNICATIONS
Mailing Address P.O. BOX 17726				
City State WASHINGTON	Zip Code DC	20041		
Outstanding Balance Beginning This Period			Trans	action ID : INV6010000112060
Amount Incurred This Period	Pay	ment This Period	Outsta	nding Balance at Close of This Period
0.00			0.00	1000.00
C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS			Nature o RENT	f Debt (Purpose):
Mailing Address P.O. BOX 17726				
City WASHINGTON	State DC	Zip Code 20041		
Outstanding Balance Beginning This Period 800.00			Trans	action ID : INV6010000112061
Amount Incurred This Period 0.00	Pay	ment This Period	Outstar 0.00	nding Balance at Close of This Period 800.00
	7			
1) SUBTOTALS This Period This Page (optional)			>	2600.00
2) TOTALS This Period (last page this line number				
4) ADD 2) and 3) and carry forward to appropriate			_ =	
4) AUU 2) and 3) and carry forward to appropriate	line of Summa	irv Pade (last bade (oniy) 🕨 📗 📗	

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 66 OF 143

		Hambered IIIIe)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee		
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Pur	rpose):	
CAMPAIGNER PUBLICATION	TELECOMMUNICA	ATIONS	
Mailing Address P.O. BOX 17726			
City State	Zip Code		
WASHINGTON	DC ₂₀₀₄₁		
Outstanding Balance Beginning This Period		Transaction ID : I	NV6010000112062
1000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balar	nce at Close of This Period
0.00	0.0	0	1000.00
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS		Nature of Debt (Pui RENT	rpose):
Mailing Address P.O. BOX 17726			
City State	Zip Code		
WASHINGTON	DC 20041		
Outstanding Balance Beginning This Period		Transaction ID :	INV6010000112063
800.00			
Amount Incurred This Period	Payment This Period		nce at Close of This Period
0.00	0.0	0	800.00
C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATION		Nature of Debt (Pur	
Mailing Address P.O. BOX 17726			
City WASHINGTON	State Zip Code DC 20041		
Outstanding Balance Beginning This Period		Transaction ID :	INV6010000112064
Amount Incurred This Period	Payment This Period	Outstanding Balar	nce at Close of This Period
0.00	0.0		1000.00
1) SUBTOTALS This Period This Page (optional)		>	2800.00
2) TOTALS This Period (last page this line number	only)	<u> </u>	7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	·	, , , , ,
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only	y) ▶	

Excluding Loans

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

FOR LINE NUMBER: (check only one)

PAGE

67 OF

	9
X	10

143

NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** CAPITOL PLAZA Mailing Address 240 WEST STATE STREET State Zip Code **TRENTON** 08608 Transaction ID: INV6010000112103 Outstanding Balance Beginning This Period 93.10 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 93.10 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** CAPITOL PLAZA HOTEL Mailing Address HOLIDAY INN 300 J STREET State City Zip Code **SACRRAMENTO** CA 95814 Outstanding Balance Beginning This Period Transaction ID: INV6010000112102 15.78 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 15.78 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** 10101 NY Transaction ID: INV6010000112274 Outstanding Balance Beginning This Period 8023.57 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 8023.57 0.00 8132.45 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

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

FOR LINE NUMBER: (check only one)

PAGE

68 OF

	9
X	10

143

NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MTG PLANNING FEES & EXPNS CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 **RADIO CITY STATION** State Zip Code **NEW YORK** 10101 Transaction ID: INV6010000112275 Outstanding Balance Beginning This Period 1529.35 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1529.35 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** NY 10101 Outstanding Balance Beginning This Period Transaction ID: INV6010000112281 2614.35 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2614.35 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** 10101 NY Transaction ID: INV6010000112282 Outstanding Balance Beginning This Period 9834.85 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 9834.85 0.00 13978.55 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

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

FOR LINE NUMBER: (check only one)

	9
X	10

PAGE 69 OF 143

	anig Louis			I mumbered line)	X 10	
	OF COMMITTEE (In Full) ional Democratic Policy Committe	e				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor				Nature of MTG PLA	Nature of Debt (Purpose): MTG PLANNING FEES & EXPNS	
CAUCUS DISTRIBUTORS INC.						
Ma	ailing Address PO BOX 748 RADIO CITY STATION					
Cit		Zip Code				
- 1	EW YORK	NY	10101			
	Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112283	
	235.00					
	Amount Incurred This Period	Pay	ment This Period	Outstand	ding Balance at Close of This Period	
	0.00	,	,	0.00	235.00	
B.	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.				Debt (Purpose): FICE RENT	
Ma	ailing Address PO BOX 748 RADIO CITY STATION					
Cit	ty State	Zip Code				
NE	EW YORK	NY	10101			
	Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000112284	
	2614.35	5		0.1.1	"	
	Amount Incurred This Period	Pay	ment This Period		ding Balance at Close of This Period	
	0.00			0.00	2614.35	
C.	Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.				Debt (Purpose): C TELEPHONE USAGE	
Ma	ailing Address PO BOX 748 RADIO CITY STATION					
Cit	ty	State	Zip Code			
N	EW YORK	NY	10101			
	Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000112285	
	7844.75					
	Amount Incurred This Period	Pay	ment This Period	Outstand	ding Balance at Close of This Period	
	0.00			0.00	7844.75	
1) S	UBTOTALS This Period This Page (optional)			}	10694.10	
2) T	OTALS This Period (last page this line number	only)		>	5	
3) T	OTAL OUTSTANDING LOANS from Schedule C	C (last page or	nly)	>	, , , , , , , ,	
4) A	DD 2) and 3) and carry forward to appropriate I	ine of Summa	ry Page (last page o	only) ▶		

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

	9
X	10

PAGE 70 OF 143

excluding Loans		num	bered line)	 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor				ot (Purpose):
CAUCUS DISTRIBUTORS INC.				CERENT
Mailing Address PO BOX 748 RADIO CITY STATION				
City State	Zip Code			
NEW YORK	NY 10101			
Outstanding Balance Beginning This Period			Transaction	ID : INV6010000112286
2614.35				
2014.33				
Amount Incurred This Period	Payment This I	Period	Outstanding	Balance at Close of This Period
0.00				2614.35
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Deb	ot (Purpose):
CAUCUS DISTRIBUTORS INC.	or orealor			ELEPHONE USAGE
Mailing Address PO BOX 748				
RADIO CITY STATION				
City State	Zip Code			
NEW YORK	NY 10101			
Outstanding Balance Beginning This Period			Transaction	n ID : INV6010000112287
5250.00				
Amount Incurred This Period	Payment This I	Period	Outstanding	Balance at Close of This Period
0.00		0.00		5250.00
				. (8
C. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC			Nature of Deb MTG PLANN	ot (Purpose): ING FEES & EXPNS
Mailing Address PO BOX 748				
RADIO CITY STATION				
City	State Zip Code	е		
NEW YORK	NY 10101			
Outstanding Balance Beginning This Period			Transaction	n ID : INV6010000112288
1151.71				
Amount Incurred This Period	Payment This I	Period	Outstanding	Balance at Close of This Period
0.00		0.00		1151.71
				, , , , , , , , , , , , , , , , , , , ,
4) 011777110 71: 0 : 171: 0				9016.06
1) SUBTOTALS This Period This Page (optional)		>		9010.00
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 (la	st page only) ▶		

Excluding Loans

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

FOR LINE NUMBER: (check only one)

PAGE

71 OF

	9
X	10

143

NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 **RADIO CITY STATION** State Zip Code **NEW YORK** 10101 Transaction ID: INV6010000112289 Outstanding Balance Beginning This Period 2614.35 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2614.35 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** NY 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 2296.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** 10101 NY Transaction ID: INV6010000112291 Outstanding Balance Beginning This Period 10085.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 10085.00 0.00 14995.35 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Ex

(Use separate schedule(s) for each

PAGE 72 OF 143 FOR LINE NUMBER: (check only one)

	9
X	10

Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	е			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	Debt (Purpose):
CAUCUS DISTRIBUTORS INC.			FIELD OF	FICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION				
City State NEW YORK	Zip Code NY	10101		
		10101	Transact	ion ID : INV6010000112292
Outstanding Balance Beginning This Period			Hansact	101115 . 114400 10000 1 12232
2200.00				
Amount Incurred This Period	Payr	nent This Period	Outstand	ing Balance at Close of This Period
0.00		. 0	0.00	2200.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	Debt (Purpose):
CAUCUS DISTRIBUTORS INC.				FICE RENT
Mailing Address PO BOX 748				
RADIO CITY STATION City State	Zip Code			
NEW YORK	NY	10101		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112293
2000.00				
Amount Incurred This Period	Payr	ment This Period	Outstand	ing Balance at Close of This Period
0.00	, ,	, 0	.00	2000.00
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	Debt (Purpose):
CAUCUS DISTRIBUTORS INC.				C TELEPHONÉ USAGE
Mailing Address PO BOX 748				
RADIO CITY STATION City	State	Zip Code		
NEW YORK	NY	10101		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112294
9170.00				
	Povr	ment This Period	Outstand	ing Balance at Close of This Period
Amount Incurred This Period	Fayi			
0.00			0.00	9170.00
1) SUBTOTALS This Period This Page (optional)			>	13370.00
2) TOTALS This Period (last page this line number of	only)		>	7
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	>	7
4) ADD 2) and 3) and carry forward to appropriate li	ine of Summar	y Page (last page o	nly) ▶	

Excluding Loans

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

PAGE 73 OF 143 FOR LINE NUMBER: (check only one)

9

		, N 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee	
A. Full Name (Last, First, Middle Initial) of Deb	Nature of Debt (Purpose): FIELD OFFICE RENT	
Mailing Address PO BOX 748 RADIO CITY STATION		
City State NEW YORK	Zip Code NY 10101	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112295
2000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2000.00
B. Full Name (Last, First, Middle Initial) of Debti		Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Mailing Address PO BOX 748		
RADIO CITY STATION City State	Zip Code	_
NEW YORK	NY 10101	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112296
9170.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	9170.00
, 0.00	0.00	
C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN		Nature of Debt (Purpose): MTG PLANNING FEES & EXPNS
Mailing Address PO BOX 748		
RADIO CITY STATION City	State Zip Code	
NEW YORK	NY 10101	
Outstanding Balance Beginning This Period		Transaction ID: INV6010000112297
2144.91		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2144.91
1) SUBTOTALS This Period This Page (optional).	>	13314.91
2) TOTALS This Period (last page this line number	er only)	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
4) ADD 2) and 3) and carry forward to appropriat		

Ex

(Use separate schedule(s) for each

PAGE 74 OF 143 FOR LINE NUMBER: (check only one)

	9
X	10

Excluding Loans			numbered	l line)	X 10
NAME OF COMMITTEE (In Full)			'	•	
National Democratic Policy Committee	e 				
A. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		Natu	ure of Debt (Purpos	se):
CAUCUS DISTRIBUTORS INC.			AD	JUST 1986 TEL US	SAGE CHG
Mailing Address PO BOX 748 RADIO CITY STATION					
City State	Zip Code				
NEW YORK	NY	10101			
Outstanding Balance Beginning This Period			Tr	ansaction ID : INV	6010000112298
18135.97					
Amount Incurred This Period	Paym	nent This Period	Oı	utstanding Balance	at Close of This Period
0.00	,	(0.00		18135.97
B. Full Name (Last, First, Middle Initial) of Debtor of	r Craditor		Nati	ure of Debt (Purpos	10)·
CAUCUS DISTRIBUTORS INC.	r Greditor		RE		se):
Mailing Address PO BOX 748					
RADIO CITY STATION City State	Zip Code				
NEW YORK	NY NY	10101			
Outstanding Balance Beginning This Period			т	ransaction ID : IN\	/6010000112299
2000.00					
Amount Incurred This Period	Paym	nent This Period	Ot	utstanding Balance	at Close of This Period
0.00		C	0.00		2000.00
C. T. W. M. J. T. M. M. J. J. J. M. J. D. M. J.	0 "1-				
C. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor			ure of Debt (Purpos LEPHONE USAGE	se):
Mailing Address PO BOX 748					
RADIO CITY STATION					
City	State	Zip Code			
NEW YORK	NY	10101			
Outstanding Balance Beginning This Period			Т	ransaction ID : IN\	/6010000112300
9170.00					
Amount Incurred This Period	Paym	nent This Period	Oı	utetanding Balance	at Close of This Period
	ı ayıı			utstanding balance	
0.00	7	(0.00		9170.00
SUBTOTALS This Period This Page (optional)			}		29305.97
2) TOTALS This Period (last page this line number or	nly)		•		7
3) TOTAL OUTSTANDING LOANS from Schedule C			— ī		
4) ADD 2) and 3) and carry forward to appropriate lin			— ī		

