

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

National Democratic Policy Committee

ADDRESS (number and street) **▼**

113 HALIFAX PLACE

Check if different than previously reported. (ACC)

LEESBURG

VA

20175

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

C C00136531

3. IS THIS REPORT  **NEW (N)** **OR**  **AMENDED (A)**

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |   |
|--------------------------------------|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11)<br>(Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12)<br>(Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                              |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M / D D / Y Y Y Y Y Y in the State of  

- (d) 30-Day **POST-Election** Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 04 / 01 / 2012 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Katherine Jenkins

Signature of Treasurer

*Katherine Jenkins*

**[Electronically Filed]**

Date

M M / D D / Y Y Y Y Y Y 07 / 10 / 2012

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

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**National Democratic Policy Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		3465.72
(b) Cash on Hand at Beginning of Reporting Period.....	3525.72	
(c) Total Receipts (from Line 19) .....	180.00	360.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3705.72	3825.72
7. Total Disbursements (from Line 31).....	120.00	240.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3585.72	3585.72
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	449726.38	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**National Democratic Policy Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized .....	180.00	360.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	180.00	360.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	180.00	360.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	180.00	360.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	180.00	360.00

**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
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	120.00	240.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	120.00	240.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	120.00	240.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	120.00	240.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

Full Name (Last, First, Middle Initial)

**A. EFT CORPORATION**

Mailing Address 2911 DIXWELL AVE

City HAMDEN State CT Zip Code 06518

Purpose of Disbursement  
EFT PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 05 / 2012

Transaction ID : 01000008501000008001

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

**B. EFT CORPORATION**

Mailing Address 2911 DIXWELL AVE

City HAMDEN State CT Zip Code 06518

Purpose of Disbursement  
EFT PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2012

Transaction ID : 01000008601000008101

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

**C. EFT CORPORATION**

Mailing Address 2911 DIXWELL AVE

City HAMDEN State CT Zip Code 06518

Purpose of Disbursement  
EFT PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2012

Transaction ID : 01000008701000008201

Amount of Each Disbursement this Period

40.00

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

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

120.00

120.00

**SCHEDULE C (FEC Form 3X)**

**LOANS**

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

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

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

**TERMS**

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

**TERMS**

Date Incurred: MM / DD / YYYY (09 / 24 / 1984) Date Due: MM / DD / YYYY (12 / 24 / 1984) Interest Rate: 0.00 % (apr) Secured:  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 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1000.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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



**SCHEDULE C (FEC Form 3X)**

**LOANS**

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

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

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

Date Incurred 04 / 30 / 1984	Date Due 04 / 30 / 1985	Interest Rate 1200.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	5000.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

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

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	[ ] 700.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred: M M / D D / Y Y Y Y  /  /

Date Due: M M / D D / Y Y Y Y  /  /

Interest Rate:  % (apr)

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred: MM / DD / YYYY (08 / 08 / 1984) Date Due: MM / DD / YYYY (11 / 08 / 1984) Interest Rate: 0.00 % (apr) Secured:  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 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1000.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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

**SCHEDULE C (FEC Form 3X)**

**LOANS**

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

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

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

**TERMS**

Date Incurred: MM / DD / YYYY (08 / 08 / 1984) Date Due: MM / DD / YYYY (11 / 08 / 1984) Interest Rate: 0.00 % (apr) Secured:  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 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1000.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

**TERMS**

Date Incurred: M M / D D / Y Y Y Y Y Y  /  /

Date Due: M M / D D / Y Y Y Y Y Y  /  /

Interest Rate:  % (apr)

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred: M M / D D / Y Y Y Y Y Y   /

Date Due: M M / D D / Y Y Y Y Y Y   /

Interest Rate:  % (apr)

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred 10 / 25 / 1984	Date Due 10 / 24 / 1985	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	[ ] 500.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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



SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

**TERMS**

Date Incurred: MM/DD/YYYY 09/28/1984 Date Due: MM/DD/YYYY 09/28/1985 Interest Rate: 0.00 % (apr) Secured:  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 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	500.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
10 / 22 / 1984	10 / 22 / 1985	1200.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1000.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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

SCHEDULE C (FEC Form 3X)

LOANS

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

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) ROBERT LOFTUS	<b>[PERSONAL FUNDS]</b>	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2446 N SUMMIT		
City DECATUR	State IL	ZIP Code 62526

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

**TERMS**

Date Incurred: MM / DD / YYYY (06 / 05 / 1984) Date Due: MM / DD / YYYY (07 / 05 / 1985) Interest Rate: 0.00 % (apr) Secured:  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 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: [ ]

