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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Authori	zeu Commutee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
National Democratic P	Policy Committee		
ADDRESS (number and street)	113 HALIFAX PLACE		
Check if different than previously reported. (ACC)	LEESBURG		VA 20175 -
2. FEC IDENTIFICATION N	UMBER ▼ CITY ▲		STATE ▲ ZIP CODE ▲
C C00136531	3. IS TH REPC		AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On: Mar 20 (Year Only)
(a) Quarterly Reports:	H		(Non-Election Year Only)
April 15 Quarterly Report (0	Apr 20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (0	(c) 12-Day	Primary (12P) Convention (12C)	General (12G) Runoff (12R) Special (12S)
October 15 Quarterly Report (0		Convention (120)	Operation (120)
January 31 Year-End Report (\	YE) Election on	M = M / D = D /	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election on	M = M / D = D /	in the State of
5. Covering Period 0		through 03	1 31 2018
I certify that I have examined the	nis Report and to the best of my	knowledge and belief it is t	rue, correct and complete.
Type or Print Name of Treasure	Jenkins, Katherine, , ,		
Signature of Treasurer	ins, Katherine, , ,	[Electronically Filed]	Date 04 11 2018
NOTE: Submission of false, erron	eous, or incomplete information ma	y subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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Page 2

Write or Type Committee Name

National Democratic Policy Committee

Report Covering the Period: From: 01 01 2018 To: 03 31 2018

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		3698.72
	(b) Cash on Hand at Beginning of Reporting Period	3698.72	
	(c) Total Receipts (from Line 19)	90.00	90.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3788.72	3788.72
7.	Total Disbursements (from Line 31)	120.00	120.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3668.72	3668.72
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	449726.38	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

National Democratic Policy Committee

01 2018 03 31 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A)..... 90.00 90.00 (ii) Unitemized (iii) TOTAL (add 90.00 90.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 90.00 90.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 90.00 12, 13, 14, 15, 16, 17, and 18(c))....... 90.00 20. Total Federal Receipts 90.00 90.00 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Outstide Teat-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	120.00	120.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	120.00	120.00
. Transfers to Affiliated/Other Party	7 7 7	
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
. Independent Expenditures	45 45 45	4 4 4
(use Schedule E)	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
(4 4	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	4	7 7
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
. Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(3 (a) Allocated Federal Election Activity (from Schedule H6)	20))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid	7 7 7	7 7 7
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	120.00	120.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	120.00	120.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

(subtract Line 37 from Line 36)

Page 5 120.00 120.00

TEO FOITH 3X (Nev. 03/2010)	i age 3	
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)	90.00	90.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	90.00	90.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	120.00	120.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures	120.00	120.00

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) National Democratic Policy Comm	ittee	Transaction ID : LOAN0010000004	
LOAN SOURCE Full Name (Last, First, Mi HASCALL, HARVEY E., , ,	ddle Initial)	Y	
Mailing Address 2137 S 1150 EAST		Other (specify) ▼	
City	State	ZIP Code	
BOUNTIFUL	UT	84010	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
1000.00		0.00	
TERMS Date Incurred	Da	ate Due Interest Rate Secured:	
M 12 M / D 22 D / Y 1986	11 / 28	1987 0.00 % (apr) Yes ✗ No	
List All Endorsers or Guarantors (if any) t	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	'	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line onl	y)	· · · · · · · · · · · · · · · · · · ·	
Carry outstanding balance only to LINE 3, Sci	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.	

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) National Democratic Policy Comm	ittee	Transaction ID : LOAN0000002009	
LOAN SOURCE Full Name (Last, First, MMC NAIR, ALBERT E, , ,	iddle Initial)	Y Memo Item Election: Primary General	
Mailing Address 1657 EDDY DR		Other (specify) ▼	
City	State	ZIP Code	
NORTH TONAWANDA	NY	14120	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
1000.00	-	0.00	
TERMS Date Incurred	Di	ate Due Interest Rate Secured:	
M 09 M / D 24 D / Y 1984	12 / 24	/ 1984 0.00 % (apr) Yes x No	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	'	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line on	ly)	· · · · · · · · · · · · · · · · · · ·	
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.	

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) National Democratic Policy Comm	ittee	Transaction ID : LOAN0000002886
ivational Democratic Fullcy Cullin	ıııcc	
LOAN SOURCE Full Name (Last, First, Mi WILSON, ESTHER E., , ,	iddle Initial)	Y Memo Item Election: Primary General
Mailing Address 6241 WARNER #132		Other (specify) ▼
City	State	ZIP Code
HUNTINGTON BEACH	CA	92647
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
5000.00		0.00 5000.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 04 M / B 30 D / 1984 Y	04 / 30	1985 1200.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		5000.00
TOTALS This Period (last page in this line onl	y)	
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full)	:44	Transaction ID : LOAN000003820
National Democratic Policy Comm	шее	
LOAN SOURCE Full Name (Last, First, Mi EDSEN, MINEHART, , ,	ddle Initial)	Y Memo Item Election: Primary General
Mailing Address 1949 S MANCHESTER AVE		General Other (specify) ▼
SPACE 104		
City	State	ZIP Code
ANAHEIM	CA	92802
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
700.00		0.00 700.00
TERMS Date Incurred	Da	te Due Interest Rate Secured:
08 / 14 / 1984	11 / 14	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		700.00
TOTALS This Period (last page in this line only	y)	· · · · · · · · · · · · · · · · · · ·
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full)		Transaction ID : LOAN0000003823	
National Democratic Policy Commi	ittee		
LOAN SOURCE Full Name (Last, First, Middle Initial) Y Memo Item Election:			
EDSEN, MINEHART, , ,		Primary	
Mailing Address 1949 S MANCHESTER AVE		General Other (specify) ▼	
SPACE 104			
City	State	ZIP Code	
ANAHEIM	CA	92802	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
1250.00	1 1 7	0.00	
TERMS			
Date Incurred	Da	te Due Interest Rate Secured:	
09 12 1984	12 12	1984 0.00 % (apr) Yes x No	
List All Endorsers or Guarantors (if any) t	o Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
07	710.0.4		
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	·	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
COSTOTALO TINO I GNOU TINO I age (upiloliai)		1250.00	
TOTALS This Period (last page in this line only	y)	······································	
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.	

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full)		Transaction ID : LOAN000004982
National Democratic Policy Comm	ittee	
LOAN SOURCE Full Name (Last, First, M DRUSELL, EUGENE L, , ,	iddle Initial)	Y
Mailing Address 1704 SAWYER		Other (specify) ▼
City	State	ZIP Code
WEST COVINA	CA	91790
Original Amount of Loan	Cumulative Payr	nent To Date Balance Outstanding at Close of This Period
1000.00	7	0.00
TERMS Date Incurred	Da	te Due Interest Rate Secured:
MO8 / D08 / Y 1984 Y	11 / 08	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		1000.00
TOTALS This Period (last page in this line onl	y)	
Carry outstanding balance only to LINE 2 So	hadula D. for this	line If no Schedule D. carry forward to appropriate line of Summary

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full)		Transaction ID : LOAN000004983
National Democratic Policy Comm	ittee	
LOAN SOURCE Full Name (Last, First, M DRUSELL, EUGENE L, , ,	iddle Initial)	Y Memo Item Election: Primary General
Mailing Address 1704 SAWYER		Other (specify) ▼
City	State	ZIP Code
WEST COVINA	CA	91790
Original Amount of Loan	Cumulative Payn	nent To Date Balance Outstanding at Close of This Period
1000.00	7	0.00
TERMS Date Incurred	Dat	e Due Interest Rate Secured:
M 08 M / D 08 D / Y 1984 Y	11 / 08	/ 1984
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		1000.00
TOTALS This Period (last page in this line onl	y)	
Carry outstanding balance only to LINE 3. Sc	hadula D. for this	line If no Schedule D. carry forward to appropriate line of Summary

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) National Democratic Policy Comm	ittee	Transaction ID : LOAN000005986	
LOAN SOURCE Full Name (Last, First, M SUEDKAMP, BILL, , ,	iddle Initial)	Y Memo Item Election: Primary General	
Mailing Address 1211 DOUGLAS HWY		Other (specify) ▼	
City	State	ZIP Code	
GILLETTE	WY	82716	
Original Amount of Loan	Cumulative Payr	nent To Date Balance Outstanding at Close of This Period	
1000.00	-	0.00 1000.00	
TERMS Date Incurred	Da	te Due Interest Rate Secured:	
M 09 M / D 26 D / Y 1984 Y	03 / 26	/ 1985	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line onl	y)	······	
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.	