Excluding Loans

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

FOR LINE NUMBER: (check only one)

	9
X	10

PAGE 75 OF 143

AME OF COMMITTEE (In Full) National Democratic Policy Committ	ee	
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): MISC. EXPENSES	
Mailing Address CCSI COLLECTION DEPARTM P.O. BOX C5216	ENT	_
City State MELVILLE	Zip Code NY 11750	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112302
760.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	760.00
B. Full Name (Last, First, Middle Initial) of Debtor CLIFFORD B KOENIG	r or Creditor	Nature of Debt (Purpose): TRAVEL AND LODGING
Mailing Address 7195 COOPER SPUR ROAD		_
City State MT HOOD/PARKDALE	Zip Code OR 97041	
Outstanding Balance Beginning This Period 556.76		Transaction ID : INV6010000112378
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	556.76
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 123 E. POST RD. (RT 22)		_
City WHITE PLAINS	State Zip Code NY 10610	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112303
120.00	D	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 120.00
7 7 7	7	
) SUBTOTALS This Period This Page (optional)	>	1436.76
) TOTALS This Period (last page this line number	only)	
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only) ▶	

Excluding Loans

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

FOR LINE NUMBER: (check only one)

	9
X	10

PAGE 76 OF 143

toldaning Loano		numbered line)	X 10
AME OF COMMITTEE (In Full) National Democratic Policy Committe	ee		
A. Full Name (Last, First, Middle Initial) of Debto		Nature of Debt (Purpose ROOM RENTALS	e):
COACHMAN INN & RESTAUR	ROOM RENTALS		
Mailing Address 10 JACKSON DRIVE			
City State	Zip Code		
CRANFORD	NJ 07016		
Outstanding Balance Beginning This Period		Transaction ID : INV6	010000112304
150.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance a	at Close of This Period
0.00	0.0	0	150.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose	<i>i</i>):
DALE ANDERSON'S		ROOM RENTALS	·/·
Mailing Address 7041 FIRST AVE.			
City State	Zip Code		
SCOTTSDALE	AZ 85251		
Outstanding Balance Beginning This Period		Transaction ID : INV	6010000112308
238.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance a	at Close of This Period
0.00	0.0	0	238.50
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose ATTORNEY FEES & Ex	
DAVID JAY, ESQ.		ATTORNET FEES & E.	VEINGES
Mailing Address ATTORNEY AT LAW			
120 DELAWARE AVENUE, STE	State Zip Code		
BUFFALO	NY 14202		
Outstanding Balance Beginning This Period		Transaction ID : INV	6010000112373
306.35			
Amount Incurred This Period	Payment This Period	Outstanding Balance a	at Close of This Period
0.00	0.0	,,,,	306.35
CURTOTAL C This Deviced This Dame (ordinard)			694.85
) SUBTOTALS This Period This Page (optional)			307.00
) TOTALS This Period (last page this line number	only)	<u> </u>	, , , ,
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	· •	,
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only	y) >	

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 77 OF 143

	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	е		
	A. Full Name (Last, First, Middle Initial) of Debtor DAVID KILBUR	Nature of Debt (Purpose): POSTAGE		
Ī	Mailing Address 1901 NORIEGA #5			
ŀ	City State	Zip Code		
-	SAN FRANCISCO	CA	94122	T
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112376
	194.93			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	194.93
İ	B. Full Name (Last, First, Middle Initial) of Debtor			Nature of Debt (Purpose):
	DOUBLEWOOD INN BEST WES	STERN		ROOM RENTAL
	Mailing Address 3333 13TH AVE. SOUTH			
İ	City State	Zip Code		
	FARGO	ND	58103	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000113252
	36.40			
	Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	36.40
	C. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBUT			Nature of Debt (Purpose): FIELD OFFICE RENT
	Mailing Address P.O. BOX 268			
Ì	City	State	Zip Code	
ŀ	DREXEL HILL	PA	19026	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000114470
	200.00			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	200.00
1)	SUBTOTALS This Period This Page (optional)			431.33
2)	TOTALS This Period (last page this line number of	only)		
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)	·
4)	ADD 2) and 3) and carry forward to appropriate li	·		

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 78
FOR LINE NUMBER: (check only one)

	9
X	10

143

78 OF

NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 State Zip Code DREXEL HILL 19026 Transaction ID: INV6010000114471 Outstanding Balance Beginning This Period 915.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 915.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 City State Zip Code **DREXEL HILL** 19026 PΑ Outstanding Balance Beginning This Period Transaction ID: INV6010000114472 200.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 200.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 City State Zip Code DREXEL HILL 19026 PA Transaction ID: INV6010000114473 Outstanding Balance Beginning This Period 915.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 915.00 0.00 2030.00 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

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

PAGE 79 OF 143 FOR LINE NUMBER: (check only one)

9 **X** 10

	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ee		
	A. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBUTED	Nature of Debt (Purpose): FIELD OFFICE RENT		
	Mailing Address P.O. BOX 268			
	City State DREXEL HILL	Zip Code PA	19026	
	Outstanding Balance Beginning This Period 200.00			Transaction ID : INV6010000114474
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.0	0 200.00
	B. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBUT			Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
	Mailing Address P.O. BOX 268			
	City State DREXEL HILL	Zip Code PA	19026	
	Outstanding Balance Beginning This Period 915.00			Transaction ID : INV6010000114475
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.0	915.00
•	C. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBUTED			Nature of Debt (Purpose): RENT
	Mailing Address P.O. BOX 268			
	City DREXEL HILL	State PA	Zip Code 19026	
	Outstanding Balance Beginning This Period 200.00			Transaction ID : INV6010000114476
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.0	0 200.00
1)	SUBTOTALS This Period This Page (optional)			. ▶ 1315.00
2)	TOTALS This Period (last page this line number	only)		<u> </u>
3)	TOTAL OUTSTANDING LOANS from Schedule C	C (last page o	nly)	·
4)	ADD 2) and 3) and carry forward to appropriate	ı) ►		

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 80 OF 143

	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ее			
	A. Full Name (Last, First, Middle Initial) of Debtor	Nature of Debt (Purpose):			
	EASTERN STATES DISTRIBUT	TORS			TELEPHONE USAGE
	Mailing Address P.O. BOX 268				
ł	City State	Zip Code			
	DREXEL HILL	PA	19026		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000114477
	915.00				
	Amount Incurred This Period	Pav	ment This Period		Outstanding Balance at Close of This Period
		,		0.00	915.00
	0.00	7		0.00	913.00
ł	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Nature of Debt (Purpose):
	EDGEWATER INN				ROOM RENTAL
ļ	Madison Addison				
	Mailing Address PIER 67				
ł	City State	Zip Code			
	SEATTLE	WA	98121		
	Outstanding Balance Beginning This Period				Transaction ID: INV6010000113744
	205.00				
	Amount Incurred This Period	Pav	ment This Period		Outstanding Balance at Close of This Period
		гау			
	0.00			0.00	205.00
ŀ	C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Nature of Debt (Purpose):
	EDWARD CORPUS				PRINTING
	Mailing Address 1339 MARYLAND ST. APT. 1				
ł	City	State	Zip Code		
	LOS ANGELES	CA	90017		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112307
	22.95				
	Amount Incurred This Period	Pov	mont This Pariod		Outstanding Balance at Close of This Period
		гау	ment This Period	1	
	0.00			0.00	22.95
1)	SUBTOTALS This Period This Page (optional)				1142.95
2)	TOTALS This Period (last page this line number	only)		>	
3)	TOTAL OUTSTANDING LOANS from Schedule C	C (last page or	nly)	>	7
4)	ADD 2) and 3) and carry forward to appropriate I				

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 81
FOR LINE NUMBER: (check only one)

81 OF

	9
X	10

143

NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE **EMERY WORLDWIDE** Mailing Address P.O. BOX 100 City State Zip Code **BALTIMORE** 21277 Transaction ID: INV6010000112315 Outstanding Balance Beginning This Period 11.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 11.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** ERIE HILTON HOTEL--ERIE/PA Mailing Address C/O METROPOLITAN HOTELS, INC. 2 EAST FAYETTE STREET City State Zip Code **BALTIMORE** 21202 MD Outstanding Balance Beginning This Period Transaction ID: INV6010000112364 37.10 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 37.10 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL AND LODGING **ERNEST BAALS** Mailing Address 826 GARWOOD ROAD Zip Code City State **ERIAL** 08081 NJ Transaction ID: INV6010000112094 Outstanding Balance Beginning This Period 206.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 206.00 0.00 254.60 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

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

PAGE 82 OF 143 FOR LINE NUMBER: (check only one)

	9
X	10

		, N 10				
AME OF COMMITTEE (In Full) National Democratic Policy Committe	ee					
,						
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): PRINTING					
EVELYN LANTZ	EVELYN LANTZ					
Mailing Address 1826 NORIEGA STREET						
City State	Zip Code	_				
SAN FRANCISCO	CA 94122					
Outstanding Balance Beginning This Period		Transaction ID: INV6010000112386				
60.98						
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period				
0.00	0.00	60.98				
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):				
EXECUTIVE HOTEL & SPA		MEETING ROOM RENTAL				
Mailing Address 1055 FIRST AVE.						
City State	Zip Code	_				
SAN DIEGO	CA 92101					
Outstanding Balance Beginning This Period		Transaction ID : INV6010000114372				
100.00						
	Doumant This Davied	Outstanding Palance at Class of This Paying				
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 Debto EXECUTIVE RED CARPET INI		Nature of Debt (Purpose): ROOM RENTALS				
Mailing Address 4020 SOUTHWEST FREEWAY						
City	Ctata Zin Coda					
City HOUSTON	State Zip Code TX 77027					
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112317				
22.00						
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period				
0.00	0.00	22.00				
) SUBTOTALS This Period This Page (optional)	1	182.98				
) TOTALS This Period (last page this line number						
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only) I					
) ADD 2) and 3) and carry forward to appropriate						

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 X 10

PAGE 83 OF 143

	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	е		
	A. Full Name (Last, First, Middle Initial) of Debtor FEDERAL EXPRESS	Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE		
	Mailing Address PO BOX 727, DEPT. A			
	City State MEMPHIS	Zip Code TN	38194	
	Outstanding Balance Beginning This Period 275.97			Transaction ID : INV6010000112318
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.0	0 275.97
	B. Full Name (Last, First, Middle Initial) of Debtor of FEDERAL EXPRESS	or Creditor		Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE
	Mailing Address PO BOX 727, DEPT. A			
	City State MEMPHIS	Zip Code TN	38194	
	Outstanding Balance Beginning This Period 14.00			Transaction ID: INV6010000112319
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.0	0 14.00
	C. Full Name (Last, First, Middle Initial) of Debtor FERRANTE TRAVEL CENTER	or Creditor		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	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.0	0 254.00
1)	SUBTOTALS This Period This Page (optional)			. ▶ 543.97
2)	TOTALS This Period (last page this line number of	only)		. >
3)	TOTAL OUTSTANDING LOANS from Schedule C	· • • • • • • • • • • • • • • • • • • •		
4)	ADD 2) and 3) and carry forward to appropriate lin	ı) >		