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

**SCHEDULE C (FEC Form 3X)**

**LOANS**

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

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

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

Date Incurred: MM / DD / YYYY (04 / 09 / 1984) Date Due: MM / DD / YYYY (07 / 09 / 1984) Interest Rate: 0.00 % (apr) Secured:  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 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1000.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred 12 / 29 / 1986	Date Due 12 / 12 / 1987	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	1000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred 05 / 14 / 1984	Date Due 08 / 14 / 1984	Interest Rate 1800.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	[ ] 200.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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

**SCHEDULE C (FEC Form 3X)**

**LOANS**

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

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

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

Date Incurred: MM / DD / YYYY (11 / 30 / 1984) Date Due: MM / DD / YYYY (03 / 02 / 1985) Interest Rate: 0.00 % (apr) Secured:  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 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1000.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

**TERMS**

Date Incurred: MM / DD / YYYY (05 / 31 / 1984) Date Due: MM / DD / YYYY (11 / 30 / 1984) Interest Rate: 0.00 % (apr) Secured:  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 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	1000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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



SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred: MM / DD / YYYY (08 / 24 / 1984) Date Due: MM / DD / YYYY (11 / 24 / 1984) Interest Rate: 0.00 % (apr) Secured:  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 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1000.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

**TERMS**

Date Incurred: MM / DD / YYYY (06 / 15 / 1984) Date Due: MM / DD / YYYY (08 / 15 / 1984) Interest Rate: 0.00 % (apr) Secured:  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 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: [ ]

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

# SCHEDULE C (FEC Form 3X)

## LOANS

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

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

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

Date Incurred: 06 / 19 / 1984      Date Due: 08 / 19 / 1984      Interest Rate: 0.00 % (apr)      Secured:  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 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 100.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

**TERMS**

Date Incurred: MM / DD / YYYY (08 / 08 / 1984)      Date Due: MM / DD / YYYY (10 / 08 / 1984)      Interest Rate: 0.00 % (apr)      Secured:  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 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: [ ]

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

# SCHEDULE C (FEC Form 3X)

## LOANS

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

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

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

**TERMS**

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

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

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

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	300.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

**TERMS**

Date Incurred: MM / DD / YYYY (08 / 14 / 1984) Date Due: MM / DD / YYYY (11 / 14 / 1984) Interest Rate: 0.00 % (apr) Secured:  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 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	100.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

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

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	[ ] 100.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred: MM/DD/YYYY 08/17/1984 Date Due: MM/DD/YYYY 11/17/1985 Interest Rate: 0.00 % (apr) Secured:  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 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: [ ]

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



SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred: MM / DD / YYYY (08 / 17 / 1984)      Date Due: MM / DD / YYYY (11 / 17 / 1984)      Interest Rate: 0.00 % (apr)      Secured:  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 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1000.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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

# SCHEDULE C (FEC Form 3X)

## LOANS

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

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

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

**TERMS**

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

**TERMS**

Date Incurred: MM/DD/YYYY 09/06/1984 Date Due: MM/DD/YYYY 12/06/1984 Interest Rate: 0.00 % (apr) Secured:  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 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1000.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred: MM / DD / YYYY (09 / 10 / 1984)  
 Date Due: MM / DD / YYYY (12 / 10 / 1984)  
 Interest Rate: 0.00 % (apr)  
 Secured:  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 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1500.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

**TERMS**

Date Incurred: MM / DD / YYYY (09 / 27 / 1984) Date Due: MM / DD / YYYY (03 / 27 / 1985) Interest Rate: 0.00 % (apr) Secured:  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 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1000.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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

**SCHEDULE C (FEC Form 3X)**

**LOANS**

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

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

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

Date Incurred 09 / 28 / 1984	Date Due 03 / 28 / 1985	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	900.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred 10 / 25 / 1984	Date Due 11 / 25 / 1984	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	[ ] 200.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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

**SCHEDULE C (FEC Form 3X)**

**LOANS**

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

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

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

**TERMS**

Date Incurred: M M / D D / Y Y Y Y Y Y  /  /

Date Due: M M / D D / Y Y Y Y Y Y  /  /

Interest Rate:  % (apr)

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

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="750.00"/>
<b>TOTALS</b> This Period (last page in this line only)..... ▶	<input type="text"/>

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



SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred 10 / 24 / 1984	Date Due 12 / 24 / 1984	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	500.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) <b>National Democratic Policy Committee</b>	Transaction ID : <b>LOAN0000023300</b>
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<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) H WYVONNE LANDRY	<b>[PERSONAL FUNDS]</b>	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 18346 COLLINS ST #17		
City TARZANA State CA ZIP Code 91356		

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

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

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

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

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	800.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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