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

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FOR LINE 13 OF FORM 3X

		, 5
National Democratic Policy Co	ommittee	Transaction ID: LOAN0000005987
LOAN SOURCE Full Name (Last, Fir SUEDKAMP, BILL, , ,	Y Memo Item Election: Primary General	
Mailing Address 1211 DOUGLAS HWY		Other (specify) ▼
City	State	ZIP Code
GILLETTE	WY	82716
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
1000.00		0.00
TERMS Date Incurred		ate Due Interest Rate Secured:
M 10 M / D 18 D / Y 1984 Y	12 / 18	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if		
Full Name (Last, First, Middle Initia)	Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
		Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (opt	ional)	1000.00
TOTALS This Period (last page in this lin	ne only)	· · · · · · · · · · · · · · · · · · ·
Carry outstanding balance only to LINE	3, Schedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) National Democratic Policy Comm	nittee	Transaction ID : LOAN000006929
LOAN SOURCE Full Name (Last, First, MAYBERRY, HENRY C, , ,	liddle Initial)	Y Memo Item Election: Primary General
Mailing Address 8071 E 19TH ST		Other (specify) ▼
City	State ZI	P Code
WESTMINSTER	CA	92683
Original Amount of Loan	Cumulative Payme	ent To Date Balance Outstanding at Close of This Period
500.00	7	0.00 500.00
TERMS Date Incurred	Date	Due Interest Rate Secured:
M 10 D 25 / Y 1984	10 / 24	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line on	ly)	
Carry outstanding balance only to LINE 3, So	chedule D, for this lir	ne. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) National Democratic Policy Comm	nittee	Transaction ID : LOAN0000007139
LOAN SOURCE Full Name (Last, First, M CHOI, RONALD TAI HO, , ,	liddle Initial)	Y
Mailing Address 35797 BLAIR PL		☐ Other (specify) ▼
City	State	ZIP Code
FREMONT	CA	94536
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
500.00		0.00 500.00
TERMS Date Incurred	Di	ate Due Interest Rate Secured:
M 09	09 / 28	/ 1985
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line on		
Carry outstanding balance only to LINE 3. So	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) National Democratic Policy Comm	ittee	Transaction ID : LOAN000009055
LOAN SOURCE Full Name (Last, First, Mi MCKINNEY, ROBERT C, , ,	ddle Initial)	Y
Mailing Address PO BOX 3245		Other (specify) ▼
City	State	ZIP Code
SEAL BEACH	CA	90740
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
1000.00	-	0.00 1000.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 10 M / 22 D / Y 1984	10 / 22	1985 1200.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line onl	y)	· · · · · · · · · · · · · · · · · · ·
Carry outstanding balance only to LINE 3, Sci	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) National Democratic Policy Comm	ittee	Transaction ID : LOAN000009557
LOAN SOURCE Full Name (Last, First, M LOFTUS, ROBERT, , ,	iddle Initial)	Y Memo Item Election: Primary General
Mailing Address 2446 N SUMMIT		Other (specify) ▼
City	State	ZIP Code
DECATUR	IL	62526
Original Amount of Loan	Cumulative Payr	nent To Date Balance Outstanding at Close of This Period
1000.00		0.00
TERMS Date Incurred	Da	te Due Interest Rate Secured:
M 06 M / D 05 D / 1984	07 / 05	/ 1985 0.00 % (apr) Yes x No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line on	y)	
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfilliary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) National Democratic Policy Comi	nittee	Transaction ID : LOAN0000010472
<u> </u>		
LOAN SOURCE Full Name (Last, First, BEARD, SCOTT, , ,	Middle Initial)	Y Memo Item Election: Primary General
Mailing Address 4125 HAWTHORNE		Other (specify) ▼
City	State	ZIP Code
DALLAS	TX	75202
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
1000.00		0.00
TERMS Date Incurred	D	ate Due Interest Rate Secured:
M04 / D09 / Y 1984 Y	07 / 09	/ 1984
List All Endorsers or Guarantors (if any	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line of	nly)	······································
Carry outstanding balance only to LINE 3. S	chedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) National Democratic Policy Comm	nittee	Transaction ID : LOAN0000010652
LOAN SOURCE Full Name (Last, First, M STEINER, NANCY J, , ,	liddle Initial)	Y Memo Item Election: Primary General
Mailing Address 2809 GREER RD		Other (specify) ▼
City	State	ZIP Code
PALO ALTO	CA	94303
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
1000.00		0.00 1000.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 12 / 29 / 1986 Y	12 / 12	1987 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line or	ıly)	······································
Carry outstanding balance only to LINE 3. So	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) National Democratic Policy Comm	ittee	Transaction ID : LOAN0000011262
rational Bombolation only Comm	11100	
LOAN SOURCE Full Name (Last, First, Mi BRANDENBERG, RAY, , ,	ddle Initial)	Y Memo Item Election: Primary General
Mailing Address 1303 AMORETTI		Other (specify) ▼
City	State	ZIP Code
THERMOPOLIS	WY	82443
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
200.00		0.00 200.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 05 M / D 14 D / Y 1984 Y	08 / 14	1984 1800.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line onl	y)	······································
Carry outstanding balance only to LINE 3, Sci	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Transaction ID : LOAN0000011993
National Democratic Policy Com	mittee	
LOAN SOURCE Full Name (Last, First, BREEZE, JACKSON B, , ,	Middle Initial)	Y Memo Item Election:
BREEZE, JACKSON B, , ,		Primary
Mailing Address 419 QUARTZ ST		General Other (specify) ▼
Walling Address 419 QUARTZ ST		Culci (opecity) v
City	State	ZIP Code
REDWOOD CITY	CA	94062
Original Amount of Loan	Cumulative Page	/ment To Date Balance Outstanding at Close of This Period
1000.00		0.00 1000.00
TERMS Date Incurred	Г	ate Due Interest Rate Secured:
M 11 / 30 / Y 1984 Y	03 / 02	/ 1985
List All Endorsers or Guarantors (if an	y) to Loan Source	
Full Name (Last, First, Middle Initial)	.,	Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	al)	1000.00
TOTALS This Period (last page in this line	only)	· · · · · · · · · · · · · · · · · · ·
Carry outstanding balance only to LINE 3.	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) National Democratic Policy Comm	nittee	Transaction ID : LOAN0000012031
LOAN SOURCE Full Name (Last, First, N ROPER, RICHARD, , ,	liddle Initial)	Y
Mailing Address 630 W DUARTE RD #33		☐ Other (specify) ▼
City	State	ZIP Code
MONROVIA	CA	91016
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
1000.00		0.00 1000.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 05	11 / 30	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line on		
Carry outstanding balance only to LINE 3. So	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sufficially Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) National Democratic Policy Comm	nittee	Transaction ID : LOAN0000012946
LOAN SOURCE Full Name (Last, First, MWRIGHT, FLOYD T, , ,	fiddle Initial)	Y Memo Item Election: Primary General
Mailing Address 4207 PATRICIA ST		Other (specify) ▼
City	State	ZIP Code
FREMONT	CA	94536
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
1000.00	<u> </u>	0.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M08 / 24 / 1984 Y	11 / 24	/ 1984
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line or		
Carry outstanding balance only to LINE 3. So	chedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) National Democratic Policy Comm	nittee	Transaction ID : LOAN0000013379
LOAN SOURCE Full Name (Last, First, MAMULA, MARGARET, , ,	liddle Initial)	Y
Mailing Address 4321 N EL BURRITO		Other (specify) ▼
City	State	ZIP Code
TUCSON	AZ	85705
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
1000.00		0.00 1000.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M06 ^M / D15 ^D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	08 / 15	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line or		
Carry outstanding balance only to LINE 3. So	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) National Democratic Policy Committee		
LOAN SOURCE Full Name (Last, First, M DRAKE, BILL, , ,	iddle Initial)	Y
Mailing Address RT 4 BOX 126		Other (specify) ▼
City	State	ZIP Code
DEXTER	МО	63841
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
100.00	-	0.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 06 M / D 19 D / Y 1984 Y	08 / 19	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line on	ly)	······································
Carry outstanding balance only to LINE 3. Sc	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Suffillary Fage FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Transaction ID: LOAN0000017823
National Democratic Policy Comn	nittee	
LOAN SOURCE Full Name (Last, First, M LYNGE MD, HAROLD N, , ,	/liddle Initial)	Y Memo Item Election: Primary General
Mailing Address 2 S 13TH ST		Other (specify) ▼
City	State	ZIP Code
SAN JOSSE	CA	95112
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
1000.00	-	0.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
MO8 / D08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	10 / 08	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial) Name of Employer		
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
FOTALS This Period (last page in this line or		
Carry outstanding balance only to LINE 3. Se	chedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) National Democratic Policy Comm	ittee	Transaction ID : LOAN0000018351
LOAN SOURCE Full Name (Last, First, M WOLF, GREGORY R, , ,	iddle Initial)	Y
Mailing Address 5258 CARTWRIGHT		Other (specify) ▼
City	State	ZIP Code
NORTH HOLLYWOOD	CA	91601
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
300.00	7	0.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 08 M / D 14 D / Y 1984 Y	11 / 14	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial) Name of Employer		
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line on		
Carry outstanding balance only to LINE 3. So	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sufficially Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) National Democratic Policy Comm	ittee	Transaction ID : LOAN0000018352
,		
LOAN SOURCE Full Name (Last, First, M WOLF, GREGORY R, , ,	iddle Initial)	Y
Mailing Address 5258 CARTWRIGHT		Other (specify) ▼
City	State	ZIP Code
NORTH HOLLYWOOD	CA	91601
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
100.00		0.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 08	11 / 14	/ 1984 0.00 % (apr) Yes x No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial) Name of Employer		
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line on	ly)	······································
Carry outstanding balance only to LINE 3. Sc	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfilliary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) National Democratic Policy Comm	nittee	Transaction ID : LOAN0000018353
LOAN SOURCE Full Name (Last, First, MWOLF, GREGORY R, , ,	fiddle Initial)	Y Memo Item Election: Primary General
Mailing Address 5258 CARTWRIGHT		Other (specify) ▼
City	State	ZIP Code
NORTH HOLLYWOOD	CA	91601
Original Amount of Loan	Cumulative Payn	nent To Date Balance Outstanding at Close of This Period
100.00		0.00 100.00
TERMS Date Incurred	Da	te Due Interest Rate Secured:
M 08 / D 14 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	11 / 14	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial) Name of Employer		
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line or		
Carry outstanding balance only to LINE 3. So	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) National Democratic Policy Comm	Transaction ID : LOAN0000018611	
LOAN SOURCE Full Name (Last, First, M MC KAY, WILLIAM O, , ,	iddle Initial)	Y
Mailing Address 4627 W 137TH PL		Other (specify) ▼
City	State	ZIP Code
HAWTHORNE	CA	90250
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
1000.00		0.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 08 / D 17 / Y 1984 Y	11 / 17	/ 1985 Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial) Name of Employer		
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line on		
Carry outstanding balance only to LINE 3. Sc	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) National Democratic Policy Com	Transaction ID : LOAN0000018612	
LOAN SOURCE Full Name (Last, First, MONTEROS, ALFRED, , ,	Middle Initial)	Y Memo Item Election: Primary General
Mailing Address 1210 W PUENTE AVE		Other (specify) ▼
City	State	ZIP Code
WEST COVINA	CA	91790
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
1000.00		0.00
TERMS Date Incurred	D	ate Due Interest Rate Secured:
M 08 M / D 17 D / Y 1984 Y	11 / 17	/ 1984 0.00 % (apr) Yes x No
List All Endorsers or Guarantors (if any	/) to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial) Name of Employer		
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line		
Carry outstanding balance only to LINE 3.	Schedule D. for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Suffillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) National Democratic Policy Comm	nittee	Transaction ID : LOAN0000018817
LOAN SOURCE Full Name (Last, First, MITZ, LEONARD K, , ,	liddle Initial)	Y Memo Item Election: Primary General
Mailing Address 5343 CALLISTER AVE		Other (specify) ▼
City	State	Code
SACRAMENTO	CA	95819
Original Amount of Loan	Cumulative Paymer	nt To Date Balance Outstanding at Close of This Period
1000.00		0.00 1000.00
TERMS Date Incurred	Date I	Due Interest Rate Secured:
M08 / 20 / Y 1984 Y	11 20 /	1984 0.00 % (apr) Yes x No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3. So	chedule D. for this line	e. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) National Democratic Policy Committee		
LOAN SOURCE Full Name (Last, First, M BANDY, WARREN, , ,	iddle Initial)	Y
Mailing Address 934 TAMARACK LN #6		Other (specify) ▼
City	State	ZIP Code
SUNNYVALE	CA	94086
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
1000.00		0.00 1000.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 09 M / D 06 D / Y 1984 Y	12 / 06	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial) Name of Employer		
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial) Name of Employer		
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X	
ME OF COMMITTEE (In Full) Transaction ID : LOAN0000019945			
National Democratic Policy Comm	ittee		
LOAN SOURCE Full Name (Last, First, M	iddla Initial)	Y Memo Item Election:	
MC CLASHAN, IAN, , ,	iddie initial)	Primary	
		General	
Mailing Address 245 W LORRAINE ST APT	121	Other (specify) ▼	
City	State	ZIP Code	
GLENDALE	CA	91202	
Original Amount of Loan	Cumulative Pay		
Original Amount of Loan	Cumulative 1 ay		
1500.00		0.00	
TERMS			
Date Incurred	Da	ate Due Interest Rate Secured:	
09 10 1984	"12" / 10 ⁻	1984 0.00 % (apr) Yes x No	
List All Endorsers or Guarantors (if any)	to Loop Source		
Full Name (Last, First, Middle Initial)	to Loan Source	Name of Employer	
1. Tuli Name (East, Flist, Middle Illital)			
Mailing Address		Occupation	
City State	ZIP Code	Amount	
		Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	ZIP Code	Amount Guaranteed	
2. Full Name (Leat First Middle Initial)		Outstanding:	
3. Full Name (Last, First, Middle Initial)	3. Full Name (Last, First, Middle Initial) Name of Employer		
Mailing Address		Conjunction	
ag . taa. eee		Occupation	
City	ZIP Code	Amount	
		Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	ZIP Code	Amount Guaranteed	
		Outstanding:	
SUBTOTALS This Period This Page (optional)		1500.00	
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 2 So	hadula D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.	
Jan v Julislandinu palatice Univ lu Line 3. 30	HEADIE D. IOI IIIIS	mile. II no ochedule o, carry forward to appropriate fille of Suffilliary.	

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) National Democratic Policy Comm	Transaction ID : LOAN0000021069	
. tational Domocration only Commi		
LOAN SOURCE Full Name (Last, First, M HARDING, LOUIS, , ,	iddle Initial)	Y
Mailing Address 815 N MADISON		Other (specify) ▼
City	State	ZIP Code
PIERRE	SD	57501
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
1000.00	-	0.00
TERMS Date Incurred	Da	te Due Interest Rate Secured:
M 09 M / D 27 D / Y 1984 Y	03 / 27	1985 0.00 % (apr) Yes x No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial) Name of Employer		
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial) Name of Employer		
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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				Detailed Summary F	Page	FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full) Transaction ID : LOAN0000021171						
National Democratic Policy Committee						
LOAN SOURCE Full Name (Last, First, Middle Initial) PEARSON, MARILYN, , ,				Y Memo It	em E	Election:
T LAKOON, MAKILTIN, , ,						Primary General
Mailing Address RR 1					-+	Other (specify) ▼
S S S S S S S S S S S S S S S S S S S						
City State ZIP Cod		de	-			
SPENCER		IA	5130	1		
Original Amount of Loan		Cumulative Payn	nent To	Date I	Balance	e Outstanding at Close of This Period
1000.	.00	4		100.00		900.00
TERMS						
Date Incurred	Υ	Dat	te Due	Interest I		Secured:
09 28 1984	<u> </u>	03 28	L.	1985	0.00	% (apr) Yes X No
List All Endorsers or Guarantors ((if any) to	o Loan Source				
1. Full Name (Last, First, Middle Ini	tial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 1 7 1 7
2. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		77
3. Full Name (Last, First, Middle Initial) Name of Employer						
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		T
4. Full Name (Last, First, Middle Initial) Name of Employer						
Mailing Address			Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		, , , , , , , , ,
SUBTOTALS This Period This Page (optional)						
TOTALS This Period (last page in this line only)						
Carry outstanding balance only to LIN	IE 3, Sch	nedule D, for this	line. If ı	no Schedule D, carry	forwar	d to appropriate line of Summary.