Ex

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

	9
X	10

PAGE 84 OF 143

Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committ	ee		'	
A. Full Name (Last, First, Middle Initial) of Debto			Nature of De TRAVEL-TA	ebt (Purpose): ARPLEY/SENATE
	\			
Mailing Address 135 BROAD AVENUE				
City State PALISADES PARK	Zip Code NJ	07650		
Outstanding Balance Beginning This Period	110	07650	Transactio	on ID : INV6010000113746
57.00				
Amount Incurred This Period	Paym	nent This Period	Outstandir	ng Balance at Close of This Period
0.00	Tayı		.00	57.00
B. Full Name (Last, First, Middle Initial) of Debtor FUSION ENERGY FOUNDATION			Nature of D	ebt (Purpose): CHASE
Mailing Address 250 W 57TH ST. STE.1711				
City State	Zip Code			
NEW YORK	NY	10019		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112327
4439.10				
Amount Incurred This Period	Paym	nent This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	4439.10
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of D MISC. EXP	ebt (Purpose): ENSE
Mailing Address C/O HENRY'S AUTO PARTS				
91 SO WHITE HORSE PIKE City	State	Zip Code		
BERLIN	NJ	08009		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112396
233.00				
Amount Incurred This Period	Paym	nent This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	233.00
1) SUBTOTALS This Period This Page (optional)			}	4729.10
2) TOTALS This Period (last page this line number	only)			
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page onl	y)	>	7
4) ADD 2) and 3) and carry forward to appropriate	line of Summary	/ Page (last page or	nlv) 🕨	

Excluding Loans

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

PAGE 85 OF 143 FOR LINE NUMBER: (check only one)

	9
X	10

					/
	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	ee			
	A. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN		Nature of Debt (Purpose): ROOM RENTALS		
	Mailing Address 1614 CENTRAL AVENUE				
	City State ALBANY	Zip Code NY	12205		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112341
	40.00				Outstanding Release at Olega of This Reside
	Amount Incurred This Period 0.00	Pay	ment This Period	0.00	Outstanding Balance at Close of This Period 40.00
	B. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN & HOLIDOME	or Creditor			Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address 1501 FREEWAY BLVD.				
	City State MINNEAPOLIS	Zip Code MN	55430		
	Outstanding Balance Beginning This Period 42.00				Transaction ID : INV6010000112996
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	42.00
•	C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN AIRPORT 2	r or Creditor			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
	157.50				
	Amount Incurred This Period	Pay	ment This Period	0.00	Outstanding Balance at Close of This Period
	0.00			0.00	157.50
1)	SUBTOTALS This Period This Page (optional)			>	239.50
2)	TOTALS This Period (last page this line number	only)		>	
3)	TOTAL OUTSTANDING LOANS from Schedule 0	>			
4)	ADD 2) and 3) and carry forward to appropriate				

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 86 OF 143

Lacidding Loans			numbered line)	X 10		
NAME OF COMMITTEE (In Full) National Democratic Policy Committ	ee		•			
A. Full Name (Last, First, Middle Initial) of Debto	Nature of D ROOM RE	ebt (Purpose): NTALS				
Mailing Address 609 DINGENS ST.						
City State CHEEKTOWAGA	Zip Code NY	14206				
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112342		
Amount Incurred This Period	Pay	ment This Period	Outstandii	ng Balance at Close of This Period		
0.00	,	,	0.00	23.15		
B. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN CHERRY HILL	or Creditor		Nature of D ROOM RE	ebt (Purpose): NTALS		
Mailing Address RTE 70 & SAYRE AVENUE	7. 2.1.					
City State CHERRY HILL	Zip Code NJ	08034				
Outstanding Balance Beginning This Period 50.00			Transact	tion ID : INV6010000112343		
Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period		
0.00		,	0.00	50.00		
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of D ROOM RE	lebt (Purpose): NTALS		
Mailing Address 685 MANZANITA COURT						
City CHICO	State CA	Zip Code 95926				
Outstanding Balance Beginning This Period 45.00			Transact	tion ID : INV6010000112344		
Amount Incurred This Period 0.00	Pay	ment This Period	Outstandii 0.00	ng Balance at Close of This Period 45.00		
SUBTOTALS This Period This Page (optional)				118.15		
2) TOTALS This Period (last page this line number	only)			9		
3) TOTAL OUTSTANDING LOANS from Schedule) TOTAL OUTSTANDING LOANS from Schedule C (last page only)					
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ry Page (last page o	only) ▶	7		

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 87 OF 143

	ordanig Eduno			numbered line)	X 10
	AME OF COMMITTEE (In Full) Iational Democratic Policy Committee	e			
	A. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN COLISEUM	or Creditor		Nature of D ROOM RE	Debt (Purpose): NTALS
	Mailing Address 440 WEST 57TH STREET				
	City State NEW YORK	Zip Code NY	10019		
	Outstanding Balance Beginning This Period 224.00		_	Transacti	ion ID : INV6010000112345
	Amount Incurred This Period	Payr	ment This Period		ng Balance at Close of This Period
	0.00		0	0.00	224.00
	B. Full Name (Last, First, Middle Initial) of Debtor of HOLIDAY INN CONCORD	or Creditor		Nature of D ROOM RE	Debt (Purpose): NTALS
	Mailing Address 1050 BURNETT AVE.				
	City State CONCORD	Zip Code CA	94520		
	Outstanding Balance Beginning This Period 97.24			Transac	tion ID : INV6010000112346
	Amount Incurred This Period	Payr	ment This Period	Outstandi	ng Balance at Close of This Period
	0.00		0	.00	97.24
	C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN DOWNTOWN	or Creditor		Nature of D ROOM RE	Debt (Purpose): ENTALS
	Mailing Address 1015 ELM STREET				
	City DALLAS	State TX	Zip Code 75202		
	Outstanding Balance Beginning This Period 52.00			Transac	tion ID : INV6010000112347
	Amount Incurred This Period	Payr	ment This Period	Outstandi	ng Balance at Close of This Period
	0.00			0.00	52.00
1)	SUBTOTALS This Period This Page (optional)			}	373.24
2)	TOTALS This Period (last page this line number o	only)		<u>}</u>	, , , , ,
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	>	, , , , , ,
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summar	y Page (last page o	nly) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 88 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

143

· · · · 3 · · · ·			manibered line)	X 10
AME OF COMMITTEE (In Full) National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debtor			NI-t	Dobt /Duragoo's
HOLIDAY INN ERIE	ROOM RI	Debt (Purpose): ENTALS		
Mailing Address 8040 PERRY HWY.				
City State	Zip Code			
ERIE	PA	16509		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112348
47.70				
Amount Incurred This Period	Payr	ment This Period	Outstand	ling Balance at Close of This Period
0.00		0.	.00	47.70
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of	Debt (Purpose):
HOLIDAY INN HAUPPAUGE			ROOM RE	
Mailing Address _				
City State	Zip Code			
HAUPPAUGE	NY	11788		
Outstanding Balance Beginning This Period			Transac	ction ID: INV6010000112349
60.00				
Amount Incurred This Period	Payr	ment This Period	Outstand	ling Balance at Close of This Period
0.00		0.	.00	60.00
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of	Debt (Purpose):
HOLIDAY INN KENILWORTH			ROOM R	ENTALS
Mailing Address BLVD. & SOUTH 31ST ST.				
City	State	Zip Code		
KENILWORTH	NJ	07033		
Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000112352
45.00				
Amount Incurred This Period	Payr	ment This Period	Outstand	ling Balance at Close of This Period
0.00	,	0	.00	45.00
) SUBTOTALS This Period This Page (optional)			>	152.70
) TOTALS This Period (last page this line number	only)		>	, , , , , , ,
TOTAL OUTSTANDING LOANS from Schedule (C (last page on	ly)	>	, , , , , , , , , , , , , , , , , , , ,
) ADD 2) and 3) and carry forward to appropriate	line of Summar	y Page (last page or	nly) ▶	

Excluding Loans

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

FOR LINE NUMBER: (check only one)

	9
X	10

PAGE 89 OF 143

toldaning Loano		numbered line)	X 10
AME OF COMMITTEE (In Full)	00		
National Democratic Policy Committ	CC		
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpos	se):
HOLIDAY INN NORWALK	ROOM RENTALS		
Mailing Address 789 CONNECTICUT AVENUE			
City	7in Code		
City State NORWALK	Zip Code CT 06854		
Outstanding Balance Beginning This Period		Transaction ID : INV	6010000112356
90.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance	at Close of This Period
0.00	0	.00	90.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Craditor	Natura of Daht (Durana	
HOLIDAY INN OF LAMAR	or Greditor	Nature of Debt (Purpos ROOM RENTALS	e):
Mailing Address RD #2 EXIT 25 INTERSTATE 80)		
City State MILL HALL	Zip Code PA 17751		
Outstanding Balance Beginning This Period		Transaction ID : INV	/6010000112353
52.78		Transaction is . iivv	0010000112333
Amount Incurred This Period	Payment This Period	Outstanding Balance	at Close of This Period
0.00	0.	00	52.78
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpos	se):
HOLIDAY INN OF NEWTON		ROOM RENTALS	
Mailing Address P.O. BOX 4305			
City	State Zip Code		
BOSTON	MA 02211		
Outstanding Balance Beginning This Period		Transaction ID : INV	6010000112355
90.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance	at Close of This Period
0.00	0	.00	90.00
			222.70
) SUBTOTALS This Period This Page (optional)			232.78
) TOTALS This Period (last page this line number	only)	<u> </u>	, , , ,
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>	,
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page or	nly) ▶	

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 90 OF 143

				7 10	
	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ее			
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 State RICHMOND	Zip Code VA 23234			
	Outstanding Balance Beginning This Period			Transaction ID: INV6010000112358	
	157.30				
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	157.30	
•	B. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN OF WILLMAR	or Creditor		Nature of Debt (Purpose): ROOM RENTALS	
ľ	Mailing Address P.O. BOX 1157				
	City State WILLMAR	Zip Code MN	56201		
	Outstanding Balance Beginning This Period 45.00			Transaction ID : INV6010000112362	
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	45.00	
	C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN PROVIDENCE R			Nature of Debt (Purpose): ROOM RENTALS	
ľ	Mailing Address 21 ATWELLS AVENUE				
	City PROVIDENCE	State RI	Zip Code 02903		
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112357	
	75.00				
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	75.00	
1)	SUBTOTALS This Period This Page (optional)			277.30	
2)	TOTALS This Period (last page this line number	<u> </u>			
3)	TOTAL OUTSTANDING LOANS from Schedule C	>			
4)	ADD 2) and 3) and carry forward to appropriate	•			

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 91
FOR LINE NUMBER: (check only one)

91 OF

	9
X	10

143

NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN ROCHESTER-AIRPORT Mailing Address 911 BROOKS AVENUE City State Zip Code NY **ROCHESTER** 14624 Transaction ID: INV6010000112359 Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 50.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN ROCKVILLE Mailing Address 173 SUNRISE HWY. City State Zip Code ROCKVILLE. L.I. NY 11570 Outstanding Balance Beginning This Period Transaction ID: INV6010000112360 50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 50.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN SCHENECTADY Mailing Address DOWNTOWN 100 NOTT TERRACE & FRANKLIN City State Zip Code **SCHENECTADY** 12305 NY Transaction ID: INV6010000112361 Outstanding Balance Beginning This Period 45.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 45 00 0.00 145.00 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

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

PAGE 92 OF 143 FOR LINE NUMBER: (check only one)

9

3				Trainisorea iirie	7	
NAME OF COMMITTEE (In Full) National Democratic Po	licy 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. LINE	BURGH BLVD.					
City State Zip Code BRIDGETON MO Outstanding Balance Beginning This Period 79.22			63044			
				Transa	action ID : INV6010000112354	
Amount Incurred This	Period	Payı	ment This Period	Outsta	nding Balance at Close of This Period	
	0.00	,	9	0.00	79.22	
B. Full Name (Last, First, Midd HOOVER BROTHE	•	Creditor			of Debt (Purpose): MENT RENTAL	
Mailing Address P.O. BOX 72	3					
City State TEMPLE		Zip Code TX	76503			
Outstanding Balance Beginn	ing This Period 33.90			Trans	saction ID : INV6010000112369	
Amount Incurred This	Period	Payı	ment This Period	Outsta	nding Balance at Close of This Period	
,	0.00	7	(0.00	33.90	
C. Full Name (Last, First, Mid HOWARD JOHNS		r Creditor			of Debt (Purpose): RENTALS	
Mailing Address P.O. BOX 30	45					
City BOSTON		State MA	Zip Code 02107			
Outstanding Balance Beginn				Trans	saction ID : INV6010000112365	
Amount Incurred This	102.92 Period	Payı	ment This Period	Outsta	nding Balance at Close of This Period	
	0.00	,	7	0.00	102.92	
1) SUBTOTALS This Period This	Page (optional)				216.04	
2) TOTALS This Period (last page	e this line number on	ly)		>	7 7 7	
3) TOTAL OUTSTANDING LOAD	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)					
4) ADD 2) and 3) and carry forw	ard to appropriate line	only) ▶				