**SCHEDULE C (FEC Form 3X)**

**LOANS**

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

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

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

Date Incurred: M M / D D / Y Y Y Y Y Y   /

Date Due: M M / D D / Y Y Y Y Y Y   /

Interest Rate:  % (apr)

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

**TERMS**

Date Incurred: M M / D D / Y Y Y Y Y Y 10 / 22 / 1984  
Date Due: M M / D D / Y Y Y Y Y Y 01 / 22 / 1985  
Interest Rate: 0.00 % (apr)  
Secured:  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 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1000.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred: MM / DD / YYYY (10 / 22 / 1984)      Date Due: MM / DD / YYYY (01 / 22 / 1985)      Interest Rate: 0.00 % (apr)      Secured:  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 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1000.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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

**SCHEDULE C (FEC Form 3X)**

**LOANS**

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

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

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

Date Incurred MM / DD / YYYY 10 / 22 / 1984	Date Due MM / DD / YYYY 01 / 22 / 1985	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1000.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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

**SCHEDULE C (FEC Form 3X)**

**LOANS**

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

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

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

Date Incurred MM / DD / YYYY 10 / 22 / 1984	Date Due MM / DD / YYYY 10 / 22 / 1985	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	[ ] 500.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred: M M / D D / Y Y Y Y Y Y  /  /

Date Due: M M / D D / Y Y Y Y Y Y  /  /

Interest Rate:  % (apr)

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

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



SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred: MM / DD / YYYY (11 / 26 / 1984)      Date Due: MM / DD / YYYY (05 / 26 / 1985)      Interest Rate: 0.00 % (apr)      Secured:  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 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1000.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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

**SCHEDULE C (FEC Form 3X)**

**LOANS**

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

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

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

Date Incurred: MM / DD / YYYY: 11 / 02 / 1984  
 Date Due: MM / DD / YYYY: 02 / 02 / 1985  
 Interest Rate: 0.00 % (apr)  
 Secured:  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 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	500.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

**TERMS**

Date Incurred: MM / DD / YYYY (11 / 07 / 1984) Date Due: MM / DD / YYYY (05 / 07 / 1985) Interest Rate: 0.00 % (apr) Secured:  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 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: [ ]

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred: M M / D D / Y Y Y Y Y Y  
11 / 30 / 1984

Date Due: M M / D D / Y Y Y Y Y Y  
12 / 30 / 1984

Interest Rate: 0.00 % (apr)

Secured:  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 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	[ ] 500.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) <b>National Democratic Policy Committee</b>	Transaction ID : <b>LOAN0000032658</b>
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<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN PRICE	<b>[PERSONAL FUNDS]</b>	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 101 S COTTAGE RD		
City STERLING State VA ZIP Code 22170		

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

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

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

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

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	750.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	41400.00

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 54 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

Outstanding Balance Beginning This Period <input type="text" value="12.50"/>	<b>Transaction ID : INV6010000112089</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="12.50"/>

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

Outstanding Balance Beginning This Period <input type="text" value="198.49"/>	<b>Transaction ID : INV6010000112090</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="198.49"/>

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

Outstanding Balance Beginning This Period <input type="text" value="139.00"/>	<b>Transaction ID : INV6010000112363</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="139.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="349.99"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 55 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

Outstanding Balance Beginning This Period <input type="text" value="25.00"/>	<b>Transaction ID : INV6010000112091</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="11.08"/>	<b>Transaction ID : INV6010000112092</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="11.08"/>

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

Outstanding Balance Beginning This Period <input type="text" value="65.64"/>	<b>Transaction ID : INV6010000112093</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="65.64"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="101.72"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 56 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 57 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 58 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

Outstanding Balance Beginning This Period <input type="text" value="1567.00"/>	<b>Transaction ID : INV601000011912</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1567.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="60.00"/>	<b>Transaction ID : INV601000011913</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="60.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="7316.85"/>	<b>Transaction ID : INV601000011914</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7316.85"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="8943.85"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 59 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 60 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

Outstanding Balance Beginning This Period 8170.00	Transaction ID : INV601000011918	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8170.00

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

Outstanding Balance Beginning This Period 1310.00	Transaction ID : INV601000011919	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1310.00

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

Outstanding Balance Beginning This Period 11948.30	Transaction ID : INV601000011920	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11948.30

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 61 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

Outstanding Balance Beginning This Period 800.00	Transaction ID : INV601000011921	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 800.00

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

Outstanding Balance Beginning This Period 250.00	Transaction ID : INV601000011922	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 250.00

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

Outstanding Balance Beginning This Period 1000.00	Transaction ID : INV601000011923	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 62 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

Outstanding Balance Beginning This Period 30.00	Transaction ID : INV6010000111926	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 30.00

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 63 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