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) National Democratic Policy Comm	ittee	Transaction ID : LOAN0000021412	
LOAN SOURCE Full Name (Last, First, Mi CZECZOK, MARJORIE, , ,	ddle Initial)	Y	
Mailing Address 820 LAKE ST S		Other (specify) ▼	
City	State	ZIP Code	
KIRKLAND	WA	98033	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
250.00	1	50.00 200.00	
TERMS Date Incurred	Da	ate Due Interest Rate Secured:	
M 10 M / 25 D / Y 1984 Y	11 / 25	1984 0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) t	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
FOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3. Sci	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.	

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

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			Detailed Summary Page FOR LINE 13 OF FORM 3X	
ME OF COMMITTEE (In Full) Transaction ID : LOAN0000022667				
National Democratic Policy Committee				
LOAN SOURCE Full Name (Last, First, Middle Initial)			Y Memo Item Election:	
FUDO, ROBERT A, , ,			Primary General	
Mailing Address 24922 MUIR	I ANDS SD 36		Other (specify) ▼	
24922 MOIR	LANDS SP 30		Care (speed)	
City	ity State ZIP Coc		ZIP Code	
EL TORO		CA	92630	
Original Amount of Loan		Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
7 7	750.00	4	0.00 750.00	
TERMS Date Incurred			ate Due Interest Rate Secured:	
Date incurred	1984	M ₀₁ / D ₂₀ 22	/ Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
			% (apr) Yes X No	
List All Endorsers or Guara 1. Full Name (Last, First, Mid		to Loan Source	Name of Employer	
1. Full Name (Last, First, Mic	adie inilial)		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, Mid	ddle Initial)	·	Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial) Name of Employer				
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) National Democratic Policy Comm	ittee	Transaction ID : LOAN0000023255		
Tallottal Domostatio Folloy Committee				
LOAN SOURCE Full Name (Last, First, MORR, KEITH J, , ,	iddle Initial)	Y Memo Item Election: Primary General		
Mailing Address 441 PUERTO PL		Other (specify) ▼		
City	State	ZIP Code		
HAYWARD	CA	94541		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
500.00	-	0.00 500.00		
TERMS Date Incurred	Di	ate Due Interest Rate Secured:		
M 10 M / D 24 D / Y 1984	12 / 24	/ 1984 0.00 % (apr) Yes x No		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

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		Detailed Summary Page FOR LINE 13 OF FORM 3X		
ME OF COMMITTEE (In Full) Transaction ID : LOAN0000023300				
National Democratic Policy Committee				
LOAN SOURCE Full Name (Last, First, M LANDRY, H WYVONNE, , ,	iddle Initial)	Y Memo Item Election: Primary General		
Mailing Address 18346 COLLINS ST #17		Other (specify) ▼		
City	State	ZIP Code		
TARZANA	CA	91356		
Original Amount of Loan	Cumulative Payr	nent To Date Balance Outstanding at Close of This Period		
800.00	7	0.00		
TERMS Date Incurred	Da	te Due Interest Rate Secured:		
M 10 M / D 25 D / Y 1984 Y	01 / 25	/ 1985 0.00 % (apr) Yes x No		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	•	Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	·	Name of Employer		
Mailing Address		Occupation		
City	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	·	Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line onl	y)			
Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Schedule D. carry forward to appropriate line of Summary.				

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) National Democratic Policy Comm	ittee	Transaction ID : LOAN0000023612	
,			
LOAN SOURCE Full Name (Last, First, M PAINTER, JACOB S, , ,	iddle Initial)	Y Memo Item Election: Primary General	
Mailing Address 4371 SUNRISE DR		Other (specify) ▼	
City	State	ZIP Code	
CASPER	WY	82604	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
250.00		0.00 250.00	
TERMS Date Incurred	Da	ate Due Interest Rate Secured:	
M 10 M / 22 D / Y 1984 Y	01 / 22	1985 0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3. Sc	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.	

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X	
ME OF COMMITTEE (In Full) Transaction ID : LOAN0000023623			
National Democratic Policy Com	mittee		
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Y Memo Item Election:	
BOWDEN, RONALD A, , ,	,	Primary	
Mailing Address		General Other (consist)	
Mailing Address 46 SOMERSET AVE		Other (specify) ▼	
City	State	ZIP Code	
RIVERSIDE	RI	02915	
Original Amount of Loan	Cumulative Pay	/ment To Date Balance Outstanding at Close of This Period	
1000.00		0.00 1000.00	
TERMS Date Incurred	٦	ate Due Interest Rate Secured:	
10 / 22 / 1984	01 / 22	1985 0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any	/) to Loan Source		
Full Name (Last, First, Middle Initial)	.,	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	'	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial) Name of Employer			
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3.	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.	

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

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		Detailed Suffillary Fage FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) National Democratic Policy Comr	nittee	Transaction ID : LOAN0000023624	
,			
LOAN SOURCE Full Name (Last, First, I JONES, BRYCE, , ,	Middle Initial)	Y	
Mailing Address 213 W OAKRIDGE DR		Other (specify) ▼	
City	State	ZIP Code	
FARMINGTON	UT	84025	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
1000.00		0.00 1000.00	
TERMS Date Incurred	D	ate Due Interest Rate Secured:	
M10 ^M / D22 ^D / Y 1984 Y	01 / 22	/ 1985 0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
FOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3. S	chedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.	

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

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		Detailed Sufficially Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) National Democratic Policy Co	mmittee	Transaction ID : LOAN0000023627	
tational Democratio Folloy Committee			
LOAN SOURCE Full Name (Last, First JONES, MRS BRYCE, , ,	st, Middle Initial)	Y Memo Item Election: Primary General	
Mailing Address 213 W OAKRIDGE DR		Other (specify) ▼	
City State ZIP Cod		ZIP Code	
FARMINGTON	UT	84025	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
1000.00		0.00	
TERMS Date Incurred	Da	ate Due Interest Rate Secured:	
M10	01 22	1985 0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if a	ny) to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	ate ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial) Name of Employer			
Mailing Address		Occupation	
City		Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address		Occupation	
City	ate ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	ate ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3	3. Schedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.	

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) National Democratic Policy Com	mittee	Transaction ID : LOAN0000023628	
LOAN SOURCE Full Name (Last, First, MILLS, MRS DONALD, , ,	Middle Initial)	Y	
Mailing Address 4495 WOODLAWN		Other (specify) ▼	
City	State	ZIP Code	
BEAUMONT	TX	77703	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
500.00		0.00 500.00	
TERMS Date Incurred	D	ate Due Interest Rate Secured:	
M 10 M / D 22 D / Y 1984 Y	10 / 22	/ 1985	
List All Endorsers or Guarantors (if any	v) to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3.	Schedule D. for this	s line. If no Schedule D, carry forward to appropriate line of Summary.	

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		Detailed Summary Page FOR LINE 13 OF FORM 3X	
ME OF COMMITTEE (In Full) Transaction ID : LOAN0000023683			
National Democratic Policy Comn	nittee		
LOAN SOURCE Full Name (Last, First, N	/liddle Initial)	Y Memo Item Election:	
BRAINARD, AMY G, , ,		Primary	
Mailian Address		General Other (consists)	
Mailing Address 1202 S GLADYS AVE		☐ Other (specify) ▼	
0.1	Otata	710.0	
City	State	ZIP Code	
SAN GABRIEL	CA	91776	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
1000.00		0.00	
T T T			
TERMS Date Incurred	D	ate Due Interest Rate Secured:	
M 10 / 25 / Y 1984	10 / 25	/ 1985	
Liet All Endergers or Guaranters (if any)	to Loon Course	, (up.)	
List All Endorsers or Guarantors (if any) 1. Full Name (Last, First, Middle Initial)	to Loan Source	Name of Employer	
Tan Harrie (East, First, Middle Hillar)			
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	1	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)	1	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
	I		
SUBTOTALS This Period This Page (optional)			
		. 1000.00	
FOTALS This Period (last page in this line or	าly)		
Carry outstanding balance only to LINE 3, S	chedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.	

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FOR LINE 13 OF FORM 3X

		Potation cultility rage TOTT LINE 15 OF TOTHWI 5X	
IAME OF COMMITTEE (In Full) National Democratic Policy Comi	Transaction ID : LOAN0000024453		
LOAN SOURCE Full Name (Last, First, PETERS, JAMES HOWARD, , ,	Middle Initial)	Y	
Mailing Address 2380 GRANADA AVE		Other (specify) ▼	
City	State	ZIP Code	
LONG BEACH	CA	90815	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
1000.00		0.00	
TERMS Date Incurred		ate Due Interest Rate Secured:	
11 ^M / 26 ^D / 1984 Y	05 / 26	1985 0.00	
List All Endorsers or Guarantors (if any) to Loan Source	N. C.	
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
FOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Schedule D. carry forward to appropriate line of Summary.			

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) National Democratic Policy Comm	ittee	Transaction ID : LOAN0000024908
ivational Democratic Folloy Commi	ittee	
LOAN SOURCE Full Name (Last, First, Mi THELANDER, LARS, , ,	Y Memo Item Election: Primary General	
Mailing Address 14 MOUNT CASTLE PL		Other (specify) ▼
City	State	ZIP Code
JOHNSON CITY	TN	37601
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
500.00	7	0.00 500.00
TERMS Date Incurred	Da	te Due Interest Rate Secured:
M 11 M / 02 M 1984	02 / 02	1985 0.00 % (apr) Yes ✗ No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		500.00
TOTALS This Period (last page in this line onl	y)	······································
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 50 OF 142

		Detailed Summary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) National Democratic Policy Comm	nittee	Transaction ID : LOAN0000025202
LOAN SOURCE Full Name (Last, First, MUBER, ALMA G, , ,	Y Memo Item Election: Primary General	
Mailing Address 3447 STERNE ST		Other (specify) ▼
City	State ZII	Code
SAN DIEGO	CA	92106
Original Amount of Loan	Cumulative Paymer	nt To Date Balance Outstanding at Close of This Period
500.00		0.00 500.00
TERMS Date Incurred	Date	Due Interest Rate Secured:
M 11	05 / 07 /	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	500.00
TOTALS This Period (last page in this line or	ly)	· · · · · · · · · · · · · · · · · · ·
Carry outstanding balance only to LINE 3, So	chedule D, for this lin	e. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) National Democratic Policy Comm	ittee	Transaction ID : LOAN0000026096
LOAN SOURCE Full Name (Last, First, M DICK, GABRIEL, , ,	iddle Initial)	Y
Mailing Address BOX 274		Other (specify) ▼
City	State	ZIP Code
CARMEL	CA	93921
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
500.00		0.00 500.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 11	12 / 30	/ 1984
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		500.00
TOTALS This Period (last page in this line on	ly)	······································
Carry outstanding balance only to LINE 3. Sc	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) National Democratic Policy Comm	ittee	Transaction ID : LOAN0000032658
Tadonal Domocratic Folloy Collins		
LOAN SOURCE Full Name (Last, First, Mi PRICE, JOHN, , ,	Y Memo Item Election: Primary General	
Mailing Address 101 S COTTAGE RD		Other (specify) ▼
City	State	ZIP Code
STERLING	VA	22170
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
750.00	7	0.00 750.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 05 M / D D / Y 1985	^M 05 / ^D 20 D	1986 0.00 % (apr) Yes ✗ No
List All Endorsers or Guarantors (if any) t	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		750.00
TOTALS This Period (last page in this line onl	y)	41400.00
Carry outstanding balance only to LINE 3, Sci	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

Excluding Loans

(Use separate schedule(s) for each

PAGE 53 OF 142 FOR LINE NUMBER: (check only one)

Exoluting Lound			Tidifibered lifte)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committ	ee			
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt	(Purpose):
AIRBORNE FREIGHT CORP.			EXPRESS PA	CKAGE SERVICE
Mailing Address POBOX 662				
City	State	Zip Code		
SEATTLE	WA	98111		
Outstanding Balance Beginning This Period			Transaction	ID : INV6010000112089
12.50				
Amount Incurred This Period	Pa	yment This Period	Outstanding	Balance at Close of This Period
0.00			.00	12.50
B. Full Name (Last, First, Middle Initial) of Debtor AMFAC HOTEL	or Creditor		Nature of Debt ROOM RENTA	
Mailing Address P O BOX 1926				
City ALBUQUERQUE	State NM	Zip Code 87119		
Outstanding Balance Beginning This Period		<u> </u>	Transaction	ID - INV6010000112000
198.49			Transaction	ID : INV6010000112090
Amount Incurred This Period	Pa	yment This Period	Outstanding	Balance at Close of This Period
0.00		0	.00	198.49
C. Full Name (Last, First, Middle Initial) of Debte ARLINGTON HILTON	or or Creditor		Nature of Debt ROOM RENT	
Mailing Address 2401 EAST LAMAR BOULEVAR	RD			
City	State	Zip Code		
ARLINGTON	TX	76011		
Outstanding Balance Beginning This Period			Transaction	ID : INV6010000112363
Amount Incurred This Period	Pa	yment This Period	Outstanding	Balance at Close of This Period
0.00		0	.00	139.00
1) SUBTOTALS This Period This Page (optional)				349.99
2) TOTALS This Period (last page this line number	only)			
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	only)	>	7
4) ADD 2) and 3) and carry forward to appropriate	line of Summ	ary Page (last page o	only) ▶	7