Excluding Loans

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

FOR LINE NUMBER: (check only one)

PAGE

93 OF

9

143

X 10 NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MEDIA DIRECTORY PURCHASE HUDSON'S WASHINGTON NEWS MEDIA Mailing Address 7315 WISCONSIN AVENUE SUITE 1200N State Zip Code MD **BETHESDA** 20814 Transaction ID: INV6010000112370 Outstanding Balance Beginning This Period 88.04 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 88.04 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS HYATT PALO ALTO** Mailing Address 4290 EL CAMINO REAL City State Zip Code PALO ALTO CA 94306 Outstanding Balance Beginning This Period Transaction ID: INV6010000112371 58.43 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 58.43 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CREDIT CARD MERCHANT DISC IVON BUCHANON Mailing Address 423L UNIVERSITY BOULEVARD City State Zip Code **DALLAS** 75205 TX Transaction ID: INV6010000112100 Outstanding Balance Beginning This Period 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1000.00 0.00 1146.47 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 94 OF 143

NAME OF COMMITTEE (In Full) National Democratic Policy Commi	ttee			
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 State	Zip Code			
SAN FRANCISCO	CA	94101		
Outstanding Balance Beginning This Period			Transaction ID : INV6010000112372	
16.40				
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period	
0.00	7	0.00	16.40	
B. Full Name (Last, First, Middle Initial) of Debt	for or Creditor		Nature of Debt (Purpose):	
JERRY LITTON MEMORIAL F	UND		LITERATURE	
Mailing Address PO BOX 220				
City State	Zip Code			
CHILLICOTHE	MO	64601		
Outstanding Balance Beginning This Period			Transaction ID: INV6010000112390	
10.00				
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	10.00	
C. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor		Nature of Debt (Purpose): ROOM RENTALS	
Mailing Address 1516 VINEWOOD #207				
City	State	Zip Code		
DETROIT	MI	48216		
Outstanding Balance Beginning This Period			Transaction ID : INV6010000112098	
59.03				
Amount Incurred This Period	Pay	ment 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 numb	er only)			
3) TOTAL OUTSTANDING LOANS from Schedule				
4) ADD 2) and 3) and carry forward to appropriate				

Excluding Loans

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

PAGE FOR LINE NUMBER: (check only one)

	9
X	10

143

95 OF

NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EQUIPMENT RENTAL** KING COLE PROJECTION SERVICE Mailing Address 36-16 29TH STREET State Zip Code NY LONG ISLAND CITY 11106 Transaction ID: INV6010000112377 Outstanding Balance Beginning This Period 84.95 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 84.95 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUB. NOT ENTERED IN 1987 KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115120 45071.87 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 45071.87 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115123 Outstanding Balance Beginning This Period 1649.60 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1649.60 0.00 46806.42 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 96 OF 143

LACIDATING LOGIIS			numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committ	ee			
A. Full Name (Last, First, Middle Initial) of Debto	Nature of D SUBSCRIF	Debt (Purpose): PTIONS PURCHASE		
Mailing Address RT. 1, BOX 22				
City State STERLING	Zip Code VA	22170		
Outstanding Balance Beginning This Period			Transacti	ion ID : INV6010000115207
1349.80				
Amount Incurred This Period 0.00	Pay	ment This Period	Outstandi 0.00	ng Balance at Close of This Period
D. Full Name (Last First Middle Initial) of Debta	Craditor		Noture of F	N. I. (D.,
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Greattor			Debt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING	Zip Code VA	22170		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000115362
1000.00				
Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
0.00	,	C	0.00	1000.00
C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	or or Creditor			Debt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City STERLING	State VA	Zip Code 22170		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000115364
1410.40	5		0	
Amount Incurred This Period	Pay	ment This Period	Outstandi 0.00	ng Balance at Close of This Period 1410.40
0.00		7	0.00	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 or	nly)	>	, ,
4) ADD 2) and 3) and carry forward to appropriate	only) ►	7		

Excluding Loans

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

FOR LINE NUMBER: (check only one)

PAGE

97 OF

	9
X	10

143

NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115365 Outstanding Balance Beginning This Period 1350.85 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1350.85 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115368 554.90 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 554.90 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCAHSE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115371 Outstanding Balance Beginning This Period 239.90 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 239 90 0.00 2145.65 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

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

PAGE FOR LINE NUMBER: (check only one)

	9
X	10

143

98 OF

NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115372 Outstanding Balance Beginning This Period 119.75 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 119.75 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115375 185.10 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 185.10 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115377 Outstanding Balance Beginning This Period 81.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 81.00 0.00 385.85 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 99
FOR LINE NUMBER: (check only one)

	9
X	10

143

99 OF

NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115378 Outstanding Balance Beginning This Period 62.35 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 62.35 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115379 42.10 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 42.10 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBUCRITOINS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115380 Outstanding Balance Beginning This Period 51.10 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 51.10 0.00 155.55 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

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

FOR LINE NUMBER: (check only one)

PAGE 100 OF

	9
X	10

143

NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115381 Outstanding Balance Beginning This Period 13.45 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 13.45 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASES KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115383 4567.27 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 4567.27 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115384 Outstanding Balance Beginning This Period 19.20 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 19 20 0.00 4599.92 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 101 OF 143

Lacidding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debto	Nature of I SUBSCRI	Debt (Purpose): PTIONS PURCHASE		
Mailing Address RT. 1, BOX 22				
City State STERLING	Zip Code VA	22170		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000115385
25.34				
Amount Incurred This Period 0.00	Pay	ment This Period	Outstand	ing Balance at Close of This Period 25.34
P. Full Name (Lost First Middle Initial) of Debtor	or Craditar		Noture of I	Ooht (Dumass):
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			Debt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING	Zip Code VA	22170		
Outstanding Balance Beginning This Period			Transac	etion ID : INV6010000115386
397.04				
Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period
0.00			0.00	397.04
C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	or or Creditor			Debt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City STERLING	State VA	Zip Code 22170		
Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000115387
33.88 Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period
0.00	ray		0.00	33.88
				450.00
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	>	7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
4) ADD 2) and 3) and carry forward to appropriate	only) 🕨			

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 102 OF 143

Lacidding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of SUBSCR	Debt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING	Zip Code VA	22170		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000115388
101.14	D	on and This Davied	Outstand	l'an Balance et Olace et This Borist
Amount Incurred This Period 0.00	Pay	ment This Period	0.00	ling Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			Debt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING	Zip Code VA	22170		
Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000115410
121.51				
Amount Incurred This Period 0.00	Pay	ment This Period	Outstand 0.00	ling Balance at Close of This Period 121.51
7 7				7
C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	or Oreditor			Debt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City STERLING	State VA	Zip Code 22170		
Outstanding Balance Beginning This Period 25.00			Transac	ction ID : INV6010000115422
Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period
0.00	,		0.00	25.00
1) SUBTOTALS This Period This Page (optional)			}	247.65
2) TOTALS This Period (last page this line number	only)		>	7 7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page or	nly)	>	
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ury Page (last page o	only) ▶	, , , , , , , , ,

(Use separate schedule(s)

FOR LINE NUMBER:

PAGE 103 OF 143

xcluding Loans nun			(check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committe	e		
A. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor		Debt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period 1125.00		Transac	tion ID : INV6010000115444
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	0	.00	1125.00
B. Full Name (Last, First, Middle Initial) of Debtor of KMW PUBLISHING CO.	or Creditor		Debt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period 800.00		Transac	ction ID : INV6010000115457
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	0	.00	800.00
C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor		Debt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City STERLING	State Zip Code VA 22170		
Outstanding Balance Beginning This Period 12.75		Transac	ction ID : INV6010000115458
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	C	0.00	12.75
1) SUBTOTALS This Period This Page (optional)		>	1937.75
2) TOTALS This Period (last page this line number of	only)	>	
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only)	>	, , , , , , , , ,
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page of	nly) ▶	

Excluding Loans

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

FOR LINE NUMBER: (check only one)

	9
X	10

PAGE 104 OF 143

		/ 10	
AME OF COMMITTEE (In Full) National Democratic Policy Committe	ee		
1	-	1	
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): SUBSCRIPTION		
KMW PUBLISHING CO.			
Mailing Address RT. 1, BOX 22			
City State	Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Transaction ID: INV6010000115469	
50.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00		
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):	
KMW PUBLISHING CO.		SUBSCRIPTION PURCHASES	
Mailing Address RT. 1, BOX 22			
City State	Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Transaction ID: INV6010000115470	
750.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
		750.00	
0.00	0.00	730.00	
C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	or or Creditor	Nature of Debt (Purpose): SUBSCRIPTION PURCHASES	
Mailing Address RT. 1, BOX 22			
City	State Zin Code		
STERLING	State Zip Code VA 22170		
Outstanding Balance Beginning This Period		Transaction ID: INV6010000115471	
50.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	50.00	
) SUBTOTALS This Period This Page (optional)		850.00	
) TOTALS This Period (last page this line number			
TOTAL OUTSTANDING LOANS from Schedule			
) ADD 2) and 3) and carry forward to appropriate			

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

PAGE 105 OF

	9
X	10

143

Excluding Loans numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PRUCHASES KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115472 Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 50.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115481 3734.90 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 3734.90 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115482 Outstanding Balance Beginning This Period 199.25 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 199 25 0.00 3984.15 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Ex

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

PAGE 106 OF 143

cluding Loans		num	bered line)	X 10
AME OF COMMITTEE (In Full)		I	,	V V
National Democratic Policy Committ	ee			
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Pu	rpose):
KMW PUBLISHING CO.			SUBSCRIPTIONS	PURCHASE
Mailing Address DT 4 DOV 99			-	
Mailing Address RT. 1, BOX 22				
City State	Zip Code		-	
STERLING	VA 22170			
Outstanding Balance Beginning This Period			Transaction ID : I	NV6010000115483
2030.98				
Amount Incurred This Period	Payment This Perio	od	Outstanding Balar	nce at Close of This Period
0.00		0.00		2030.98
0.00		0.00		2000.00
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debt (Pu	
KMW PUBLISHING CO.			SUBSCRIPTIONS	PURCHASE
Mailing Address RT. 1, BOX 22			-	
R1. 1, BOX 22				
City State	Zip Code			
STERLING	VA 22170			
Outstanding Balance Beginning This Period			Transaction ID :	INV6010000115484
25.00				
Amount Incurred This Period	Payment This Perio	d	Outstanding Balar	nce at Close of This Period
0.00		0.00		25.00
C. Full Name (Last, First, Middle Initial) of Debte	or or Creditor		Nature of Debt (Pur	
KMW PUBLISHING CO.			SUBSCRIPTION P	UKCHASE
Mailing Address RT. 1, BOX 22			_	
City STERLING	State Zip Code VA 22170			
	VA 22170			
Outstanding Balance Beginning This Period			Transaction ID :	INV6010000115486
10.00				
Amount Incurred This Period	Payment This Perio	od	Outstanding Balar	nce at Close of This Period
0.00		0.00		10.00
				2005.00
SUBTOTALS This Period This Page (optional)		············· >		2065.98
) TOTALS This Period (last page this line number	only)			
, , , , , , , , , , , , , , , , , , , ,	• ,			
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>		7
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last no	age only)		
, in of and carry lorward to appropriate	mio or ourilliary rayo (last po	Ago omy/ 🚩		

Excluding Loans

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

PAGE 107 OF

	9
X	10

143

numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115487 Outstanding Balance Beginning This Period 25.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 25.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115488 25.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 25.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115489 Outstanding Balance Beginning This Period 50.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 50.00 0.00 100.00 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 108 OF 143