Outstanding Balance Beginning This Period 5852.00	Transaction ID : INV601000011927	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5852.00

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 64 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 65 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 66 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 67 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 68 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAUCUS DISTRIBUTORS INC.</b>	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 1529.35	Transaction ID : INV6010000112275	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1529.35

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

Outstanding Balance Beginning This Period 2614.35	Transaction ID : INV6010000112281	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2614.35

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAUCUS DISTRIBUTORS INC.</b>	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 9834.85	Transaction ID : INV6010000112282	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9834.85

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 69 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAUCUS DISTRIBUTORS INC.</b>	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 235.00	Transaction ID : INV6010000112283	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 235.00

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

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAUCUS DISTRIBUTORS INC.</b>	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 7844.75	Transaction ID : INV6010000112285	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7844.75

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 70 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

Outstanding Balance Beginning This Period <input type="text" value="2614.35"/>	<b>Transaction ID : INV6010000112286</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2614.35"/>

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

Outstanding Balance Beginning This Period <input type="text" value="5250.00"/>	<b>Transaction ID : INV6010000112287</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5250.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAUCUS DISTRIBUTORS INC.</b>	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 <input type="text" value="1151.71"/>	<b>Transaction ID : INV6010000112288</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1151.71"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="9016.06"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 71 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 72 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 73 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

Outstanding Balance Beginning This Period <input type="text" value="2000.00"/>	<b>Transaction ID : INV6010000112295</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2000.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="9170.00"/>	<b>Transaction ID : INV6010000112296</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="9170.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAUCUS DISTRIBUTORS INC.</b>	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 <input type="text" value="2144.91"/>	<b>Transaction ID : INV6010000112297</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2144.91"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="13314.91"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 74 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 75 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

Outstanding Balance Beginning This Period <input type="text" value="760.00"/>	<b>Transaction ID : INV6010000112302</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="760.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="556.76"/>	<b>Transaction ID : INV6010000112378</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="556.76"/>

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

Outstanding Balance Beginning This Period <input type="text" value="120.00"/>	<b>Transaction ID : INV6010000112303</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="120.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="1436.76"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 76 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 77 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 78 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 79 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

Outstanding Balance Beginning This Period <input type="text" value="200.00"/>	<b>Transaction ID : INV6010000114474</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="200.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="915.00"/>	<b>Transaction ID : INV6010000114475</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="915.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="200.00"/>	<b>Transaction ID : INV6010000114476</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="200.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="1315.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 80 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 81 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 82 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 83 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 84 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
National Democratic Policy Committee

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 85 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 86 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 87 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 88 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 89 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 90 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 91 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

Outstanding Balance Beginning This Period 50.00	<b>Transaction ID : INV6010000112359</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

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

Outstanding Balance Beginning This Period 50.00	<b>Transaction ID : INV6010000112360</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

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

Outstanding Balance Beginning This Period 45.00	<b>Transaction ID : INV6010000112361</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 45.00

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 92 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 93 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 94 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 95 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 96 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 97 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 98 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

Outstanding Balance Beginning This Period <input type="text" value="119.75"/>	Transaction ID : INV6010000115372	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="119.75"/>

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

Outstanding Balance Beginning This Period <input type="text" value="185.10"/>	Transaction ID : INV6010000115375	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="185.10"/>

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

Outstanding Balance Beginning This Period <input type="text" value="81.00"/>	Transaction ID : INV6010000115377	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="81.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="385.85"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 99 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 100 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 101 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 102 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 103 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 104 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 106 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 107 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 108 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

Outstanding Balance Beginning This Period <input type="text" value="25.00"/>	<b>Transaction ID : INV6010000115490</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="25.00"/>	<b>Transaction ID : INV6010000115491</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="2156.53"/>	<b>Transaction ID : INV6010000112384</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2156.53"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="2206.53"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 109 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	21859.98
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 110 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	458.03
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 111 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1227.48
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 112 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	3982.61
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 113 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 114 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 115 OF 143
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	2024.11
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 116 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

Outstanding Balance Beginning This Period <input type="text" value="176.50"/>	<b>Transaction ID : INV6010000112400</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="176.50"/>

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

Outstanding Balance Beginning This Period <input type="text" value="75.20"/>	<b>Transaction ID : INV6010000112401</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="75.20"/>

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

Outstanding Balance Beginning This Period <input type="text" value="540.00"/>	<b>Transaction ID : INV6010000112402</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="540.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="791.70"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 117 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	6399.33
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 118 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

Outstanding Balance Beginning This Period <input type="text" value="16.76"/>	<b>Transaction ID : INV6010000112316</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="16.76"/>