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EQUIPMENT RENTAL AUDIO VISUAL CENTER** Mailing Address 235 NORTH BROAD STREET State Zip Code **PHILADELPHIA** PΑ 19107 Transaction ID: INV6010000112091 Outstanding Balance Beginning This Period 25.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 25.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EQUIPMENT RENTAL** AUDIO VISUAL HEADQUARTERS CORP Mailing Address 361 NORTH OAK STREET City State Zip Code **INGLEWOOD** 90301 CA Outstanding Balance Beginning This Period Transaction ID: INV6010000112092 11.08 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 11.08 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EQUIPMENT RENTAL** AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City State Zip Code **DALLAS** 75207 TX Outstanding Balance Beginning This Period Transaction ID: INV6010000112093 65.64 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 65.64 0.00 101.72 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each

PAGE FOR LINE NUMBER: (check only one)

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MISC. EXPENSE BANK OF THE COMMONWEALTH Mailing Address PO BOX 32900 State Zip Code **DETROIT** MI 48232 Transaction ID: INV6010000112095 Outstanding Balance Beginning This Period 1430.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1430.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** BELMONT RESTAURANT Mailing Address 541 LEXINGTON AVE. City State Zip Code **NEW YORK** 10022 NY Outstanding Balance Beginning This Period Transaction ID: INV6010000112096 110.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 110.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS BROWN PALACE HOTEL** Mailing Address P.O. BOX 1440 City State Zip Code **DENVER** CO 80201 Outstanding Balance Beginning This Period Transaction ID: INV6010000112097 273.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 273.00 0.00 1813.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each

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(check only one) numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEES-ZIEGLER/CONG BRUKOFF, BERAS & STEWART, P.C. Mailing Address 3000 TOWN CENTER **SUITE 2550** City State Zip Code SOUTHFIELD MI 48075 Transaction ID: INV6010000112099 Outstanding Balance Beginning This Period 285.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 285.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRESS RELATIONS SERVICE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000111880 2700.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2700.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): RENT CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000111909 64.51 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 64.51 0.00 3049.51 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ее			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS			Nature of De ADVERTISI	ebt (Purpose): NG
Mailing Address P.O. BOX 17726				
City WASHINGTON	State DC	Zip Code 20041		
Outstanding Balance Beginning This Period			Transactio	on ID : INV6010000111912
1567.00				
Amount Incurred This Period	Pa	yment This Period	Outstandin	g Balance at Close of This Period
0.00			0.00	1567.00
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS			Nature of De ADVERTISI	ebt (Purpose): NG
Mailing Address P.O. BOX 17726				
City WASHINGTON	State DC	Zip Code 20041		
Outstanding Balance Beginning This Period				ID INU(004000444040
60.00			Transacti	on ID : INV6010000111913
Amount Incurred This Period	Pa	yment This Period	Outstandin	g Balance at Close of This Period
0.00	7	7	0.00	60.00
C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATION:				ebt (Purpose): TIONS PURCHASE
Mailing Address P.O. BOX 17726				
City	State	Zip Code		
WASHINGTON	DC	20041		
Outstanding Balance Beginning This Period 7316.85	·		Transacti	on ID : INV6010000111914
Amount Incurred This Period	Pa	yment This Period	Outstandin	g Balance at Close of This Period
0.00	-	7	0.00	7316.85
1) SUBTOTALS This Period This Page (optional)			>	8943.85
2) TOTALS This Period (last page this line number	only)			<i>T T T</i>
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	only)		777
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page	only) ▶	7

Excluding Loans

(Use separate schedule(s) for each

PAGE FOR LINE NUMBER: (check only one)

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): RENT CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code WASHINGTON DC 20041 Transaction ID: INV6010000111915 Outstanding Balance Beginning This Period 800.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 800.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PHOTOCOPIER USAGE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000111916 250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 250.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELECOMMUNICATIONS** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000111917 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1000.00 0.00 2050.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each

PAGE FOR LINE NUMBER: (check only one)

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRESS RELATIONS SERVICE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code WASHINGTON DC 20041 Transaction ID: INV6010000111918 Outstanding Balance Beginning This Period 8170.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 8170.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000111919 1310.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1310.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000111920 11948.30 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 11948.30 0.00 21428.30 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 60
FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): RENT CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code WASHINGTON DC 20041 Transaction ID: INV6010000111921 Outstanding Balance Beginning This Period 800.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 800.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PHOTOCOPIER USAGE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000111922 250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 250.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELECOMMUNICATIONS** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000111923 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1000.00 0.00 2050.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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(check only one) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRESS RELATIONS SERVICE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code WASHINGTON DC 20041 Transaction ID: INV6010000111924 Outstanding Balance Beginning This Period 8170.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 8170.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000111925 150.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 150.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000111926 30.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 30.00 0.00 8350.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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X 10 NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code WASHINGTON DC 20041 Transaction ID: INV6010000111927 Outstanding Balance Beginning This Period 5852.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5852.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000112054 13773.65 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 13773.65 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000112055 302.50 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 302.50 0.00 19928.15 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code WASHINGTON DC 20041 Transaction ID: INV6010000112056 Outstanding Balance Beginning This Period 7910.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 7910.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000112057 40.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 40.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000112058 7989.60 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 7989.60 0.00 15939.60 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): RENT CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code WASHINGTON DC 20041 Transaction ID: INV6010000112059 Outstanding Balance Beginning This Period 800.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 800.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELECOMMUNICATIONS** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000112060 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1000.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): RENT CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000112061 800.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 800.00 0.00 2600.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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(check only one) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELECOMMUNICATIONS** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code WASHINGTON DC 20041 Transaction ID: INV6010000112062 Outstanding Balance Beginning This Period 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1000.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **RENT** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000112063 800.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 800.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELECOMMUNICATIONS** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000112064 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1000.00 0.00 2800.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** CAPITOL PLAZA Mailing Address 240 WEST STATE STREET State Zip Code **TRENTON** N.I 08608 Transaction ID: INV6010000112103 Outstanding Balance Beginning This Period 93.10 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 93.10 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** CAPITOL PLAZA HOTEL Mailing Address HOLIDAY INN 300 J STREET City State Zip Code **SACRRAMENTO** 95814 CA Outstanding Balance Beginning This Period Transaction ID: INV6010000112102 15.78 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 15.78 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 **RADIO CITY STATION** City State Zip Code **NEW YORK** NY 10101 Outstanding Balance Beginning This Period Transaction ID: INV6010000112274 8023.57 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 8023.57 0.00 8132.45 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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(check only one) **X** 10 NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MTG PLANNING FEES & EXPNS CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 **RADIO CITY STATION** City State Zip Code **NEW YORK** NY 10101 Transaction ID: INV6010000112275 Outstanding Balance Beginning This Period 1529.35 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1529.35 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 **RADIO CITY STATION** City State Zip Code **NEW YORK** 10101 NY Outstanding Balance Beginning This Period Transaction ID: INV6010000112281 2614.35 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2614.35 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 **RADIO CITY STATION** City State Zip Code **NEW YORK** NY 10101 Outstanding Balance Beginning This Period Transaction ID: INV6010000112282 9834.85 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 9834.85 0.00 13978.55 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MTG PLANNING FEES & EXPNS CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 **RADIO CITY STATION** City State Zip Code **NEW YORK** NY 10101 Transaction ID: INV6010000112283 Outstanding Balance Beginning This Period 235.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 235.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 **RADIO CITY STATION** City State Zip Code **NEW YORK** 10101 NY Outstanding Balance Beginning This Period Transaction ID: INV6010000112284 2614.35 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2614.35 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 **RADIO CITY STATION** City State Zip Code **NEW YORK** NY 10101 Outstanding Balance Beginning This Period Transaction ID: INV6010000112285 7844.75 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 7844.75 0.00 10694.10 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 **RADIO CITY STATION** City State Zip Code **NEW YORK** NY 10101 Transaction ID: INV6010000112286 Outstanding Balance Beginning This Period 2614.35 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2614.35 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 **RADIO CITY STATION** City State Zip Code **NEW YORK** 10101 NY Outstanding Balance Beginning This Period Transaction ID: INV6010000112287 5250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5250.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MTG PLANNING FEES & EXPNS CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 **RADIO CITY STATION** City State Zip Code **NEW YORK** NY 10101 Outstanding Balance Beginning This Period Transaction ID: INV6010000112288 1151.71 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1151.71 9016.06 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 **RADIO CITY STATION** City State Zip Code **NEW YORK** NY 10101 Transaction ID: INV6010000112289 Outstanding Balance Beginning This Period 2614.35 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2614.35 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 **RADIO CITY STATION** City State Zip Code **NEW YORK** 10101 NY Outstanding Balance Beginning This Period Transaction ID: INV6010000112290 2296.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2296.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 **RADIO CITY STATION** City State Zip Code **NEW YORK** NY 10101 Outstanding Balance Beginning This Period Transaction ID: INV6010000112291 10085.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 10085.00 0.00 14995.35 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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(check only one) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 **RADIO CITY STATION** City State Zip Code **NEW YORK** NY 10101 Transaction ID: INV6010000112292 Outstanding Balance Beginning This Period 2200.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2200.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 **RADIO CITY STATION** City State Zip Code **NEW YORK** 10101 NY Outstanding Balance Beginning This Period Transaction ID: INV6010000112293 2000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2000.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 **RADIO CITY STATION** City State Zip Code **NEW YORK** NY 10101 Outstanding Balance Beginning This Period Transaction ID: INV6010000112294 9170.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 9170.00 0.00 13370.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

(Use separate schedule(s) for each

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	е			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
CAUCUS DISTRIBUTORS INC.			FIELD OFF	FICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION				
City	State	Zip Code		
NEW YORK	NY	10101		
Outstanding Balance Beginning This Period			Transaction	on ID : INV6010000112295
2000.00				
Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.0		2000.00
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.				ebt (Purpose): TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION				
City	State	Zip Code		
NEW YORK	NY	10101		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112296
9170.00 Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
0.00	1 7	0.0		9170.00
C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.				ebt (Purpose): INING FEES & EXPNS
Mailing Address PO BOX 748 RADIO CITY STATION				
City	State	Zip Code		
NEW YORK	NY	10101		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112297
2144.91				
Amount Incurred This Period Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	7	0.0	00	2144.91
1) SUBTOTALS This Period This Page (optional)			>	13314.91
2) TOTALS This Period (last page this line number of	only)			7 7 7
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page or	ıly)		7 7 7
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summa	ry Page (last page or	nly) ▶	7 1 7 1 7 1

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Excluding Loans			numbered line)	x 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	e				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.			Nature of D ADJUST 1	Nature of Debt (Purpose): ADJUST 1986 TEL USAGE CHG	
Mailing Address PO BOX 748 RADIO CITY STATION					
City NEW YORK	State NY	Zip Code 10101			
Outstanding Balance Beginning This Period 18135.97			Transacti	on ID : INV6010000112298	
Amount Incurred This Period	Payr	ment This Period	Outstandi	ng Balance at Close of This Period	
0.00	<u> </u>	0.0	00	18135.97	
B. Full Name (Last, First, Middle Initial) of Debtor o CAUCUS DISTRIBUTORS INC.	r Creditor		Nature of D RENT	lebt (Purpose):	
Mailing Address PO BOX 748 RADIO CITY STATION					
City NEW YORK	State NY	Zip Code 10101			
Outstanding Balance Beginning This Period 2000.00			Transact	tion ID : INV6010000112299	
Amount Incurred This Period	Payr	ment This Period	Outstandi	ng Balance at Close of This Period	
0.00		0.0	00	2000.00	
C. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor			ebt (Purpose): NE USAGE	
Mailing Address PO BOX 748 RADIO CITY STATION					
City NEW YORK	State NY	Zip Code 10101			
Outstanding Balance Beginning This Period 9170.00	IVI	10101	Transac	tion ID : INV6010000112300	
Amount Incurred This Period	Payı	ment This Period	Outstandi	ng Balance at Close of This Period	
0.00		0.0		9170.00	
1) SUBTOTALS This Period This Page (optional)				29305.97	
2) TOTALS This Period (last page this line number of	nly)		>	7 7 7	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)					
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summar	v Page (last nage on	nlv) ▶		