Cidding Loans		l nui	nbered line)	 X 10
AME OF COMMITTEE (In Full)	#**	•	•	
National Democratic Policy Commi	llee			
A. Full Name (Last, First, Middle Initial) of Det	otor or Creditor		Nature of Debt (Pur	
KMW PUBLISHING CO.	PURCHASES OF S	BUBSCRITIONS		
Mailing Address RT. 1, BOX 22				
City State	City State Zip Code			
STERLING	VA 2	2170		
Outstanding Balance Beginning This Period			Transaction ID : I	NV6010000115490
25.00				
Amount Incurred This Period	Pavment 1	Γhis Period	Outstanding Balar	nce at Close of This Period
0.00		0.00	1 1 1 1 1 1	25.00
		9	,	,
B. Full Name (Last, First, Middle Initial) of Debi	or or Creditor		Nature of Debt (Pur SUBSCRIPTION P	
Tamit i oblici mito oo:				
Mailing Address RT. 1, BOX 22				
City State	Zip Code			
STERLING	VA 2	2170		
Outstanding Balance Beginning This Period			Transaction ID :	INV6010000115491
25.00				
Amount Incurred This Period	Payment 1	Γhis Period	Outstanding Balar	nce at Close of This Period
0.00		0.00		25.00
C. Full Name (Last, First, Middle Initial) of Del	otor or Creditor		Nature of Debt (Pur	rpose):
KREINGOLD DATA SERVICE	ES		COMPUTER SERV	
Mailing Address STE. 5D, 119 PAYSON AVE.				
City	State Zip	Code	_	
NEW YORK		034		
Outstanding Balance Beginning This Period			Transaction ID :	INV6010000112384
2156.53				
Amount Incurred This Period	Pavment 1	Γhis Period	Outstanding Balar	nce at Close of This Period
0.00		0.00		2156.53
5.00	7	0.00		210000
CURTOTAL C This Devied This Dags (entires)				2206.53
) SUBTOTALS This Period This Page (optional)		······		2230.00
) TOTALS This Period (last page this line numb	er only)	>		
) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	>		
) ADD 2) and 3) and carry forward to appropria	te line of Summary Pag	e (last page only) ▶		. ,

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 109 OF 143

					/	
	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	е				
	A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Nature of Debt (Purpose):	
	KVAR-FM				MEDIA-RADIO`	
	IX V AIX-1 IVI					
	Mailing Address TEXAS LOTAS CORP.					
	8400 DAPAPOINT ST. 535					
	City State	Zip Code				
	SAN ANTONIO	TX	78229			
	Outstanding Balance Beginning This Period	Transaction ID : INV6010000112385				
	544.00					
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Per	iod
	0.00			0.00	544.00	Т
	0.00			0.00	544.00	_
		0 "				
	B. Full Name (Last, First, Middle Initial) of Debtor of				Nature of Debt (Purpose): FLD OFC RENT AND PHONE	
	LOS ANGELES LABOR COMMI	IIEE			FLD OFC RENT AND PHONE	
	Marilian Adduses					
	Mailing Address 711 S. VERMONT AVE. #207					
	City State	Zip Code				
	LOS ANGELES	CA	90005			
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112391	
	21277.77					
		_				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Per	iod
	0.00			0.00	21277.77	
	5 - 5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -	,				-
	C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Nature of Debt (Purpose):	
	LOUIS JOLIET RENAISSANCE	CENTR			ROOM RENTALS	
	Mailing Address 214 NORTH OTTAWA STREET					
	City	State	Zip Code			
	JOLIET	IL	60431			
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112393	
	38.21					
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Per	iod
	0.00			0.00	20.04	П
	0.00			0.00	38.21	_
						٦.
1)	SUBTOTALS This Period This Page (optional)				21859.98	_
						7
2)	TOTALS This Period (last page this line number of	only)		>		
	TOTAL CUITOTANDING COMME					7
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page o	nıy)			_
	ADD (1) and (2) and (3) and (4)	D (1			7	
4)	ADD 2) and 3) and carry forward to appropriate li	ne of Summa	ary Page (last page o	only) 🕨		4

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 110 OF 143

	Juaning Louis			Humbered line)	X 10
	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	e			
	A. Full Name (Last, First, Middle Initial) of Debtor MARK CALNEY	or Creditor		Nature of D PRINTING	ebt (Purpose):
	Mailing Address 269 E. NEWTON ST.				
	City State SEATTLE	Zip Code WA	98102		
	Outstanding Balance Beginning This Period 205.80			Transaction	on ID : INV6010000112101
	Amount Incurred This Period	Payr	ment This Period		ng Balance at Close of This Period
	0.00			.00	205.80
	B. Full Name (Last, First, Middle Initial) of Debtor o MARRIOT HOTEL PITTSBURGH			Nature of D ROOM REI	ebt (Purpose): NTALS
	Mailing Address 101 MALL BLVD.				
	City State MONROEVILLE	Zip Code PA	15146		
	Outstanding Balance Beginning This Period 227.73			Transact	ion ID : INV6010000112395
	Amount Incurred This Period	Payr	ment This Period	Outstandir	ng Balance at Close of This Period
	0.00		0	.00	227.73
•	C. Full Name (Last, First, Middle Initial) of Debtor MARRIOTT - SANTA CLARA	or Creditor		Nature of D ROOM RE	ebt (Purpose): NTALS
	Mailing Address GREAT AMERICAN PARKWAY				
	City SANTA CLARA	State CA	Zip Code 95054		
	Outstanding Balance Beginning This Period 24.50			Transact	ion ID : INV6010000112997
	Amount Incurred This Period	Payr	ment This Period	Outstandir	ng 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 o	only)			, , , , , ,
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	>	, , ,
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summar	y Page (last page o	nly) ▶	,

Excluding Loans

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

PAGE 111 OF 143 FOR LINE NUMBER: (check only one)

9

				, <u> </u>
	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	е		
	A. Full Name (Last, First, Middle Initial) of Debtor MARTY SIMON	Nature of Debt (Purpose): FREIGHT AND POSTAGE		
	Mailing Address 2971 W 8TH ST. #111			
	City State LOS ANGELES	Zip Code CA	96402	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112907
	154.47			
	Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period
	0.00		0.00	154.47
•	B. Full Name (Last, First, Middle Initial) of Debtor of MC GUINESS & WILLIAMS	Nature of Debt (Purpose): ATTORNEY EXPENSES		
	Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200			
	City State WASHINGTON	Zip Code DC	20005	
	Outstanding Balance Beginning This Period	Transaction ID : INV6010000114180		
	446.69			
	Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period
	0.00	,	0.00	446.69
	C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	or Creditor		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	Payn	nent 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 o	only)		
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page onl	y)	
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summary	y Page (last page only)	

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 112 OF 143

				/ // //
	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	е		
	A. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES		
	Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200			
	City State WASHINGTON	Zip Code DC	20005	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000114183
	800.00			
	Amount Incurred This Period	Payr	nent This Period	Outstanding Balance at Close of This Period
	0.00		0.00	800.00
	B. Full Name (Last, First, Middle Initial) of Debtor of MC GUINESS & WILLIAMS	or Creditor		Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES
	Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200			
	City State WASHINGTON	Zip Code DC	20005	
İ	Outstanding Balance Beginning This Period			Transaction ID : INV6010000114184
	3179.29			
	Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period
	0.00		0.00	3179.29
	C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	or Creditor		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 : INV6010000114185
	3.32			
	Amount Incurred This Period	Payr	nent This Period	Outstanding Balance at Close of This Period
	0.00		0.00	3.32
1)	SUBTOTALS This Period This Page (optional)			3982.61
2)	TOTALS This Period (last page this line number of	only)		
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page onl	y)	
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summar	y Page (last page only)	

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 113 OF 143

					\	
	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	ее				
	A. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	Nature of ATTORN	Nature of Debt (Purpose): ATTORNEY EXPENSES			
	Mailing Address 1015 FIFTEENTH STREET, NW					
	SUITE 1200					
	City State WASHINGTON	Zip Code DC	20005			
	Outstanding Balance Beginning This Period	Transac	ction ID : INV6010000114186			
	5.50					
	Amount Incurred This Period	Pay	ment This Period	Outstan	ding Balance at Close of This Period	
	0.00		0.0	00	5.50	
	B. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	or Creditor			Debt (Purpose): IEY FEES	
	Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200					
ł	City State	Zip Code				
	WASHINGTON	DC	20005			
	Outstanding Balance Beginning This Period			Transa	action ID : INV6010000114189	
	255.00					
	Amount Incurred This Period	Pay	ment This Period	Outstan	ding Balance at Close of This Period	
	0.00		0.0	00	255.00	
-	C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			Debt (Purpose):	
	MEDIAWIRE			PRESS	RELEASE DISTRIBUTN	
	Mailing Address 117 SOUTH 17TH ST.					
ł	SUITE 210 City	State	Zip Code			
	PHILADELPHIA	PA	19103			
	Outstanding Balance Beginning This Period			Transa	action ID : INV6010000112397	
	60.00					
	Amount Incurred This Period	Pay	ment This Period	Outstan	ding 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 on	ly)	>	7	
4)	ADD 2) and 3) and carry forward to appropriate	line of Summar	y Page (last page on	ly) ▶		

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 114 OF 143

	3			Hamboroe	1	X 10
	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	е				
	A. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE	Nati PR	ure of Debt (Purpo: S REL DIST-ELDE	se): R/USS		
	Mailing Address 117 SOUTH 17TH ST. SUITE 210					
	City State	Zip Code				
	PHILADELPHIA	PA	19103			
	Outstanding Balance Beginning This Period 65.00			Tr	ransaction ID : INV	6010000112398
	65.00					
	Amount Incurred This Period	Pay	ment This Period	0	utstanding Balance	at Close of This Period
	0.00			0.00		65.00
	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nati	ure of Debt (Purpos	se).
	MEDIAWIRE	or Ground			S REL DIST-DOUG	
	Mailing Address 117 SOUTH 17TH ST. SUITE 210					
	City State	Zip Code				
	PHILADELPHIA	PA	19103			
	Outstanding Balance Beginning This Period			Т	ransaction ID : IN	/6010000112399
	35.00					
	33.00					
	Amount Incurred This Period	Pay	ment This Period	0	utstanding Balance	at Close of This Period
	0.00		,	0.00		35.00
	C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH	or Creditor			ure of Debt (Purpos TORNEY FEES & I	
	Mailing Address 204 WASHINGTON AVENUE, N.	E.				
	City	State	Zip Code			
	MARIETTA	GA	30060			
	Outstanding Balance Beginning This Period			Т	ransaction ID : IN	/6010000114254
	2354.40					
	Amount Incurred This Period	Pay	ment This Period	0	utstanding Balance	at Close of This Period
	0.00	,		0.00		2354.40
1)	SUBTOTALS This Period This Page (optional)			▶		2454.40
2)	TOTALS This Period (last page this line number of	only)			,	2
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)	▶		7
4)	ADD 2) and 3) and carry forward to appropriate li	ine of Summa	ry Page (last page o	only) ▶	,	4

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

PAGE 115 OF

	9
X	10

143

Excluding Loans numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE, N.E. Zip Code **MARIETTA** 30060 Transaction ID: INV6010000114255 Outstanding Balance Beginning This Period 1496.91 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1496.91 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEES-WINTER/CONG MICHAEL FRANK, ESQ. Mailing Address 434 SPITZER BLDG City State Zip Code **TOLEDO** ОН 43604 Outstanding Balance Beginning This Period Transaction ID: INV6010000112321 400.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 400.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **PRINTING** MICHAEL HODGEKISS Mailing Address 1265 48TH AVE. Zip Code City State SAN FRANCISCO 94122 CA Transaction ID: INV6010000112368 Outstanding Balance Beginning This Period 127.20 Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 0.00 127.20 0.00

1) SUBTOTALS This Period This Page (optional)		Ξ	,		I	,		202	4.11	
2) TOTALS This Period (last page this line number only)	Ξ	Ξ	,		Ξ	7				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	_	Ξ	7	Ξ	Ξ	7	Ξ]
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)		_	,	_	_	7	_	<u>. </u>		