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

Outstanding Balance Beginning This Period <input type="text" value="2500.00"/>	<b>Transaction ID : INV6010000112882</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2500.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="6123.00"/>	<b>Transaction ID : INV6010000112885</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="6123.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="8639.76"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 119 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PUBLICATION &amp; GENERAL MGMT.</b>	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 1700.00	Transaction ID : INV6010000112654	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1700.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PUBLICATION &amp; GENERAL MGMT.</b>	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 3000.00	Transaction ID : INV6010000112656	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	4825.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 120 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

Outstanding Balance Beginning This Period 3000.00	Transaction ID : INV6010000112657	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

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

Outstanding Balance Beginning This Period 3000.00	Transaction ID : INV6010000112658	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

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

Outstanding Balance Beginning This Period 3000.00	Transaction ID : INV6010000112661	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

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



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 121 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

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

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

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

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

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	<b>Transaction ID : INV6010000112667</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 122 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PUBLICATION &amp; GENERAL MGMT.</b>	Nature of Debt (Purpose): MANAGEMENT & DP SERVICES
Mailing Address P.O. BOX 836	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period 3000.00	<b>Transaction ID : INV6010000112668</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

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

Outstanding Balance Beginning This Period 3000.00	<b>Transaction ID : INV6010000112669</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

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

Outstanding Balance Beginning This Period 3000.00	<b>Transaction ID : INV6010000112670</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 123 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	<b>Transaction ID : INV6010000112671</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PUBLICATION &amp; GENERAL MGMT.</b>	Nature of Debt (Purpose): MANAGEMENT & D P SERVICES
Mailing Address P.O. BOX 836	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	<b>Transaction ID : INV6010000112672</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	<b>Transaction ID : INV6010000112673</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 124 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PUBLICATION &amp; GENERAL MGMT.</b>	Nature of Debt (Purpose): MANGEMENT & DP SERVICES
Mailing Address P.O. BOX 836	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period 3000.00	Transaction ID : INV6010000112674	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

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

Outstanding Balance Beginning This Period 3000.00	Transaction ID : INV6010000112675	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

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

Outstanding Balance Beginning This Period 3000.00	Transaction ID : INV6010000112676	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 125 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

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

Outstanding Balance Beginning This Period 3000.00	Transaction ID : INV6010000112677	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PURULATOR COURIER CORP.</b>	Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE
Mailing Address 3333 NEW HYDE PARK ROAD	
City State Zip Code NEW HYDE PARK NY 11042	

Outstanding Balance Beginning This Period 55.10	Transaction ID : INV6010000112891	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 55.10

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>QUALITY INN ALBANY</b>	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 1-3 WATERVLIET AVE.	
City State Zip Code ALBANY NY 12206	

Outstanding Balance Beginning This Period 43.45	Transaction ID : INV6010000112892	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 43.45

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	3098.55
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 126 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RAMADA INN CASPER</b>	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address PO BOX 2917	
City State Zip Code CASPER WY 82602	

Outstanding Balance Beginning This Period 108.85	Transaction ID : INV6010000112893	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 108.85

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RAMADA INN ST. LOUIS</b>	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 9636 NATURAL BRIDGE RD.	
City State Zip Code ST. LOUIS MO 63134	

Outstanding Balance Beginning This Period 52.31	Transaction ID : INV6010000112894	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 52.31

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RAMADA INN-SAN ANTONIO</b>	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 3645 N. PAN AM EXPRESSWAY	
City State Zip Code SAN ANTONIO TX 78219	

Outstanding Balance Beginning This Period 60.00	Transaction ID : INV6010000112897	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 60.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	221.16
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 127 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RENAISSANCE MARKETING</b>	Nature of Debt (Purpose): OFFICE RENT
Mailing Address 1249 WASHINGTON BLVD. STE. 626	
City State Zip Code DETROIT MI 48226	

Outstanding Balance Beginning This Period 600.00	Transaction ID : INV6010000112898	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 600.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RHEA, BOYD &amp; RHEA</b>	Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES
Mailing Address 930 FORREST AVENUE	
City State Zip Code GADSDEN AL 35901	

Outstanding Balance Beginning This Period 24.60	Transaction ID : INV6010000114208	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 24.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RICHARD MAGRAW</b>	Nature of Debt (Purpose): AUTO RENTAL
Mailing Address 22-60 23RD ST.	
City State Zip Code ASTORIA NY 11105	

Outstanding Balance Beginning This Period 114.90	Transaction ID : INV6010000112394	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 114.90

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	739.50
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 128 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ROBERT COLE</b>	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 4119 W. BELLEPLAINE #2W	
City State Zip Code CHICAGO IL 60641	

Outstanding Balance Beginning This Period 1243.95	Transaction ID : INV6010000112305	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1243.95