Excluding Loans

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

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	е		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CITICORP				Nature of Debt (Purpose): MISC. EXPENSES
	Mailing Address CCSI COLLECTION DEPARTMEN P.O. BOX C5216	NT		
	City MELVILLE	State NY	Zip Code 11750	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112302
	760.00			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	760.00
1	B. Full Name (Last, First, Middle Initial) of Debtor of CLIFFORD B KOENIG	r Creditor		Nature of Debt (Purpose): TRAVEL AND LODGING
	Mailing Address 7195 COOPER SPUR ROAD			
	City MT HOOD/PARKDALE	State OR	Zip Code 97041	
•	Outstanding Balance Beginning This Period 556.76			Transaction ID : INV6010000112378
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00	7	0.00	556.76
	C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL	or Creditor		Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address 123 E. POST RD. (RT 22)			
	City WHITE PLAINS	State NY	Zip Code 10610	
	Outstanding Balance Beginning This Period 120.00			Transaction ID : INV6010000112303
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	120.00
1)	SUBTOTALS This Period This Page (optional)			1436.76
2)	TOTALS This Period (last page this line number o	nly))	
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)	
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summa	ry Page (last page only) ▶	

Excluding Loans

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

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	OMMITTEE (In Full) Democratic Policy Committee	е		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor COACHMAN INN & RESTAURANT Mailing Address 10 JACKSON DRIVE				Nature of Debt (Purpose): ROOM RENTALS
Mailing A	ddress 10 JACKSON DRIVE			
City CRANFO	PRD	State NJ	Zip Code 07016	
Outsta	nding Balance Beginning This Period			Transaction ID : INV6010000112304
	150.00			
	Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period
	0.00	7	0.00	150.00
	ame (Last, First, Middle Initial) of Debtor o .E ANDERSON'S	or Creditor		Nature of Debt (Purpose): ROOM RENTALS
Mailing A	ddress 7041 FIRST AVE.			
City SCOTTS	DALE	State AZ	Zip Code 85251	
Outsta	nding Balance Beginning This Period 238.50			Transaction ID : INV6010000112308
	Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period
	0.00	7	0.00	238.50
	Name (Last, First, Middle Initial) of Debtor VID JAY, ESQ.	or Creditor		Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES
Mailing A	ddress ATTORNEY AT LAW 120 DELAWARE AVENUE, STE 1	00		
City BUFFAL	n	State NY	Zip Code 14202	
	nding Balance Beginning This Period	1	1	Transaction ID : INV6010000112373
	Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period
	0.00	-	0.00	306.35
1) SUBTO	TALS This Period This Page (optional)			694.85
2) TOTALS	This Period (last page this line number o	nly))	7 7 7
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
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Excluding Loans

(Use separate schedule(s) for each

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **POSTAGE** DAVID KILBUR Mailing Address 1901 NORIEGA #5 State Zip Code SAN FRANCISCO CA 94122 Transaction ID: INV6010000112376 Outstanding Balance Beginning This Period 194.93 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 194.93 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTAL** DOUBLEWOOD INN BEST WESTERN Mailing Address 3333 13TH AVE. SOUTH City State Zip Code **FARGO** 58103 ND Outstanding Balance Beginning This Period Transaction ID: INV6010000113252 36.40 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 36.40 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 City State Zip Code **DREXEL HILL** PΑ 19026 Outstanding Balance Beginning This Period Transaction ID: INV6010000114470 200.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 200.00 0.00 431.33 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 State Zip Code DREXEL HILL PΑ 19026 Transaction ID: INV6010000114471 Outstanding Balance Beginning This Period 915.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 915.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 City State Zip Code DREXEL HILL 19026 PA Outstanding Balance Beginning This Period Transaction ID: INV6010000114472 200.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 200.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 City State Zip Code **DREXEL HILL** PΑ 19026 Outstanding Balance Beginning This Period Transaction ID: INV6010000114473 915.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 915.00 0.00 2030.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 State Zip Code DREXEL HILL PΑ 19026 Transaction ID: INV6010000114474 Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 200.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 City State Zip Code DREXEL HILL 19026 PA Outstanding Balance Beginning This Period Transaction ID: INV6010000114475 915.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 915.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): RENT EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 City State Zip Code **DREXEL HILL** PΑ 19026 Outstanding Balance Beginning This Period Transaction ID: INV6010000114476 200.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 200.00 0.00 1315.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TELEPHONE USAGE EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 State Zip Code DREXEL HILL PΑ 19026 Transaction ID: INV6010000114477 Outstanding Balance Beginning This Period 915.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 915.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTAL** EDGEWATER INN Mailing Address PIER 67 City State Zip Code **SEATTLE** 98121 WA Outstanding Balance Beginning This Period Transaction ID: INV6010000113744 205.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 205.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **PRINTING EDWARD CORPUS** Mailing Address 1339 MARYLAND ST. APT. 1 City State Zip Code LOS ANGELES CA 90017 Outstanding Balance Beginning This Period Transaction ID: INV6010000112307 22.95 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 22.95 0.00 1142.95 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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

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X 10 NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE **EMERY WORLDWIDE** Mailing Address P.O. BOX 100 State Zip Code **BALTIMORE** MD 21277 Transaction ID: INV6010000112315 Outstanding Balance Beginning This Period 11.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 11.50 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** ERIE HILTON HOTEL--ERIE/PA Mailing Address C/O METROPOLITAN HOTELS, INC. 2 EAST FAYETTE STREET City State Zip Code **BALTIMORE** 21202 MD Outstanding Balance Beginning This Period Transaction ID: INV6010000112364 37.10 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 37.10 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL AND LODGING **ERNEST BAALS** Mailing Address 826 GARWOOD ROAD City State Zip Code **ERIAL** NJ 08081 Outstanding Balance Beginning This Period Transaction ID: INV6010000112094 206.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 206.00 0.00 254.60 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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X 10 NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **PRINTING EVELYN LANTZ** Mailing Address 1826 NORIEGA STREET State Zip Code SAN FRANCISCO CA 94122 Transaction ID: INV6010000112386 Outstanding Balance Beginning This Period 60.98 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 60.98 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MEETING ROOM RENTAL **EXECUTIVE HOTEL & SPA** Mailing Address 1055 FIRST AVE. City State Zip Code SAN DIEGO 92101 CA Outstanding Balance Beginning This Period Transaction ID: INV6010000114372 100.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 100.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** EXECUTIVE RED CARPET INNS Mailing Address 4020 SOUTHWEST FREEWAY City State Zip Code HOUSTON 77027 TX Outstanding Balance Beginning This Period Transaction ID: INV6010000112317 22.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 22.00 0.00 182.98 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

FOR LINE NUMBER: (check only one)

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excluding Loans			numbered line)	x 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debtor FEDERAL EXPRESS	or Creditor		Nature of Debt EXPRESS PAGE	(Purpose): CKAGE SERVICE
Mailing Address PO BOX 727, DEPT. A				
City MEMPHIS	State TN	Zip Code 38194		
Outstanding Balance Beginning This Period 275.97			Transaction I	ID : INV6010000112318
Amount Incurred This Period	Pa	ayment This Period	Outstanding E	Balance at Close of This Period 275.97
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt	7 7
FEDERAL EXPRESS	or orcanor			CKAGE 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	Pa	ayment This Period	Outstanding E	Balance at Close of This Period
0.00			.00	14.00
C. Full Name (Last, First, Middle Initial) of Debtor FERRANTE TRAVEL CENTER	or Creditor		Nature of Debt TRAVEL-TAR	(Purpose): PLEY/SENATE
Mailing Address 135 BROAD AVENUE				
City PALISADES PARK	State NJ	Zip Code 07650		
Outstanding Balance Beginning This Period 254.00			Transaction	ID: INV6010000113745
Amount Incurred This Period	Pa	ayment This Period	Outstanding E	Balance at Close of This Period
0.00		0	.00	254.00
1) SUBTOTALS This Period This Page (optional)			>	543.97
2) TOTALS This Period (last page this line number	only)		····	7 1 7 1
3) TOTAL OUTSTANDING LOANS from Schedule (
4) ADD 2) and 3) and carry forward to appropriate	line of Summ	ary Page (last page o)(III)	

(Use separate schedule(s) for each

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Excluding Loans			numbered line)	x 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Э	•		
A. Full Name (Last, First, Middle Initial) of Debtor of FERRANTE TRAVEL CENTER	or Creditor		Nature of D TRAVEL-T	ebt (Purpose): ARPLEY/SENATE
Mailing Address 135 BROAD AVENUE				
City PALISADES PARK	State NJ	Zip Code 07650		
Outstanding Balance Beginning This Period 57.00			Transacti	on ID : INV6010000113746
Amount Incurred This Period 0.00	Payr	ment This Period		ng Balance at Close of This Period 57.00
B. Full Name (Last, First, Middle Initial) of Debtor o FUSION ENERGY FOUNDATION			Nature of D LIST PURC	ebt (Purpose): CHASE
Mailing Address 250 W 57TH ST. STE.1711 City	State	Zip Code		
NEW YORK	NY	10019		
Outstanding Balance Beginning This Period 4439.10			Transact	tion ID : INV6010000112327
Amount Incurred This Period	Payr	ment This Period	Outstandi	ng Balance at Close of This Period
0.00	-	0.0	00	4439.10
C. Full Name (Last, First, Middle Initial) of Debtor HENRY MCBRIDE	or Creditor		Nature of D MISC. EXF	ebt (Purpose): PENSE
Mailing Address C/O HENRY'S AUTO PARTS 91 SO WHITE HORSE PIKE				
City BERLIN	State NJ	Zip Code 08009		
Outstanding Balance Beginning This Period 233.00			Transact	tion ID : INV6010000112396
Amount Incurred This Period	Payr	ment This Period	Outstandi	ng Balance at Close of This Period
0.00	4	0.0	00	233.00
1) SUBTOTALS This Period This Page (optional)			▶	4729.10
2) TOTALS This Period (last page this line number o	nly)		▶	7
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summar	v Page (last page on	nlv) 🕨	

Excluding Loans

(Use separate schedule(s) for each

PAGE 84 OF FOR LINE NUMBER: (check only one)