Ex

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

PAGE 116 OF 143

Excluding Loans		num	nbered line)	X 10		
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee	•	•			
, , , , , , , , , , , , , , , , , , ,	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW BENJAMIN FRANKLIN HOUSE					
Mailing Address 304 W 58TH ST.						
City State NEW YORK						
Outstanding Balance Beginning This Period			Transaction	n ID : INV6010000112400		
Amount Incurred This Period 0.00	Payment Thi	s Period 0.00	Outstanding	Balance at Close of This Period		
B. Full Name (Last, First, Middle Initial) of Debto			Nature of Del ROOM REN			
Mailing Address FT. EDDY ROAD City State CONCORD	Zip Code NH 033	04	-			
Outstanding Balance Beginning This Period 75.20	NH 033	01	Transactio	on ID : INV6010000112401		
Amount Incurred This Period 0.00	Payment Thi	s Period	Outstanding	g Balance at Close of This Period 75.20		
C. Full Name (Last, First, Middle Initial) of Debt NEW SOLIDARITY INT'L PRE			Nature of Del ADVERTISI			
Mailing Address 304 W. 58TH ST. 5TH FL.						
City NEW YORK	State Zip C NY 1001					
Outstanding Balance Beginning This Period 540.00			Transactio	on ID : INV6010000112402		
Amount Incurred This Period 0.00	Payment Thi	s Period 0.00	Outstanding	g 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	r only)	>	-	<u>, , , , , , , , , , , , , , , , , , , </u>		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>		, , , , , ,		
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page	(last page only) ▶				

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

9

PAGE 117 OF 143

xcluding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commi	ttee			
A. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor		Nature of I	Debt (Purpose):
NEW YORK TELEPHONE			TELEPHO	INC
Mailing Address 10 COLUMBUS CIRCLE				
City State	Zip Code			
NEW YORK	NY	10019		
Outstanding Balance Beginning This Period 236.83			Transact	ion ID : INV6010000112403
Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period
0.00		C	0.00	236.83
B. Full Name (Last, First, Middle Initial) of Debt PATRICK F ADAMS P.C.	tor or Creditor			Debt (Purpose): S - NY BEAM DEMS
Mailing Address ATTORNEY AT LAW ONE EAST MAIN STREET				
City State BAY SHORE	Zip Code NY	11706		
Outstanding Balance Beginning This Period 5762.50			Transac	tion ID : INV6010000112085
Amount Incurred This Period	Pav	ment This Period	Outstand	ing Balance at Close of This Period
0.00			0.00	5762.50
C. Full Name (Last, First, Middle Initial) of Deb PATRICK F ADAMS P.C.	otor or Creditor			Debt (Purpose): 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			Transac	tion ID : INV6010000112086
Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period
0.00		(0.00	400.00
1) SUBTOTALS This Period This Page (optional)			>	6399.33
2) TOTALS This Period (last page this line numb	er only)		>	7
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page or	nly)	>	, , , , , , ,
4) ADD 2) and 3) and carry forward to appropria	te line of Summa	ry Page (last page o	nly) ▶	7

(Use separate schedule(s) for each

FOR LINE NUMBER:

PAGE 118 OF

	9
X	10

143

(check only one) **Excluding Loans** numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL AND LODGING PETER ENNIS Mailing Address 65 SEAMAN AVE. State Zip Code **NEW YORK** 10034 Transaction ID: INV6010000112316 Outstanding Balance Beginning This Period 16.76 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 16.76 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **PRINTING** PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City State Zip Code **STERLING** VA 22170 Outstanding Balance Beginning This Period Transaction ID: INV6010000112882 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 2500.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **PRINTING** PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000112885 Outstanding Balance Beginning This Period 6123.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 6123.00 0.00

Excluding Loans

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

FOR LINE NUMBER: (check only one)

PAGE 119 OF

	9
X	10

143

NAME OF COMMITTEE (In Full)

National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

POOM PENTAL

PROVIDENCE MARRIOTT IN	IN	ROOM RENTAL
Mailing Address CHARLES & ORMS STREETS	6	
City State	Zip Code	_
PROVIDENCE	RI 02904	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000113747
125.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	125.00
B. Full Name (Last, First, Middle Initial) of Debt		Nature of Debt (Purpose):
PUBLICATION & GENERAL M	IGMT.	ACCOUNTING & DP SERVICE
Mailing Address P.O. BOX 836		
City State	Zip Code	
LEESBURG	VA 22075	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112654
1700.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1700.00
C. Full Name (Last, First, Middle Initial) of Deb PUBLICATION & GENERAL I		Nature of Debt (Purpose): ACCOUNTING & DP SERVICE
Mailing Address P.O. BOX 836		
City	State Zip Code	_
LEESBURG	VA 22075	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112656
3000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	3000.00
SUBTOTALS This Period This Page (optional).	>	4825.00
TOTALS This Period (last page this line numb	er only)	
TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	
ADD 2) and 3) and carry forward to appropriate	te line of Summary Page (last page only)	

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

9

PAGE 120 OF 143

xcluding Loans num		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor o		Nature of D MANAGEN	ebt (Purpose): //ENT & DP SERVICE
Mailing Address P.O. BOX 836			
City State LEESBURG	Zip Code VA 22075		
Outstanding Balance Beginning This Period 3000.00		Transacti	on ID : INV6010000112657
Amount Incurred This Period 0.00	Payment This Period	Outstandi 0.00	ng Balance at Close of This Period 3000.00
B. Full Name (Last, First, Middle Initial) of Debtor or PUBLICATION & GENERAL MGN			lebt (Purpose): MENT & DP SERVICES
Mailing Address P.O. BOX 836 City State LEESBURG	Zip Code VA 22075		
Outstanding Balance Beginning This Period 3000.00		Transac	tion ID : INV6010000112658
Amount Incurred This Period 0.00	Payment This Period	Outstandi	ng Balance at Close of This Period 3000.00
C. Full Name (Last, First, Middle Initial) of Debtor of PUBLICATION & GENERAL MGI			ebt (Purpose): MENT & DP SERIVCES
Mailing Address P.O. BOX 836 City LEESBURG	State Zip Code VA 22075		
Outstanding Balance Beginning This Period 3000.00 Amount Incurred This Period 0.00	Payment This Period		ng Balance at Close of This Period 3000.00
SUBTOTALS This Period This Page (optional)			9000.00
2) TOTALS This Period (last page this line number on	ly)	<u></u>	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	>	, , , , ,
4) ADD 2) and 3) and carry forward to appropriate line	e of Summary Page (last page	only) >	

Mailing Address P.O. BOX 836

City

LEESBURG

Excluding Loans

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

FOR LINE NUMBER: (check only one)

PAGE 121 OF

	9
X	10

143

NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MANAGEMENT & DP SREVICES PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 State Zip Code **LEESBURG** 22075 Transaction ID: INV6010000112662 Outstanding Balance Beginning This Period 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 3000.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MANAGEMENT & DP SERVICES PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** VA 22075 Outstanding Balance Beginning This Period Transaction ID: INV6010000112666 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 3000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MANAGEMENT & DP SERVICES PUBLICATION & GENERAL MGMT.

	Outstanding Balance Beginning This Period		Transaction ID : INV6010000112667
	3000.00		
	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	3000.00
1)	SUBTOTALS This Period This Page (optional)		9000.00
2)	TOTALS This Period (last page this line number of	only)	
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page only)	
4)	ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only) ▶	

Zip Code

22075

State

VA

Excluding Loans

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

PAGE 122 OF

	9
X	10

143

numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MANAGEMENT & DP SERVICES PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** 22075 Transaction ID: INV6010000112668 Outstanding Balance Beginning This Period 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3000.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MANAGEMENT & DP SERVICES PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** 22075 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000112669 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 3000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MANAGEMENT & DP SERVICES PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** 22075 VA Transaction ID: INV6010000112670 Outstanding Balance Beginning This Period 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3000.00 0.00 9000.00 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Ex

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

PAGE 123 OF 143

excluding Loans number		numbered	line)	10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee	•		_
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Natu	re of Debt (Purpose):	
PUBLICATION & GENERAL MGMT.			NAGEMENT &DP SÉRVICE	
Mailing Address P.O. BOX 836				
City State	Zip Code			
LEESBURG	VA 22075			
Outstanding Balance Beginning This Period		Tr	ansaction ID : INV6010000112671	
3000.00				
Amount Insured This David	December This Device	-	statematics. Delegate at Class of This	Daviad
Amount Incurred This Period	Payment This Period	J 0	itstanding Balance at Close of This	Period
0.00		0.00	3000.0	0
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		re of Debt (Purpose):	
PUBLICATION & GENERAL MG	MT.	MA	NAGEMENT &D P SERVICES	
Mailing Address P.O. BOX 836				
City State	Zip Code			
LEESBURG	VA 22075			
Outstanding Balance Beginning This Period		т	ransaction ID : INV6010000112672	
3000.00				
Amount Incurred This Period	Payment This Period	d O	itstanding Balance at Close of This	Period
0.00		0.00	3000.0	0
C. Full Name (Last, First, Middle Initial) of Debtor	or Craditor	Note	ero of Doht (Duranco)	
PUBLICATION & GENERAL MO			re of Debt (Purpose): NAGEMENT &DP SERVICES	
Mailing Address P.O. BOX 836				
City	State Zip Code			
LEESBURG	VA 22075			
Outstanding Balance Beginning This Period		т	ransaction ID : INV6010000112673	
3000.00				
Amount Incurred This Period	Payment This Period	4 0	Itstanding Balance at Close of This	Pariod
	rayinent mis renot			
0.00		0.00	3000.0	0
SUBTOTALS This Period This Page (optional)		>	9000.0	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	ge only) ▶		

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

PAGE 124 OF 143

cluding Loans		numbere	ed line)	X 10
AME OF COMMITTEE (In Full)				
National Democratic Policy Committe	ee			
A. Full Name (Last, First, Middle Initial) of Debto	or Creditor	Na	ature of Debt (Purpo	ose):
PUBLICATION & GENERAL MGMT.			IANGEMENT &DP S	SERVICES
Mailing Address P.O. BOX 836				
City State	Zip Code			
LEESBURG	VA 22075			
Outstanding Balance Beginning This Period		•	Transaction ID : IN	V6010000112674
3000.00				
Amount Incurred This Period	Payment This Period	1 (Outstanding Balanc	e at Close of This Period
	T dyment This T choo		Jatotariang Balano	3000.00
0.00		0.00		3000.00
B. Full Name (Last, First, Middle Initial) of Debtor			ature of Debt (Purpo	
PUBLICATION & GENERAL MG	GMT.	l M	IANAGEMENT & DF	PSERVICES
Mailing Address P.O. BOX 836				
City State	Zip Code			
LEESBURG	VA 22075			
Outstanding Balance Beginning This Period			Transaction ID : IN	IV6010000112675
3000.00				
Amount Incurred This Period	Payment This Period	1 (Outstanding Balanc	e at Close of This Period
0.00		0.00		3000.00
				,
C. Full Name (Last, First, Middle Initial) of Debto PUBLICATION & GENERAL M			ature of Debt (Purpo	
PUBLICATION & GENERAL IVI	١ ١٧١١ .		WIN CEMENT & DI	CERTICES
Mailing Address P.O. BOX 836				
City	State Zip Code			
LEESBURG	VA 22075			
Outstanding Balance Beginning This Period			Transaction ID : IN	IV6010000112676
3000.00				
Amount Incurred This Period	Payment This Period	i (Outstanding Balanc	e at Close of This Period
0.00		0.00		3000.00
) CURTOTALO TIVE DE L'ATTE				9000.00
SUBTOTALS This Period This Page (optional)		············ >		3000.00
) TOTALS This Period (last page this line number	only)			. ,
) TOTAL OUTSTANDING LOANS from Schedule (C (last page only)	.		
,	- (pg- 0j/			
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last pag	ge only) ▶		

Excluding Loans

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

PAGE 125 OF

9

143

numbered line) **X** 10 NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MANAGEMENT & DP SERVICE PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** 22075 Transaction ID: INV6010000112677 Outstanding Balance Beginning This Period 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3000.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE PUROLATOR COURIER CORP. Mailing Address 3333 NEW HYDE PARK ROAD City State Zip Code **NEW HYDE PARK** NY 11042 Outstanding Balance Beginning This Period Transaction ID: INV6010000112891 55.10 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 55.10 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** QUALITY INN ALBANY Mailing Address 1-3 WATERVLIET AVE. City State Zip Code **ALBANY** 12206 NY Transaction ID: INV6010000112892 Outstanding Balance Beginning This Period 43.45 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 43 45 0.00 3098.55 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

PAGE 126 OF

	9
X	10

143

numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** RAMADA INN CASPER Mailing Address PO BOX 2917 City State Zip Code WY **CASPER** 82602 Transaction ID: INV6010000112893 Outstanding Balance Beginning This Period 108.85 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 108.85 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** RAMADA INN ST. LOUIS Mailing Address 9636 NATURAL BRIDGE RD. City State Zip Code ST. LOUIS MO 63134 Outstanding Balance Beginning This Period Transaction ID: INV6010000112894 52.31 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 52.31 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** RAMADA INN-SAN ANTONIO Mailing Address 3645 N. PAN AM EXPRESSWAY City State Zip Code SAN ANTONIO 78219 TX Transaction ID: INV6010000112897 Outstanding Balance Beginning This Period 60.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 60.00 0.00 221.16 1) SUBTOTALS This Period This Page (optional).....