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ROBERT KAY</b>	Nature of Debt (Purpose): TRAVEL AND LODGING
Mailing Address 22-49 38TH ST.	
City State Zip Code ASTORIA NY 11105	

Outstanding Balance Beginning This Period 19.74	Transaction ID : INV6010000112375	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 19.74

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ROGER HAM</b>	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 2 PINEHURST	
City State Zip Code NEW YORK CITY NY 10033	

Outstanding Balance Beginning This Period 207.82	Transaction ID : INV6010000112330	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 207.82

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1471.51
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 129 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RONALD KOKINDA</b>	Nature of Debt (Purpose): CONSULTING
Mailing Address 36-5 FORT EVANS ROAD, NE	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period 524.50	Transaction ID : INV6010000114750	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 524.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RONALD KOKINDA</b>	Nature of Debt (Purpose): CONSULTING
Mailing Address 36-5 FORT EVANS ROAD, NE	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period 1600.00	Transaction ID : INV6010000114756	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1600.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SAFEWAY PRINTING</b>	Nature of Debt (Purpose): PRINTING
Mailing Address 3276 WEST 6TH ST.	
City State Zip Code LOS ANGELES CA 90020	

Outstanding Balance Beginning This Period 300.38	Transaction ID : INV6010000112901	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 300.38

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	2424.88
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 130 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SAN FRANCISCO LABOR CTTE.</b>	Nature of Debt (Purpose): POSTAGE
Mailing Address 1826 NOREIGA ST.	
City State Zip Code SAN FRANCISCO CA 94122	

Outstanding Balance Beginning This Period 413.47	Transaction ID : INV6010000112902	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 413.47

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SANS SOUCI TRAVEL</b>	Nature of Debt (Purpose): AIR TRAVEL
Mailing Address 253 - 12 UNION TURNPIKE	
City State Zip Code FLORAL PARK NY 11004	

Outstanding Balance Beginning This Period 290.00	Transaction ID : INV6010000113737	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 290.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SANS SOUCI TRAVEL</b>	Nature of Debt (Purpose): ADDER TO 4/10 INV-TRAVEL
Mailing Address 253 - 12 UNION TURNPIKE	
City State Zip Code FLORAL PARK NY 11004	

Outstanding Balance Beginning This Period 40.00	Transaction ID : INV6010000113743	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 40.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	743.47
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 131 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SEGAL, MORAN &amp; FEINBERG</b>	Nature of Debt (Purpose): ATTORNEY FEES
Mailing Address 210 COMMERCIAL STREET	
City State Zip Code BOSTON MA 02109	

Outstanding Balance Beginning This Period 712.50	Transaction ID : INV6010000113750	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 712.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SEVEN SEAS MOTOR INN</b>	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 1823 OLD RED TRAIL	
City State Zip Code MANDAN ND 58554	

Outstanding Balance Beginning This Period 46.12	Transaction ID : INV6010000112903	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 46.12

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SHERATON COLUMBUS PLAZA</b>	Nature of Debt (Purpose): RM-RNTL-SCOTT/CONG
Mailing Address 50 NORTH THIRD STREET	
City State Zip Code COLUMBUS OH 43215	

Outstanding Balance Beginning This Period 50.00	Transaction ID : INV6010000112906	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	808.62
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 132 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SOLOMON, FOLEY &amp; MORAN</b>		Nature of Debt (Purpose): ATTY FEE: L. BOYLE/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING		
City State	Zip Code	
DETROIT MI	48226	

Outstanding Balance Beginning This Period	Transaction ID : INV6010000112908	
<input type="text" value="538.45"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="538.45"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SOLOMON, FOLEY &amp; MORAN</b>		Nature of Debt (Purpose): ATTY FEE: S. CROCKER/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING		
City State	Zip Code	
DETROIT MI	48226	

Outstanding Balance Beginning This Period	Transaction ID : INV6010000112909	
<input type="text" value="538.45"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="538.45"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SOLOMON, FOLEY &amp; MORAN</b>		Nature of Debt (Purpose): ATTY FEE: M. DEAN/USS
Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING		
City State	Zip Code	
DETROIT MI	48226	

Outstanding Balance Beginning This Period	Transaction ID : INV6010000112910	
<input type="text" value="538.46"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="538.46"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="1615.36"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 133 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SOLOMON, FOLEY &amp; MORAN</b>	Nature of Debt (Purpose): ATTY FEE: S. JOHNSON/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING	
City State Zip Code DETROIT MI 48226	

Outstanding Balance Beginning This Period <input type="text" value="538.46"/>	<b>Transaction ID : INV6010000112911</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="538.46"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SOLOMON, FOLEY &amp; MORAN</b>	Nature of Debt (Purpose): ATTY FEE: E.SEFKOVIC/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING	
City State Zip Code DETROIT MI 48226	