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS HOLIDAY INN** Mailing Address 1614 CENTRAL AVENUE State Zip Code **ALBANY** NY 12205 Transaction ID: INV6010000112341 Outstanding Balance Beginning This Period 40.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 40.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS HOLIDAY INN & HOLIDOME** Mailing Address 1501 FREEWAY BLVD. City State Zip Code **MINNEAPOLIS** 55430 MN Outstanding Balance Beginning This Period Transaction ID: INV6010000112996 42.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 42.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS HOLIDAY INN AIRPORT 2** Mailing Address 5401 GREEN VALLEY DRIVE City State Zip Code **BLOOMINGTON** MN 55437 Outstanding Balance Beginning This Period Transaction ID: INV6010000112340 157.50 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 157.50 0.00 239.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN CHEEKTOWAGA Mailing Address 609 DINGENS ST. State Zip Code **CHEEKTOWAGA** NY 14206 Transaction ID: INV6010000112342 Outstanding Balance Beginning This Period 23.15 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 23.15 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN CHERRY HILL Mailing Address RTE 70 & SAYRE AVENUE City State Zip Code **CHERRY HILL** 08034 NJ Outstanding Balance Beginning This Period Transaction ID: INV6010000112343 50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 50.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS HOLIDAY INN CHICO** Mailing Address 685 MANZANITA COURT City State Zip Code CHICO CA 95926 Outstanding Balance Beginning This Period Transaction ID: INV6010000112344 45.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 45.00 0.00 118.15 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN COLISEUM Mailing Address 440 WEST 57TH STREET State Zip Code **NEW YORK** NY 10019 Transaction ID: INV6010000112345 Outstanding Balance Beginning This Period 224.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 224.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN CONCORD Mailing Address 1050 BURNETT AVE. City State Zip Code CONCORD 94520 CA Outstanding Balance Beginning This Period Transaction ID: INV6010000112346 97.24 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 97.24 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City State Zip Code **DALLAS** 75202 TX Outstanding Balance Beginning This Period Transaction ID: INV6010000112347 52.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 52.00 0.00 373.24 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN ERIE Mailing Address 8040 PERRY HWY. State Zip Code **ERIE** PΑ 16509 Transaction ID: INV6010000112348 Outstanding Balance Beginning This Period 47.70 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 47.70 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN HAUPPAUGE Mailing Address City State Zip Code **HAUPPAUGE** 11788 Outstanding Balance Beginning This Period Transaction ID: INV6010000112349 60.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 60.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN KENILWORTH Mailing Address BLVD. & SOUTH 31ST ST. City State Zip Code **KENILWORTH** NJ 07033 Outstanding Balance Beginning This Period Transaction ID: INV6010000112352 45.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 45.00 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN NORWALK Mailing Address 789 CONNECTICUT AVENUE State Zip Code **NORWALK** CT 06854 Transaction ID: INV6010000112356 Outstanding Balance Beginning This Period 90.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 90.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN OF LAMAR Mailing Address RD #2 EXIT 25 INTERSTATE 80 City State Zip Code MILL HALL 17751 PΑ Outstanding Balance Beginning This Period Transaction ID: INV6010000112353 52.78 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 52.78 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN OF NEWTON Mailing Address P.O. BOX 4305 City State Zip Code **BOSTON** 02211 MA Outstanding Balance Beginning This Period Transaction ID: INV6010000112355 90.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 90.00 0.00 232.78 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committe	e			
A. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN OF RICHMOND I Mailing Address 4303 COMMERCE RD.		Nature of Debt ROOM RENTA	(Purpose): ALS	
City State Zip Code				
RICHMOND	VA	23234		
Outstanding Balance Beginning This Period 157.30				ID : INV6010000112358
Amount Incurred This Period	Pay	yment This Period	Outstanding I	Balance at Close of This Period
0.00	· · · · · ·	0.	00	157.30
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN OF WILLMAR				(Purpose): ALS
Mailing Address P.O. BOX 1157				
City WILLMAR	State MN	Zip Code 56201		
Outstanding Balance Beginning This Period			Transaction	ID : INV6010000112362
45.00 Amount Incurred This Period	Pay	yment This Period	Outstanding I	Balance at Close of This Period
0.00	7	0.	00	45.00
C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN PROVIDENCE R			Nature of Debt ROOM RENTA	
Mailing Address 21 ATWELLS AVENUE				
City PROVIDENCE	State RI	Zip Code 02903		
Outstanding Balance Beginning This Period 75.00			Transaction	ID : INV6010000112357
Amount Incurred This Period	Pay	yment This Period		Balance at Close of This Period
0.00	7	0.	00	75.00
1) SUBTOTALS This Period This Page (optional)			>	277.30
2) TOTALS This Period (last page this line number of	only)		>	
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page o	nly)	>	
4) ADD 2) and 3) and carry forward to appropriate li	nly) ▶			

Excluding Loans

(Use separate schedule(s) for each

FOR LINE NUMBER:

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(check only one) numbered line) **X** 10 NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN ROCHESTER-AIRPORT Mailing Address 911 BROOKS AVENUE State Zip Code **ROCHESTER** NY 14624 Transaction ID: INV6010000112359 Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 50.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN ROCKVILLE Mailing Address 173 SUNRISE HWY. City State Zip Code ROCKVILLE. L.I. 11570 NY Outstanding Balance Beginning This Period Transaction ID: INV6010000112360 50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 50.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN SCHENECTADY Mailing Address **DOWNTOWN** 100 NOTT TERRACE & FRANKLIN City State Zip Code **SCHENECTADY** NY 12305 Outstanding Balance Beginning This Period Transaction ID: INV6010000112361 45.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 45.00 0.00 145.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each

PAGE FOR LINE NUMBER: (check only one)

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN-AIRPORT/NORTH Mailing Address 4545 N. LINDBURGH BLVD. State Zip Code **BRIDGETON** MO 63044 Transaction ID: INV6010000112354 Outstanding Balance Beginning This Period 79.22 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 79.22 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EQUIPMENT RENTAL** HOOVER BROTHERS, INC. Mailing Address P.O. BOX 728 City State Zip Code TEMPLE 76503 TX Outstanding Balance Beginning This Period Transaction ID: INV6010000112369 33.90 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 33.90 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS HOWARD JOHNSON'S** Mailing Address P.O. BOX 3045 City State Zip Code **BOSTON** 02107 MA Outstanding Balance Beginning This Period Transaction ID: INV6010000112365 102.92 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 102.92 0.00 216.04 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each

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numbered line) **X** 10 NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MEDIA DIRECTORY PURCHASE HUDSON'S WASHINGTON NEWS MEDIA Mailing Address 7315 WISCONSIN AVENUE SUITE 1200N City State Zip Code **BETHESDA** MD 20814 Transaction ID: INV6010000112370 Outstanding Balance Beginning This Period 88.04 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 88.04 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HYATT PALO ALTO Mailing Address 4290 EL CAMINO REAL City State Zip Code PALO ALTO 94306 CA Outstanding Balance Beginning This Period Transaction ID: INV6010000112371 58.43 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 58.43 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CREDIT CARD MERCHANT DISC IVON BUCHANON Mailing Address 423L UNIVERSITY BOULEVARD City State Zip Code **DALLAS** 75205 TX Outstanding Balance Beginning This Period Transaction ID: INV6010000112100 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1000.00 0.00 1146.47 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

(Use separate schedule(s)

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Excluding Loans			numbered line)	(check only one)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee				
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of E ROOM RE	Nature of Debt (Purpose): ROOM RENTALS	
Mailing Address VAN NESS GEARY					
City SAN FRANCISCO	State CA	Zip Code 94101			
Outstanding Balance Beginning This Period 16.40			Transact	ion ID : INV6010000112372	
Amount Incurred This Period				ng Balance at Close of Thi	s Period
0.00	7	C	0.00	16.	40
B. Full Name (Last, First, Middle Initial) of Debtor JERRY LITTON MEMORIAL FL			Nature of E LITERATU	Debt (Purpose): RE	
Mailing Address PO BOX 220					
City CHILLICOTHE	State MO	Zip Code 64601			
Outstanding Balance Beginning This Period 10.00				tion ID : INV6010000112390	0
Amount Incurred This Period	Pay	yment This Period	Outstandi	ng Balance at Close of Thi	
0.00		C	0.00	10.	00
C. Full Name (Last, First, Middle Initial) of Debto KAREN BRUBAKER	or or Creditor		Nature of E ROOM RE	Debt (Purpose): ENTALS	
Mailing Address 1516 VINEWOOD #207					
City DETROIT	State MI	Zip Code 48216			
Outstanding Balance Beginning This Period 59.03			Transac	tion ID : INV601000011209	В
Amount Incurred This Period	Pay	yment This Period		ng Balance at Close of Thi	
0.00			0.00	59.	03
1) SUBTOTALS This Period This Page (optional)			>	85.	43
2) TOTALS This Period (last page this line number	only)		>	7 1 7 1 7	<u></u>
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	nly)		7	_
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page o	only) ▶		

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	е				
, , , , , , , , , , , , , , , , , , , ,	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KING COLE PROJECTION SERVICE				
Mailing Address 36-16 29TH STREET					
City LONG ISLAND CITY	State NY	Zip Code 11106			
Outstanding Balance Beginning This Period 84.95				on ID : INV6010000112377	
Amount Incurred This Period	Amount Incurred This Period Payment This Period			ng Balance at Close of This Period	
0.00	00	84.95			
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.		ebt (Purpose): ENTERED IN 1987			
Mailing Address RT. 1, BOX 22					
City STERLING	State VA	Zip Code 22170			
Outstanding Balance Beginning This Period 45071.87	Transact	ion ID : INV6010000115120			
Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period	
0.00		0.0	00	45071.87	
C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTIONS PURCHASE	
Mailing Address RT. 1, BOX 22					
City STERLING	State VA	Zip Code 22170			
Outstanding Balance Beginning This Period 1649.60				ion ID : INV6010000115123	
Amount Incurred This Period	Pay	ment This Period	Outstandii	ng Balance at Close of This Period	
0.00		0.0	00	1649.60	
1) SUBTOTALS This Period This Page (optional)				46806.42	
2) TOTALS This Period (last page this line number	only)		>	7	
3) TOTAL OUTSTANDING LOANS from Schedule C	C (last page o	nly)	>	7 7 7	
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summa	ary Page (last page or	nly) ▶	T 1 1 T 1 1 T 1	

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NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee		•			
A. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO.	or or Creditor				ebt (Purpose): PTIONS PURCHASE	
Mailing Address RT. 1, BOX 22						
City STERLING	State VA					
Outstanding Balance Beginning This Period	·	·	,	Transacti	on ID : INV601000011	5207
Amount Incurred This Period	Pa	yment This Period		Outstandir	ng Balance at Close o	of This Period
0.00	7	7	0.00		77.	1349.80
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor				ebt (Purpose): PTIONS PURCHASE	
Mailing Address RT. 1, BOX 22						
City STERLING	State VA	Zip Code 22170				
Outstanding Balance Beginning This Period	·			Transact	tion ID : INV60100001	15362
Amount Incurred This Period	Pa	yment This Period		Outstandir	ng Balance at Close o	f This Period
0.00		4	0.00		7	1000.00
C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO.	or or Creditor		1		ebt (Purpose): PTIONS PURCHASE	
Mailing Address RT. 1, BOX 22						
City STERLING	State VA	Zip Code 22170				
Outstanding Balance Beginning This Period 1410.40				Transact	ion ID : INV60100001	15364
Amount Incurred This Period	Pa	yment This Period		Outstandin	ng Balance at Close o	f This Period
0.00			0.00	L	7 7 7	1410.40
1) SUBTOTALS This Period This Page (optional)			>		, , , , ;	3760.20
2) TOTALS This Period (last page this line number	r only)		>		7	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	only)	>	<u> </u>		
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Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee)			
	A. Full Name (Last, First, Middle Initial) of Debtor of KMW PUBLISHING CO.	Nature of E SUBSCRII	Debt (Purpose): PTIONS PURCHASE		
	Mailing Address RT. 1, BOX 22				
	City STERLING	Zip Code 22170			
	Outstanding Balance Beginning This Period 1350.85				ion ID : INV6010000115365
	Amount Incurred This Period	Payr	ment This Period	Outstandi	ng Balance at Close of This Period
	0.00				1350.85
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.				Debt (Purpose): PTIONS PURCHASE
	Mailing Address RT. 1, BOX 22				
	City STERLING	State VA	Zip Code 22170		
	Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000115368
	554.90 Amount Incurred This Period	Pavr	ment This Period	Outstandi	ng Balance at Close of This Period
	0.00	7		0.00	554.90
	C. Full Name (Last, First, Middle Initial) of Debtor of KMW PUBLISHING CO.	or Creditor			Debt (Purpose): PTIONS PURCAHSE
	Mailing Address RT. 1, BOX 22				
	City STERLING	State VA	Zip Code 22170		
	Outstanding Balance Beginning This Period 239.90			Transac	tion ID : INV6010000115371
	Amount Incurred This Period	Payr	ment This Period	Outstandi	ng Balance at Close of This Period
	0.00	7	0	0.00	239.90
1)	SUBTOTALS This Period This Page (optional)				2145.65
2)	TOTALS This Period (last page this line number or	าly)		>	7
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)		7
4)	ADD 2) and 3) and carry forward to appropriate lin	e of Summar	y Page (last page o	only) ▶	7 7 7

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Excluding Loans			numbered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee)				
A. Full Name (Last, First, Middle Initial) of Debtor of KMW PUBLISHING CO.	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.				
Mailing Address RT. 1, BOX 22					
City STERLING					
Outstanding Balance Beginning This Period	Transacti	on ID : INV6010000115372			
119.75					
Amount Incurred This Period	Payn	nent This Period	Outstandii	ng Balance at Close of This Period	
0.00		0.0	00	119.75	
B. Full Name (Last, First, Middle Initial) of Debtor of KMW PUBLISHING CO.		ebt (Purpose): PTIONS PURCHASE			
Mailing Address RT. 1, BOX 22					
City STERLING	State VA	Zip Code 22170			
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000115375	
185.10					
Amount Incurred This Period	Payn	nent This Period		ng Balance at Close of This Period	
0.00	7	0.0		185.10	
C. Full Name (Last, First, Middle Initial) of Debtor of KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTIONS PURCHASE	
Mailing Address RT. 1, BOX 22					
City STERLING	State VA	Zip Code 22170			
Outstanding Balance Beginning This Period		22110	Transact	tion ID : INV6010000115377	
81.00					
Amount Incurred This Period Payment This Period				ng Balance at Close of This Period	
0.00	7	0.0	00	81.00	
1) SUBTOTALS This Period This Page (optional)			>	385.85	
2) TOTALS This Period (last page this line number or	าly)		>	7	
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page onl	y)	>	, , , , , ,	
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summar	y Page (last page or	nly) ▶	T 1 1 T 1 1 T 1	