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) ▶

Excluding Loans

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

FOR LINE NUMBER: (check only one)

	9
X	10

PAGE 127 OF 143

toldding Loune		numbered line)	X 10
AME OF COMMITTEE (In Full) National Democratic Policy Committ	ee		
A. Full Name (Last, First, Middle Initial) of Debte	or or Creditor	Nature of Debt (Purpose OFFICE RENT	e):
Mailing Address 1249 WASHINGTON BLVD. ST	E. 626		
City State DETROIT	Zip Code MI 48226		
Outstanding Balance Beginning This Period 600.00		Transaction ID : INV6	010000112898
Amount Incurred This Period 0.00	Payment This Period 0.0		at Close of This Period 600.00
B. Full Name (Last, First, Middle Initial) of Debto RHEA, BOYD & RHEA	r or Creditor	Nature of Debt (Purpose ATTORNEY FEES & E)	
Mailing Address 930 FORREST AVENUE City State	Zip Code		
GADSDEN	AL 35901		
Outstanding Balance Beginning This Period 24.60 Amount Incurred This Period	Payment This Period	Transaction ID : INV	at Close of This Period
0.00	0.0		24.60
C. Full Name (Last, First, Middle Initial) of Debte RICHARD MAGRAW	or or Creditor	Nature of Debt (Purpose AUTO RENTAL	9):
Mailing Address 22-60 23RD ST.			
City ASTORIA	State Zip Code NY 11105		
Outstanding Balance Beginning This Period 114.90		Transaction ID : INV	6010000112394
Amount Incurred This Period 0.00	Payment This Period 0.0		at Close of This Period 114.90
) SUBTOTALS This Period This Page (optional)		>	739.50
) TOTALS This Period (last page this line number	r only)	· , , , ,	
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>	,
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only	<i>y</i>) ▶	

Excluding Loans

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

FOR LINE NUMBER: (check only one)

PAGE 128 OF

	9
X	10

143

NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** ROBERT COLE Mailing Address 4119 W. BELLEPLAINE #2W State Zip Code **CHICAGO** 60641 Transaction ID: INV6010000112305 Outstanding Balance Beginning This Period 1243.95 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1243.95 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL AND LODGING ROBERT KAY Mailing Address 22-49 38TH ST. City State Zip Code **ASTORIA** NY 11105 Outstanding Balance Beginning This Period Transaction ID: INV6010000112375 19.74 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 19.74 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** ROGER HAM Mailing Address 2 PINEHURST Zip Code City State **NEW YORK CITY** 10033 NY Transaction ID: INV6010000112330 Outstanding Balance Beginning This Period 207.82 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 207.82 0.00 1471.51 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

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

FOR LINE NUMBER: (check only one)

PAGE 129 OF

	9
$\overline{\mathbf{v}}$	10

143

NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **CONSULTING** RONALD KOKINDA Mailing Address 36-5 FORT EVANS ROAD, NE State Zip Code **LEESBURG** 22075 Transaction ID: INV6010000114750 Outstanding Balance Beginning This Period 524.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 524.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING RONALD KOKINDA Mailing Address 36-5 FORT EVANS ROAD, NE City State Zip Code **LEESBURG** 22075 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000114756 1600.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1600.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **PRINTING** SAFEWAY PRINTING Mailing Address 3276 WEST 6TH ST. Zip Code City State LOS ANGELES 90020 CA Transaction ID: INV6010000112901 Outstanding Balance Beginning This Period 300.38 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 300 38 0.00 2424.88 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 130 OF 143

NAME OF COMMITTEE (In Full) National Democratic Policy C	Committee		
A. Full Name (Last, First, Middle Initial SAN FRANCISCO LAB	Nature of Debt (Purpose): POSTAGE		
Mailing Address 1826 NOREIGA ST.			
City State SAN FRANCISCO	Zip Code CA	94122	
Outstanding Balance Beginning This	s Period		Transaction ID : INV6010000112902
413	3.47		
Amount Incurred This Period	l Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00	0.0	00 413.47
B. Full Name (Last, First, Middle Initia SANS SOUCI TRAVEL	I) of Debtor or Creditor		Nature of Debt (Purpose): AIR TRAVEL
Mailing Address 253 - 12 UNION TUR			
City State FLORAL PARK	Zip Code NY	11004	
Outstanding Balance Beginning This	s Period		Transaction ID : INV6010000113737
Amount Incurred This Period	l Pay	ment This Period	Outstanding Balance at Close of This Period
C	0.00	0.0	290.00
C. Full Name (Last, First, Middle Initial SANS SOUCI TRAVEL			Nature of Debt (Purpose): ADDER TO 4/10 INV-TRAVEL
Mailing Address 253 - 12 UNION TUR	RNPIKE		
City FLORAL PARK	State NY	Zip Code 11004	
Outstanding Balance Beginning This	-		Transaction ID : INV6010000113743
Amount Incurred This Period).00 L Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00	0.0	
SUBTOTALS This Period This Page TOTALS This Period (last page this I			
TOTAL OUTSTANDING LOANS from			
4) ADD 2) and 3) and carry forward to	y) >		

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 131 OF 143

					/ /
	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ee			
	A. Full Name (Last, First, Middle Initial) of Debto SEGAL, MORAN & FEINBERG		Nature of Debt (Purpose): ATTORNEY FEES		
Ī	Mailing Address 210 COMMERCIAL STREET				
	City State BOSTON	Zip Code MA	02109		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000113750
	712.50				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00	,	C	0.00	712.50
	B. Full Name (Last, First, Middle Initial) of Debtor SEVEN SEAS MOTOR INN	or Creditor			Nature of Debt (Purpose): ROOM RENTALS
ŀ	Mailing Address 1823 OLD RED TRAIL				
	City State MANDAN	Zip Code ND	58554		
	Outstanding Balance Beginning This Period 46.12				Transaction ID : INV6010000112903
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00	,	0	0.00	46.12
	C. Full Name (Last, First, Middle Initial) of Debto SHERATON COLUMBUS PLAZ				Nature of Debt (Purpose): RM-RNTL-SCOTT/CONG
İ	Mailing Address 50 NORTH THIRD STREET				
	City COLUMBUS	State OH	Zip Code 43215		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112906
	50.00				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00	,		0.00	50.00
1)	SUBTOTALS This Period This Page (optional)			>	808.62
2)	TOTALS This Period (last page this line number	only)		>	
3)	TOTAL OUTSTANDING LOANS from Schedule	C (last page or	nly)	▶	
4)	ADD 2) and 3) and carry forward to appropriate	only) >			

(Use separate schedule(s)

PAGE 132 OF 143 FOR LINE NUMBER: (check only one)

Excluding Loans				numbere		(check only one)	X 10			
NAME OF COMMITTEE (In Full) National Democratic Police	cy 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 A 2280 PENOBSO										
City State DETROIT		Zip Code MI	48226							
Outstanding Balance Beginning	This Period 538.45			Т	ransactio	on ID : INV601000011	2908			
Amount Incurred This P	eriod	Paym	ent This Period	C	Outstandin	g Balance at Close	of This Period			
	0.00		(0.00		7	538.45			
B. Full Name (Last, First, Middle SOLOMON, FOLEY		Creditor				ebt (Purpose): S. CROCKER/CONG	i			
Mailing Address ATTORNEYS A 2280 PENOBSO City State DETROIT		Zip Code MI	48226							
Outstanding Balance Beginning	This Period 538.45	- IVII	.0220		Transacti	on ID : INV60100001	12909			
Amount Incurred This P	eriod 0.00	Paym	nent This Period).00	Outstandin	g Balance at Close	of This Period 538.45			
C. Full Name (Last, First, Middle SOLOMON, FOLEY	•	or Creditor				ebt (Purpose): M. DEAN/USS				
Mailing Address ATTORNEYS A 2280 PENOBSO										
City DETROIT		State MI	Zip Code 48226							
Outstanding Balance Beginning	This Period 538.46				Transacti	on ID : INV60100001	12910			
Amount Incurred This P	eriod	Paym	ent This Period	C	Outstandin	g Balance at Close	of This Period			
	0.00		(0.00		, , , , , ,	538.46			
1) SUBTOTALS This Period This P	age (optional)			>			1615.36			
2) TOTALS This Period (last page	this line number or	nly)		<u> </u>		7				
3) TOTAL OUTSTANDING LOANS	from Schedule C	(last page only	/)	>		7				
4) ADD 2) and 3) and carry forward	d to appropriate lin	e of Summary	Page (last page o	only) ▶						

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 133 OF 143

		, N 10
NAME OF COMMITTEE (In Full) National Democratic Policy Com	mittee	
A. Full Name (Last, First, Middle Initial) of SOLOMON, FOLEY & MO		Nature of Debt (Purpose): ATTY FEE: S. JOHNSON/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILI	DING	
City State DETROIT	Zip Code MI 48226	
Outstanding Balance Beginning This Peri	od	Transaction ID : INV6010000112911
538.46		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	538.46
B. Full Name (Last, First, Middle Initial) of I SOLOMON, FOLEY & MOR		Nature of Debt (Purpose): ATTY FEE: E.SEFCOVIC/CONG
Mailing Address ATTORNEYS AT LAW		
2280 PENOBSCOT BUILD City State	DING Zip Code	_
DETROIT	MI 48226	
Outstanding Balance Beginning This Peri	od	Transaction ID : INV6010000112912
538.46		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	538.46
C. Full Name (Last, First, Middle Initial) of SOLOMON, FOLEY & MOI		Nature of Debt (Purpose): ATTY FEE: G SHEPPARD/CONG
Mailing Address ATTORNEYS AT LAW		
2280 PENOBSCOT BUILD	DING State Zip Code	_
DETROIT	MI 48226	
Outstanding Balance Beginning This Peri	od	Transaction ID: INV6010000112913
538.46		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	538.46
1) SUBTOTALS This Period This Page (option	nal)	1615.38
2) TOTALS This Period (last page this line n	umber only)	
3) TOTAL OUTSTANDING LOANS from Sch	edule C (last page only)	
4) ADD 2) and 3) and carry forward to appro		

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 134 OF 143

-XOIG	aning Louis			Humbered line)	X 10
	OF COMMITTEE (In Full) Onal Democratic Policy Committed	e			
A.	Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN		Debt (Purpose): E: H. SHORE/CONG		
Ма	ailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING				
Cit DE		Zip Code MI	48226		
l	Outstanding Balance Beginning This Period 538.46			Transac	tion ID : INV6010000112914
	Amount Incurred This Period	Payr	ment This Period	Outstand	ling Balance at Close of This Period
	0.00		C	0.00	538.46
B.	Full Name (Last, First, Middle Initial) of Debtor of SOLOMON, FOLEY & MORAN	or Creditor			Debt (Purpose): E: J. STAMPS/CONG
	ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING	7:n Cada			
Cit DE	y State ETROIT	Zip Code MI	48226		
i	Outstanding Balance Beginning This Period 538.46			Transa	ction ID : INV6010000112915
	Amount Incurred This Period	Payr	nent This Period	Outstand	ling Balance at Close of This Period
	0.00		0	.00	538.46
C.	Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor			Debt (Purpose): E: J. VAUGHN/CONG
	ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING				
Cit DE	y ETROIT	State MI	Zip Code 48226		
	Outstanding Balance Beginning This Period 538.46			Transa	ction ID : INV6010000112916
	Amount Incurred This Period	Payr	ment This Period	Outstand	ling Balance at Close of This Period
	0.00		C	0.00	538.46
1) S	UBTOTALS This Period This Page (optional)			>	1615.38
2) To	OTALS This Period (last page this line number of	only)		>	
3) To	OTAL OUTSTANDING LOANS from Schedule C	(last page on	y)	>	
4) A	DD 2) and 3) and carry forward to appropriate li	ne of Summar	y Page (last page o	nly) ▶	