Outstanding Balance Beginning This Period <input type="text" value="538.46"/>	<b>Transaction ID : INV6010000112912</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="538.46"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SOLOMON, FOLEY &amp; MORAN</b>	Nature of Debt (Purpose): ATTY FEE: G SHEPPARD/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING	
City State Zip Code DETROIT MI 48226	

Outstanding Balance Beginning This Period <input type="text" value="538.46"/>	<b>Transaction ID : INV6010000112913</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="538.46"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="1615.38"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 134 OF 143
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SOLOMON, FOLEY &amp; MORAN</b>	Nature of Debt (Purpose): ATTY FEE: H. SHORE/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING	
City State Zip Code DETROIT MI 48226	

Outstanding Balance Beginning This Period <input type="text" value="538.46"/>	<b>Transaction ID : INV6010000112914</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="538.46"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SOLOMON, FOLEY &amp; MORAN</b>	Nature of Debt (Purpose): ATTY FEE: J. STAMPS/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING	
City State Zip Code DETROIT MI 48226	

Outstanding Balance Beginning This Period <input type="text" value="538.46"/>	<b>Transaction ID : INV6010000112915</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="538.46"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SOLOMON, FOLEY &amp; MORAN</b>	Nature of Debt (Purpose): ATTY FEE: J. VAUGHN/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING	
City State Zip Code DETROIT MI 48226	

Outstanding Balance Beginning This Period <input type="text" value="538.46"/>	<b>Transaction ID : INV6010000112916</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="538.46"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="1615.38"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 135 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SOLOMON, FOLEY &amp; MORAN</b>	Nature of Debt (Purpose): ATTY FEE: O. WALKER/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING	
City State Zip Code DETROIT MI 48226	

Outstanding Balance Beginning This Period 538.46	<b>Transaction ID : INV6010000112917</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 538.46

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SOUTHEAST POLITICAL LITERATURE</b>	Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD	
City State Zip Code BALTIMORE MD 21227	

Outstanding Balance Beginning This Period 915.00	<b>Transaction ID : INV6010000114478</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 915.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SOUTHEAST POLITICAL LITERATURE</b>	Nature of Debt (Purpose): FIELD OFFICE RENT
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD	
City State Zip Code BALTIMORE MD 21227	

Outstanding Balance Beginning This Period 200.00	<b>Transaction ID : INV6010000114479</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 200.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1653.46
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 136 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SOUTHEAST POLITICAL LITERATURE</b>	Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD	
City State Zip Code BALTIMORE MD 21227	

Outstanding Balance Beginning This Period <input type="text" value="915.00"/>	<b>Transaction ID : INV6010000114480</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="915.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SOUTHEAST POLITICAL LITERATURE</b>	Nature of Debt (Purpose): FIELD OFFICE RENT
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD	
City State Zip Code BALTIMORE MD 21227	

Outstanding Balance Beginning This Period <input type="text" value="200.00"/>	<b>Transaction ID : INV6010000114481</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="200.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SOUTHEAST POLITICAL LITERATURE</b>	Nature of Debt (Purpose): TELEPHONE USAGE
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD	
City State Zip Code BALTIMORE MD 21227	

Outstanding Balance Beginning This Period <input type="text" value="915.00"/>	<b>Transaction ID : INV6010000114482</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="915.00"/>

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



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 137 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SOUTHEAST POLITICAL LITERATURE</b>	Nature of Debt (Purpose): RENT
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD	
City State Zip Code BALTIMORE MD 21227	

Outstanding Balance Beginning This Period 200.00	<b>Transaction ID : INV6010000114483</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 200.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>STATE OF CALIFORNIA</b>	Nature of Debt (Purpose): PRINTING
Mailing Address OFFICE OF STATE PRINTING LEGISLATIVE BILL ROOM	
City State Zip Code SACRAMENTO CA 95814	

Outstanding Balance Beginning This Period 53.00	<b>Transaction ID : INV6010000112389</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 53.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>STATLER BUFFALO</b>	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 107 DELAWARE AVENUE	
City State Zip Code BUFFALO NY 14202	

Outstanding Balance Beginning This Period 85.00	<b>Transaction ID : INV6010000112918</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 85.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	338.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 138 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SYRACUSE AIRPORT INN</b>	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address HANCOCK AIRPORT	
City State Zip Code NORTH SYRACUSE NY 13212	