Excluding Loans

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(check only one) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** VΑ 22170 Transaction ID: INV6010000115378 Outstanding Balance Beginning This Period 62.35 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 62.35 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 Outstanding Balance Beginning This Period Transaction ID: INV6010000115379 42.10 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 42.10 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBUCRITOINS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115380 51.10 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 51.10 155.55 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee)			
	A. Full Name (Last, First, Middle Initial) of Debtor of KMW PUBLISHING CO.	Nature of De SUBSCRIP	ebt (Purpose): TIONS PURCHASE		
ŀ	Mailing Address RT. 1, BOX 22				
	City State Zip Code STERLING VA 22170				
	Outstanding Balance Beginning This Period 13.45				on ID : INV6010000115381
	Amount Incurred This Period	Рауг	ment This Period		ng Balance at Close of This Period
	0.00				13.45
	B. Full Name (Last, First, Middle Initial) of Debtor or KMW PUBLISHING CO.		ebt (Purpose): TIONS PURCHASES		
	Mailing Address RT. 1, BOX 22				
Ī	City STERLING	State VA	Zip Code 22170		
	Outstanding Balance Beginning This Period 4567.27			Transacti	ion ID : INV6010000115383
	Amount Incurred This Period	Payı	ment This Period	Outstandin	ng Balance at Close of This Period
	0.00	.	0	0.00	4567.27
ĺ	C. Full Name (Last, First, Middle Initial) of Debtor of KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTIONS PURCHASE
	Mailing Address RT. 1, BOX 22				
	City STERLING	State VA	Zip Code 22170		
	Outstanding Balance Beginning This Period 19.20			Transacti	ion ID : INV6010000115384
	Amount Incurred This Period	Payı	ment This Period	Outstandin	ng Balance at Close of This Period
	0.00		0	0.00	19.20
1)	SUBTOTALS This Period This Page (optional)			>	4599.92
2)	TOTALS This Period (last page this line number or	าly)			7
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	>	7
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶					7

Excluding Loans

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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numbered line) **X** | 10 NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** VΑ 22170 Transaction ID: INV6010000115385 Outstanding Balance Beginning This Period 25.34 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 25.34 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 Outstanding Balance Beginning This Period Transaction ID: INV6010000115386 397.04 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 397.04 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115387 33.88 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 33.88 0.00 456.26 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** VA 22170 Transaction ID: INV6010000115388 Outstanding Balance Beginning This Period 101.14 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 101.14 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 Outstanding Balance Beginning This Period Transaction ID: INV6010000115410 121.51 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 121.51 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115422 25.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period

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

0.00

25.00

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** VΑ 22170 Transaction ID: INV6010000115444 Outstanding Balance Beginning This Period 1125.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1125.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 Outstanding Balance Beginning This Period Transaction ID: INV6010000115457 800.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 800.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115458 12.75 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 12.75 0.00

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** VA 22170 Transaction ID: INV6010000115469 Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 50.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASES KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115470 750.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 750.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASES KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 Zip Code City State **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115471 50.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 50.00

1)	SUBTOTALS This Period This Page (optional)		Ξ	+		Ξ	-	Ξ	85	50.00)
2)	TOTALS This Period (last page this line number only)		I	7	Ξ	Ξ	7	Ξ	Ξ	_	
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)			7		_	-		_	_	
4)	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		Ξ	-	Ξ	Ι	T		Ξ	_	

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PRUCHASES KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** VΑ 22170 Transaction ID: INV6010000115472 Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 50.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 Outstanding Balance Beginning This Period Transaction ID: INV6010000115481 3734.90 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3734.90 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115482 199.25 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 199.25 3984.15 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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(Use separate schedule(s) for each

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee)			
A. Full Name (Last, First, Middle Initial) of Debtor of KMW PUBLISHING CO.	or Creditor		Nature of D SUBSCRIF	ebt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City STERLING	State VA	Zip Code 22170		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000115483
2030.98 Amount Incurred This Period	Pavr	ment This Period	Outstandii	ng Balance at Close of This Period
0.00	. c.y.	0.0		2030.98
B. Full Name (Last, First, Middle Initial) of Debtor or KMW PUBLISHING CO.	Creditor			ebt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City STERLING	State VA	Zip Code 22170		
Outstanding Balance Beginning This Period 25.00			Transact	tion ID : INV6010000115484
Amount Incurred This Period	Payr	ment This Period	Outstandir	ng Balance at Close of This Period
0.00	7	0.0	00	25.00
C. Full Name (Last, First, Middle Initial) of Debtor of KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTION PURCHASE
Mailing Address RT. 1, BOX 22				
City STERLING	State VA	Zip Code 22170		
Outstanding Balance Beginning This Period 10.00			Transact	ion ID : INV6010000115486
Amount Incurred This Period	Payr	ment This Period	Outstandir	ng Balance at Close of This Period
0.00	7	0.0	00	10.00
1) SUBTOTALS This Period This Page (optional)			>	2065.98
2) TOTALS This Period (last page this line number or	nly)		>	7 7 7
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	>	7
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summar	y Page (last page or	nly) ▶	

Excluding Loans

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** VΑ 22170 Transaction ID: INV6010000115487 Outstanding Balance Beginning This Period 25.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 25.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 Outstanding Balance Beginning This Period Transaction ID: INV6010000115488 25.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 25.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115489 50.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 50.00 0.00 100.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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numbered line) **X** 10 NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **PURCHASES OF SUBSCRITIONS** KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** VΑ 22170 Transaction ID: INV6010000115490 Outstanding Balance Beginning This Period 25.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 25.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASES KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 Outstanding Balance Beginning This Period Transaction ID: INV6010000115491 25.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 25.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **COMPUTER SERVICES** KREINGOLD DATA SERVICES Mailing Address STE. 5D, 119 PAYSON AVE. City State Zip Code **NEW YORK** NY 10034 Outstanding Balance Beginning This Period Transaction ID: INV6010000112384 2156.53 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 2156.53 2206.53 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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X | 10 NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MEDIA-RADIO KVAR-FM Mailing Address TEXAS LOTAS CORP. 8400 DAPAPOINT ST. 535 State Zip Code SAN ANTONIO TX 78229 Transaction ID: INV6010000112385 Outstanding Balance Beginning This Period 544.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 544.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFC RENT AND PHONE LOS ANGELES LABOR COMMITTEE Mailing Address 711 S. VERMONT AVE. #207 City State Zip Code LOS ANGELES 90005 CA Outstanding Balance Beginning This Period Transaction ID: INV6010000112391 21277.77 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 21277.77 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** LOUIS JOLIET RENAISSANCE CENTR Mailing Address 214 NORTH OTTAWA STREET City State Zip Code **JOLIET** IL 60431 Outstanding Balance Beginning This Period Transaction ID: INV6010000112393 38.21 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 38.21 21859.98 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **PRINTING** MARK CALNEY Mailing Address 269 E. NEWTON ST. State Zip Code **SEATTLE** WA 98102 Transaction ID: INV6010000112101 Outstanding Balance Beginning This Period 205.80 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 205.80 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** MARRIOT HOTEL PITTSBURGH Mailing Address 101 MALL BLVD. City State Zip Code MONROEVILLE 15146 PΑ Outstanding Balance Beginning This Period Transaction ID: INV6010000112395 227.73 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 227.73 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** MARRIOTT - SANTA CLARA Mailing Address GREAT AMERICAN PARKWAY City State Zip Code SANTA CLARA CA 95054 Outstanding Balance Beginning This Period Transaction ID: INV6010000112997 24.50 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 24.50 0.00 458.03 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each

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numbered line) **X** 10 NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FREIGHT AND POSTAGE MARTY SIMON Mailing Address 2971 W 8TH ST. #111 State Zip Code LOS ANGELES CA 96402 Transaction ID: INV6010000112907 Outstanding Balance Beginning This Period 154.47 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 154.47 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTORNEY EXPENSES MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW **SUITE 1200** City State Zip Code WASHINGTON 20005 Outstanding Balance Beginning This Period Transaction ID: INV6010000114180 446.69 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 446.69 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW **SUITE 1200** City State Zip Code WASHINGTON DC 20005 Outstanding Balance Beginning This Period Transaction ID: INV6010000114182 626.32 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 626.32 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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excluding Loans number			numbered line)	x 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	e			
A. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		Nature of I	Debt (Purpose):
MC GUINESS & WILLIAMS				EY FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200				
City	State	Zip Code		
WASHINGTON	DC	20005		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000114183
800.00				
Amount Incurred This Period	Payr	nent This Period	Outstand	ing Balance at Close of This Period
0.00		0.0	00	800.00
B. Full Name (Last, First, Middle Initial) of Debtor of	u Ouaditau		Natura of I	D-l-1 (D
MC GUINESS & WILLIAMS	r Creditor			Debt (Purpose): EY FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200				
City	State	Zip Code		
WASHINGTON	DC	20005		
Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000114184
3179.29				
Amount Incurred This Period Payment This Period			Outstand	ing Balance at Close of This Period
0.00	· · · ·	0.0	00	3179.29
C. Full Name (Last, First, Middle Initial) of Debtor of MC GUINESS & WILLIAMS	or Creditor			Debt (Purpose): EY EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200				
City	State	Zip Code		
WASHINGTON	DC	20005		
Outstanding Balance Beginning This Period			Transac	etion ID : INV6010000114185
3.32				
Amount Incurred This Period	Payr	nent This Period	Outstand	ing Balance at Close of This Period
0.00		0.0	00	3.32
SUBTOTALS This Period This Page (optional)			>	3982.61
2) TOTALS This Period (last page this line number or			_ =	7 1 7 1 7
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page onl	y)		7.1.7.1.7.1
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summar	y Page (last page or	nly) ▶	

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Excluding Loans			numbe	red line)	x 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	-				
A. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		N	lature of De	ebt (Purpose): Y EXPENSES
MC GUINESS & WILLIAMS			,	ATTORNE	ILAFENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200					
City WASHINGTON	State DC	Zip Code 20005			
Outstanding Balance Beginning This Period	<u>I</u>	1 20000		Transaction	on ID : INV6010000114186
5.50					
Amount Incurred This Period	Paym	nent This Period		Outstandin	ng Balance at Close of This Period
0.00		0.	.00		5.50
B. Full Name (Last, First, Middle Initial) of Debtor or MC GUINESS & WILLIAMS	r Creditor			lature of Do	ebt (Purpose): Y FEES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 City	State	Zip Code			
WASHINGTON	DC	20005			
Outstanding Balance Beginning This Period			'	Transact	ion ID : INV6010000114189
255.00					
Amount Incurred This Period	Paym	nent This Period		Outstandin	ng Balance at Close of This Period
0.00	7	0.	.00		255.00
C. Full Name (Last, First, Middle Initial) of Debtor of MEDIAWIRE	or Creditor				ebt (Purpose): :LEASE DISTRIBUTN
Mailing Address 117 SOUTH 17TH ST. SUITE 210					
City PHILADELPHIA	State PA	Zip Code 19103			
Outstanding Balance Beginning This Period 60.00				Transact	ion ID : INV6010000112397
Amount Incurred This Period	Paym	nent This Period	-	Outstandin	ng Balance at Close of This Period
0.00		0.	.00		60.00
1) SUBTOTALS This Period This Page (optional)			▶		320.50
2) TOTALS This Period (last page this line number or	nly)		>		777
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only	y)	▶	<u> </u>	7
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary	y Page (last page oi	nly) ▶		7

Excluding Loans

(Use separate schedule(s) for each

PAGE 113 OF FOR LINE NUMBER: (check only one)

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142

numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRS REL DIST-ELDER/USS **MEDIAWIRE** Mailing Address 117 SOUTH 17TH ST. SUITE 210 State Zip Code **PHILADELPHIA** PΑ 19103 Transaction ID: INV6010000112398 Outstanding Balance Beginning This Period 65.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 65.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRS REL DIST-DOUGLAS/GOV **MEDIAWIRE** Mailing Address 117 SOUTH 17TH ST. SUITE 210 City State Zip Code **PHILADELPHIA** 19103 PA Outstanding Balance Beginning This Period Transaction ID: INV6010000112399 35.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 35.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE, N.E. City State Zip Code **MARIETTA** GΑ 30060 Outstanding Balance Beginning This Period Transaction ID: INV6010000114254 2354.40 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 2354.40 0.00 2454.40 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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142