Ex

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

	9
X	10

PAGE 135 OF 143

Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committe	e			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
SOLOMON, FOLEY & MORAN				: O. WALKER/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING				
City State	Zip Code			
DETROIT	MI	48226		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112917
538.46				
Amount Incurred This Period	Payme	nt This Period	Outstandi	ng Balance at Close of This Period
0.00			00	F20 46
0.00		0.	.00	538.46
B. Full Name (Last, First, Middle Initial) of Debtor of	or Craditor		Noture of D	ebt (Purpose):
SOUTHEAST POLITICAL LITER				TELEPHONE USAGE
SOUTHEAST POLITICAL LITER	ATURE		125 011 0	TEEL HONE GONGE
Mailing Address SALES & DISTRIBUTION, INC.				
3916-A VERO ROAD				
City State	Zip Code			
BALTIMORE	MD	21227		
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000114478
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114478
915.00				
Amount Incurred This Period	Payme	nt This Period	Outstandi	ng Balance at Close of This Period
0.00	7	0.	00	915.00
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
SOUTHEAST POLITICAL LITER	RATURE		FIELD OF	FICE RENT
Mailing Address SALES & DISTRIBUTION, INC.				
3916-A VERO ROAD				
City	State	Zip Code		
BALTIMORE	MD	21227		
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000114479
200.00				
200.00				
Amount Incurred This Period	Payme	nt This Period	Outstandi	ng Balance at Close of This Period
0.00		0.	.00	200.00
	7	7		, , , , , , , , , , , , , , , , , , , ,
1) SUBTOTALS This Period This Page (optional)			•	1653.46
,			_ ==	7
2) TOTALS This Period (last page this line number of	only)		•	
			_ =	
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only)		▶	, , , , , , , ,
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary	Page (last page or	nly) ▶	

Excluding Loans

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

FOR LINE NUMBER: (check only one)

PAGE 136 OF

	9
X	10

143

NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD State Zip Code **BALTIMORE** 21227 Transaction ID: INV6010000114480 Outstanding Balance Beginning This Period 915.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 915.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City State Zip Code **BALTIMORE** MD 21227 Outstanding Balance Beginning This Period Transaction ID: INV6010000114481 200.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 200.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELEPHONE USAGE** SOUTHEAST POLITICAL LITERATURE

BALTIMORE	MD	21227					
Outstanding Balance Beginning This Period			Transaction ID : INV6010000114482				
915.00							
Amount Incurred This Period	Pa	syment This Period	Outstanding Balance at Close of This Period				
0.00	,	0.00	915.00				

Zip Code

State

1) S	SUBTOTALS This Period This Page (optional)	L			7			7		20	30.0	00
2) T	TOTALS This Period (last page this line number only)			I	7		Ι	7		_		
3) T	TOTAL OUTSTANDING LOANS from Schedule C (last page only)		Ξ		7			7	_	_	_	
4) A	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	L	_	_	- 7	_	i	7	_	_		

Mailing Address

City

SALES & DISTRIBUTION, INC.

3916-A VERO ROAD

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 137 OF 143

	naamig Louno			Trumbered line)	X 10
	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	е			
	A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
	SOUTHEAST POLITICAL LITER	RATURE		RENT	
	Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD				
	City State	Zip Code			
	BALTIMORE	MD	21227		
	Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000114483
	200.00				
	Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
	0.00		0	0.00	200.00
	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
	STATE OF CALIFORNIA	or Orcanor		PRINTING	ebt (ruipose).
	Mailing Address OFFICE OF STATE PRINTING LEGISLATIVE BILL ROOM				
	City State	Zip Code			
	SACRAMENTO	CA	95814		
	Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112389
	53.00				
	Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
	0.00		0	.00	53.00
	C. Full Name (Lock First Middle Initial) of Dahter	au Ouaditau		Note: of D	alat (Dawasaa)
	C. Full Name (Last, First, Middle Initial) of Debtor STATLER BUFFALO	or Creditor		ROOM RE	ebt (Purpose): NTALS
	Mailing Address 107 DELAWARE AVENUE				
	City	State	Zip Code		
	BUFFALO	NY	14202		
	Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112918
	85.00				
	Amount Incurred This Period	Pav	ment This Period	Outstandir	ng Balance at Close of This Period
		,			
	0.00		U	0.00	85.00
1)	SUBTOTALS This Period This Page (optional)				338.00
2)	TOTALS This Period (last page this line number of	only)		>	, ,
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	>	, , , , , , , ,
4)	ADD 2) and 3) and carry forward to appropriate li	ine of Summa	ry Page (last page o	nly) ▶	7

Excluding Loans

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

PAGE 138 OF 143 FOR LINE NUMBER: (check only one)

9 10

				Hambered iiie)	X 10
	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	ее			
	A. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor		Nature of De	ebt (Purpose):
	SYRACUSE AIRPORT INN			ROOM REN	NTALS
ŀ	Mailing Address HANCOCK AIRPORT				
ı	City State	Zip Code			
	NORTH SYRACUSE	NY	13212		
	Outstanding Balance Beginning This Period			Transactio	on ID : INV6010000112921
	19.00				
	Amount Incurred This Period	Paym	ent This Period	Outstandin	g Balance at Close of This Period
	0.00		0.00		19.00
-	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):
	TED HERBERT			ATTY FEES	S & EXP-GA DEM SL
ŀ	Mailing Address 142 FOREST AVENUE N.E.				
ı	City State	Zip Code			
	MARIETTA	GA	30060		
	Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000114387
	1088.20				
	Amount Incurred This Period	Paym	ent This Period	Outstandin	g Balance at Close of This Period
	0.00		0.00		1088.20
Ī	C. Full Name (Last, First, Middle Initial) of Debto TED HERBERT	r or Creditor			ebt (Purpose): S & EXP-GA DEM SL
	Mailing Address 142 FOREST AVENUE N.E.				
	City	State	Zip Code		
-	MARIETTA	GA	30060		
	Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000114393
	800.00				
	Amount Incurred This Period	Paym	ent This Period	Outstandin	g Balance at Close of This Period
	0.00		0.00	0	800.00
1)	SUBTOTALS This Period This Page (optional)				1907.20
	TOTALS This Period (last page this line number			_	
-,	The Fine Forest (last page this line Hulliber	y/		-	7 7 7 7
3)	TOTAL OUTSTANDING LOANS from Schedule (C (last page only	/)	<u> </u>	
4)	ADD 2) and 3) and carry forward to appropriate	line of Summary	Page (last page only) >	

Ex

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

	9
X	10

PAGE 139 OF 143

Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committe	е			11
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
THE CHANCELLOR HOTEL			ROOM REI	NTALS
Mailing Address 1501 SOUTH NEIL STREET				
City State CHAMPAIGN	Zip Code IL	61820		
		01020	Transaction	on ID : INV6010000112301
Outstanding Balance Beginning This Period			Hansava	OII ID . 114400 10000 1 1200 1
25.00				
Amount Incurred This Period	Payn	nent This Period	Outstandir	ng Balance at Close of This Period
0.00			.00	25.00
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		Nature of D	ebt (Purpose):
THE COLONNADE	JI Oledioi		ROOM REI	
Mailing Address 120 HUNTINGTON AVENUE				
City State	Zip Code			
BOSTON	MA	02116		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112306
75.00				
Amount Incurred This Period	Payn	nent This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	75.00
0.00		, , ,	.00	7
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE PRESS CLUB OF HOUSTON			Nature of D ROOM RE	ebt (Purpose): NTALS
Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE				
City	State	Zip Code		
HOUSTON	TX	77002		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112890
25.00				
Amount Incurred This Period	Paym	nent This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	25.00
1) SUBTOTALS This Period This Page (optional)				125.00
2) TOTALS This Period (last page this line number of	only)		>	, , , , , , , , , , , , , , , , , , , ,
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page onl	y)	>	, , , , , , ,
4) ADD 2) and 3) and carry forward to appropriate li	ine of Summar	v Page (last page or	nlv) 🕨	

Excluding Loans

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

FOR LINE NUMBER: (check only one)

PAGE 140 OF

	9
X	10

143

NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **POSTAGE** TONI JENNINGS Mailing Address 2414 13TH AVE. SO. #104 State Zip Code WA **SEATTLE** 98144 Transaction ID: INV6010000112374 Outstanding Balance Beginning This Period 30.15 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 30.15 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** TREAT CATERERS Mailing Address 50 PARK PLACE City State Zip Code **NEWARK** 07101 NJ Outstanding Balance Beginning This Period Transaction ID: INV6010000112922 100.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 100.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** TUTTLES RESTAURANT Mailing Address (C/O GILBERT ROBINSON COLLEX) P.O. BOX 16000 City State Zip Code KANSAS CITY MO 64112 Transaction ID: INV6010000112923 Outstanding Balance Beginning This Period 50.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 50.00 0.00 180.15 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 141 OF 143

Lacidding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor VITA OBERSCHNEIDER			Nature of ROOM RI	Debt (Purpose): ENTALS
Mailing Address 544 OAK HILL RD.				
City State ELGIN	Zip Code IL	60120		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112404
149.16				
Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period
0.00	· ,	(0.00	149.16
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WESTBOROUGH PLAZA HOTEL				Debt (Purpose): BROOM RENTAL
Mailing Address 5 TURNPIKE ROAD				
City State WESTBOROUGH	Zip Code MA	01581		
Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000114249
54.25				
Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period
0.00	,	(0.00	54.25
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WESTERN UNION INTERNATIONAL			Nature of TELEPHO	Debt (Purpose): DNE
Mailing Address BOX 6022 CHRUCH ST. STA.				
City NEW YORK	State NY	Zip Code 10008		
Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000112926
Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period
0.00		7	0.00	18.42
1) SUBTOTALS This Period This Page (optional)			}	221.83
2) TOTALS This Period (last page this line number	only)		>	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page or	nly)	>	, , , , , , ,
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				, , , , , , , , , , , , , , , , , , , ,

Excluding Loans

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

PAGE 142 OF 143 FOR LINE NUMBER: (check only one)

9 **X** 10

	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ee	·	
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 State LEESBURG	Zip Code VA	22075	
	Outstanding Balance Beginning This Period			Transaction ID: INV6010000112983
	741.67			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.0	741.67
	B. Full Name (Last, First, Middle Initial) of Debtor WORLDCOMP	or Creditor		Nature of Debt (Purpose): TYPE & ART
-	Mailing Address 722 EAST MARKET STREET			
- 1	City State LEESBURG	Zip Code VA	22075	
	Outstanding Balance Beginning This Period			Transaction ID: INV6010000112988
	926.37			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00	7	0.0	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	Pav	ment This Period	Outstanding Balance at Close of This Period
	0.00	1 dy	0.0	
1)	SUBTOTALS This Period This Page (optional)			1739.62
	TOTALS This Period (last page this line number			
3)	TOTAL OUTSTANDING LOANS from Schedule C	C (last page or	nly)	>
4)	ADD 2) and 3) and carry forward to appropriate I	line of Summa	ry Page (last page only	<u>0</u> ►

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

PAGE 143 OF

	9
X	10

143

Excluding Loans numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TYPE SETTING WORLDCOMP Mailing Address 722 EAST MARKET STREET State Zip Code **LEESBURG** 22075 Transaction ID: INV6010000112993 Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 50.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** YMCA SYRACUSE Mailing Address 340 MONTGOMERY STREET City State Zip Code SYRACUSE NY 13202 Outstanding Balance Beginning This Period Transaction ID: INV6010000112994 25.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 25.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MAILING LABELS-SUB LISTS ZELLER & LETICA INC. Mailing Address 15 E. 26TH ST. City State Zip Code

	0.00	57.84
1)	SUBTOTALS This Period This Page (optional)	132.84
2)	TOTALS This Period (last page this line number only)	408326.38
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)	41400.00
4)	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	449726.38

10010

Payment This Period

NY

NEW YORK

Outstanding Balance Beginning This Period

Amount Incurred This Period

57.84

Transaction ID: INV6010000112995

Outstanding Balance at Close of This Period