Outstanding Balance Beginning This Period <input type="text" value="19.00"/>	<b>Transaction ID : INV6010000112921</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="19.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>TED HERBERT</b>	Nature of Debt (Purpose): ATTY FEES & EXP-GA DEM SL
Mailing Address 142 FOREST AVENUE N.E.	
City State Zip Code MARIETTA GA 30060	

Outstanding Balance Beginning This Period <input type="text" value="1088.20"/>	<b>Transaction ID : INV6010000114387</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1088.20"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>TED HERBERT</b>	Nature of Debt (Purpose): ATTY FEES & EXP-GA DEM SL
Mailing Address 142 FOREST AVENUE N.E.	
City State Zip Code MARIETTA GA 30060	

Outstanding Balance Beginning This Period <input type="text" value="800.00"/>	<b>Transaction ID : INV6010000114393</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="800.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="1907.20"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 139 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>THE CHANCELLOR HOTEL</b>	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 1501 SOUTH NEIL STREET	
City State Zip Code CHAMPAIGN IL 61820	

Outstanding Balance Beginning This Period 25.00	Transaction ID : INV6010000112301	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>THE COLONNADE</b>	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 120 HUNTINGTON AVENUE	
City State Zip Code BOSTON MA 02116	

Outstanding Balance Beginning This Period 75.00	Transaction ID : INV6010000112306	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 75.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>THE PRESS CLUB OF HOUSTON</b>	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE	
City State Zip Code HOUSTON TX 77002	

Outstanding Balance Beginning This Period 25.00	Transaction ID : INV6010000112890	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	125.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 140 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>TONI JENNINGS</b>	Nature of Debt (Purpose): POSTAGE
Mailing Address 2414 13TH AVE. SO. #104	
City State Zip Code SEATTLE WA 98144	

Outstanding Balance Beginning This Period <input type="text" value="30.15"/>	Transaction ID : INV6010000112374	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="30.15"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>TREAT CATERERS</b>	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 50 PARK PLACE	
City State Zip Code NEWARK NJ 07101	

Outstanding Balance Beginning This Period <input type="text" value="100.00"/>	Transaction ID : INV6010000112922	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="100.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>TUTTLES RESTAURANT</b>	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address (C/O GILBERT ROBINSON COLLEX) P.O. BOX 16000	
City State Zip Code KANSAS CITY MO 64112	

Outstanding Balance Beginning This Period <input type="text" value="50.00"/>	Transaction ID : INV6010000112923	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="180.15"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 141 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VITA OBERSCHNEIDER</b>	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 544 OAK HILL RD.	
City State Zip Code ELGIN IL 60120	

Outstanding Balance Beginning This Period 149.16	Transaction ID : INV6010000112404	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 149.16

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>WESTBOROUGH PLAZA HOTEL</b>	Nature of Debt (Purpose): MEETING ROOM RENTAL
Mailing Address 5 TURNPIKE ROAD	
City State Zip Code WESTBOROUGH MA 01581	

Outstanding Balance Beginning This Period 54.25	Transaction ID : INV6010000114249	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 54.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>WESTERN UNION INTERNATIONAL</b>	Nature of Debt (Purpose): TELEPHONE
Mailing Address BOX 6022 CHRUCH ST. STA.	
City State Zip Code NEW YORK NY 10008	

Outstanding Balance Beginning This Period 18.42	Transaction ID : INV6010000112926	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 18.42

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	221.83
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 142 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>WORLDCOMP</b>	Nature of Debt (Purpose): TYPE SETTING
Mailing Address 722 EAST MARKET STREET	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period 741.67	Transaction ID : INV6010000112983	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 741.67

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>WORLDCOMP</b>	Nature of Debt (Purpose): TYPE & ART
Mailing Address 722 EAST MARKET STREET	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period 926.37	Transaction ID : INV6010000112988	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 926.37

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>WORLDCOMP</b>	Nature of Debt (Purpose): TYPE & ART
Mailing Address 722 EAST MARKET STREET	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period 71.58	Transaction ID : INV6010000112992	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 71.58

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1739.62
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 143 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Democratic Policy Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>WORLDCOMP</b>	Nature of Debt (Purpose): TYPE SETTING
Mailing Address 722 EAST MARKET STREET	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period 50.00	Transaction ID : INV6010000112993	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>YMCA SYRACUSE</b>	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 340 MONTGOMERY STREET	
City State Zip Code SYRACUSE NY 13202	

Outstanding Balance Beginning This Period 25.00	Transaction ID : INV6010000112994	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ZELLER &amp; LETICA INC.</b>	Nature of Debt (Purpose): MAILING LABELS-SUB LISTS
Mailing Address 15 E. 26TH ST.	
City State Zip Code NEW YORK NY 10010	

Outstanding Balance Beginning This Period 57.84	Transaction ID : INV6010000112995	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 57.84

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