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

(Use separate schedule(s) for each

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	e			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW BENJAMIN FRANKLIN HOUSE				ebt (Purpose): RE PURCHASE
Mailing Address 304 W 58TH ST.				
City NEW YORK	State NY	Zip Code 10019		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112400
Amount Incurred This Period	Pa	yment This Period	Outstandii	ng Balance at Close of This Period
0.00		0.	00	176.50
B. Full Name (Last, First, Middle Initial) of Debtor of NEW HAMPSHIRE HIGHWAY H			Nature of D ROOM RE	ebt (Purpose): NTALS
Mailing Address FT. EDDY ROAD				
City CONCORD	State NH	Zip Code 03301		
Outstanding Balance Beginning This Period 75.20			Transact	ion ID : INV6010000112401
Amount Incurred This Period	Pa	yment This Period	Outstandi	ng Balance at Close of This Period
0.00	-	0.	00	75.20
C. Full Name (Last, First, Middle Initial) of Debtor NEW SOLIDARITY INT'L PRES			Nature of D ADVERTIS	ebt (Purpose): SING
Mailing Address 304 W. 58TH ST. 5TH FL.				
City NEW YORK	State NY	Zip Code 10019		
Outstanding Balance Beginning This Period 540.00			Transact	ion ID : INV6010000112402
Amount Incurred This Period	Pa	yment This Period	Outstandi	ng Balance at Close of This Period
0.00	7	0.	00	540.00
1) SUBTOTALS This Period This Page (optional)			>	791.70
2) TOTALS This Period (last page this line number of	only)		>	7
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page o	only)		<u> </u>
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summa	ary Page (last page o	nly) ▶	7 1 7 1 7

Excluding Loans

(Use separate schedule(s) for each

PAGE 116 OF FOR LINE NUMBER: (check only one)

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142

numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELEPHONE NEW YORK TELEPHONE** Mailing Address 10 COLUMBUS CIRCLE State Zip Code **NEW YORK** NY 10019 Transaction ID: INV6010000112403 Outstanding Balance Beginning This Period 236.83 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 236.83 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEES - NY BEAM DEMS PATRICK F ADAMS P.C. Mailing Address ATTORNEY AT LAW ONE EAST MAIN STREET City State Zip Code **BAY SHORE** 11706 Outstanding Balance Beginning This Period Transaction ID: INV6010000112085 5762.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5762.50 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CIK-ATTY FEES-NY BEAM DEM PATRICK F ADAMS P.C. Mailing Address ATTORNEY AT LAW ONE EAST MAIN STREET City State Zip Code **BAY SHORE** NY 11706 Outstanding Balance Beginning This Period Transaction ID: INV6010000112086 400.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 400.00 0.00 6399.33 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

RT. 1, BOX 22

City

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Excluding Loans

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

FOR LINE NUMBER: (check only one)

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

	Outstanding Balance Beginning This Period 6123.00		Transaction ID : INV6010000112885
	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	6123.00
1)	SUBTOTALS This Period This Page (optional)		8639.76
2)	TOTALS This Period (last page this line numbe	r only)	
3)	TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
4)	ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only) ▶	

Zip Code

22170

State

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Excluding Loans

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PAGE 118 OF FOR LINE NUMBER: (check only one)

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTAL** PROVIDENCE MARRIOTT INN Mailing Address CHARLES & ORMS STREETS State Zip Code **PROVIDENCE** RΙ 02904 Transaction ID: INV6010000113747 Outstanding Balance Beginning This Period 125.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 125.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ACCOUNTING & DP SERVICE** PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** 22075 Outstanding Balance Beginning This Period Transaction ID: INV6010000112654 1700.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1700.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ACCOUNTING & DP SERVICE PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** 22075 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000112656 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 3000.00 0.00 4825.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) National Democratic Policy Committ	ee			
· · · · · · · · · · · · · · · · · · ·	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.			
Mailing Address P.O. BOX 836				
City LEESBURG	State VA	Zip Code 22075		
Outstanding Balance Beginning This Period 3000.00			Transaction	1 ID : INV6010000112657
Amount Incurred This Period	Pa	yment This Period		Balance at Close of This Period
0.00			0.00	3000.00
B. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MO			Nature of Det MANAGEME	ot (Purpose): NT & DP SERVICES
Mailing Address P.O. BOX 836				
City LEESBURG	State VA	Zip Code 22075		
Outstanding Balance Beginning This Period 3000.00	·		Transactio	on ID : INV6010000112658
Amount Incurred This Period	Pa	yment This Period	Outstanding	Balance at Close of This Period
0.00	-	0	.00	3000.00
C. Full Name (Last, First, Middle Initial) of Debto PUBLICATION & GENERAL M			Nature of Del MANAGEME	ot (Purpose): ENT & DP SERIVCES
Mailing Address P.O. BOX 836				
City LEESBURG	State VA	Zip Code 22075		
Outstanding Balance Beginning This Period 3000.00			Transactio	on ID : INV6010000112661
Amount Incurred This Period	Pa	yment This Period		Balance at Close of This Period
0.00		0	1.00	3000.00
1) SUBTOTALS This Period This Page (optional)				9000.00
2) TOTALS This Period (last page this line number	only)		>	7 7 7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page c	only)	>	7
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page o	only) ▶	

Excluding Loans

(Use separate schedule(s) for each

FOR LINE NUMBER:

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(check only one) numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MANAGEMENT & DP SREVICES PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 State Zip Code **LEESBURG** VΑ 22075 Transaction ID: INV6010000112662 Outstanding Balance Beginning This Period 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3000.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MANAGEMENT & DP SERVICES PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** 22075 Outstanding Balance Beginning This Period Transaction ID: INV6010000112666 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3000.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MANAGEMENT & DP SERVICES PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** 22075 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000112667 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 3000.00 0.00 9000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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

2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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numbered line) **X** 10 NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MANAGEMENT & DP SERVICE PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 State Zip Code **LEESBURG** VΑ 22075 Transaction ID: INV6010000112671 Outstanding Balance Beginning This Period 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3000.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MANAGEMENT &D P SERVICES PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** 22075 Outstanding Balance Beginning This Period Transaction ID: INV6010000112672 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3000.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MANAGEMENT & DP SERVICES PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** 22075 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000112673 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 3000.00 0.00 9000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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Excluding Loans			numbered line)	(check only one)
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.			Nature of Debt (Purpose): MANGEMENT &DP SERVICES	
Mailing Address P.O. BOX 836				
City LEESBURG	State VA	Zip Code 22075		
Outstanding Balance Beginning This Period 3000.00	·		Transacti	on ID : INV6010000112674
Amount Incurred This Period	Pa	yment This Period	Outstandi	ng Balance at Close of This Period
0.00		0	.00	3000.00
B. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MO				lebt (Purpose): MENT & DP SERVICES
Mailing Address P.O. BOX 836				
City LEESBURG	State VA	Zip Code 22075		
Outstanding Balance Beginning This Period 3000.00			Transact	tion ID : INV6010000112675
Amount Incurred This Period	Pa	yment This Period	Outstandii	ng Balance at Close of This Period
0.00		0.	.00	3000.00
C. Full Name (Last, First, Middle Initial) of Debto				ebt (Purpose): MENT & DP SERVICES
Mailing Address P.O. BOX 836				
City LEESBURG	State VA	Zip Code 22075		
Outstanding Balance Beginning This Period 3000.00			Transact	tion ID : INV6010000112676
Amount Incurred This Period	Pa	yment This Period	Outstandii	ng Balance at Close of This Period
0.00			.00	3000.00
1) SUBTOTALS This Period This Page (optional)			.	9000.00
2) TOTALS This Period (last page this line number	only)		>	7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page of	only)		7 . 7 . 7
4) ADD 2) and 3) and carry forward to appropriate	line of Summ	ary Page (last page o	only) ▶	

Excluding Loans

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

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NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.			Nature of Debt (Purpose): MANAGEMENT & DP SERVICE
Mailing Address P.O. BOX 836		_	
City	State	Zip Code	-
LEESBURG	VA	22075	
Outstanding Balance Beginning This Period			Transaction ID : INV6010000112677
3000.00			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00	<u> </u>	0.00	3000.00
B. Full Name (Last, First, Middle Initial) of Debtor of PUROLATOR COURIER CORP.	r Creditor		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			Transaction ID : INV6010000112891
55.10			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	55.10
C. Full Name (Last, First, Middle Initial) of Debtor of QUALITY INN ALBANY	or Creditor		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	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00	7	0.00	43.45
SUBTOTALS This Period This Page (optional)			3098.55
TOTALS This Period (last page this line number or	nly)	>	
TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)	
ADD 2) and 3) and carry forward to appropriate lin	e of Summa	ry Page (last page only) ▶	

Excluding Loans

(Use separate schedule(s) for each

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** RAMADA INN CASPER Mailing Address PO BOX 2917 State Zip Code **CASPER** WY 82602 Transaction ID: INV6010000112893 Outstanding Balance Beginning This Period 108.85 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 108.85 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** RAMADA INN ST. LOUIS Mailing Address 9636 NATURAL BRIDGE RD. City State Zip Code ST. LOUIS 63134 MO Outstanding Balance Beginning This Period Transaction ID: INV6010000112894 52.31 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 52.31 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** RAMADA INN-SAN ANTONIO Mailing Address 3645 N. PAN AM EXPRESSWAY City State Zip Code SAN ANTONIO 78219 TX Outstanding Balance Beginning This Period Transaction ID: INV6010000112897 60.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 60.00 0.00 221.16 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): OFFICE RENT RENAISSANCE MARKETING Mailing Address 1249 WASHINGTON BLVD. STE. 626 State Zip Code **DETROIT** MI 48226 Transaction ID: INV6010000112898 Outstanding Balance Beginning This Period 600.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 600.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES RHEA, BOYD & RHEA Mailing Address 930 FORREST AVENUE City State Zip Code GADSDEN 35901 AL Outstanding Balance Beginning This Period Transaction ID: INV6010000114208 24.60 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 24.60 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **AUTO RENTAL** RICHARD MAGRAW Mailing Address 22-60 23RD ST. City State Zip Code **ASTORIA** NY 11105 Outstanding Balance Beginning This Period Transaction ID: INV6010000112394 114.90 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 114.90 0.00 739.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	е		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ROBERT COLE			Nature of Debt (Purpose): ROOM RENTALS	
	Mailing Address 4119 W. BELLEPLAINE #2W			
	City CHICAGO	State IL	Zip Code 60641	
	Outstanding Balance Beginning This Period 1243.95			Transaction ID : INV6010000112305
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00	1 7	0.00	1243.95
	B. Full Name (Last, First, Middle Initial) of Debtor of ROBERT KAY	or Creditor		Nature of Debt (Purpose): TRAVEL AND LODGING
	Mailing Address 22-49 38TH ST.			
	City ASTORIA	State NY	Zip Code 11105	
	Outstanding Balance Beginning This Period 19.74 Amount Incurred This Period	Pay	ment This Period	Transaction ID: INV6010000112375 Outstanding Balance at Close of This Period
	0.00	1 7	0.00	19.74
	C. Full Name (Last, First, Middle Initial) of Debtor ROGER HAM	or Creditor		Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address 2 PINEHURST			
	City NEW YORK CITY	State NY	Zip Code 10033	
	Outstanding Balance Beginning This Period 207.82	·		Transaction ID : INV6010000112330
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00	<u> </u>	0.00	207.82
1)	SUBTOTALS This Period This Page (optional)		1	1471.51
2)	TOTALS This Period (last page this line number o	nly)	1	
3)	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶				

Excluding Loans

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **CONSULTING** RONALD KOKINDA Mailing Address 36-5 FORT EVANS ROAD, NE State Zip Code **LEESBURG** VΑ 22075 Transaction ID: INV6010000114750 Outstanding Balance Beginning This Period 524.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 524.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING RONALD KOKINDA Mailing Address 36-5 FORT EVANS ROAD, NE City State Zip Code **LEESBURG** 22075 Outstanding Balance Beginning This Period Transaction ID: INV6010000114756 1600.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1600.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **PRINTING** SAFEWAY PRINTING Mailing Address 3276 WEST 6TH ST. City State Zip Code LOS ANGELES CA 90020 Outstanding Balance Beginning This Period Transaction ID: INV6010000112901 300.38 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 300.38 0.00 2424.88 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **POSTAGE** SAN FRANCISCO LABOR CTTE. Mailing Address 1826 NOREIGA ST. State Zip Code SAN FRANCISCO CA 94122 Transaction ID: INV6010000112902 Outstanding Balance Beginning This Period 413.47 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 413.47 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): AIR TRAVEL SANS SOUCI TRAVEL Mailing Address 253 - 12 UNION TURNPIKE City State Zip Code FLORAL PARK 11004 Outstanding Balance Beginning This Period Transaction ID: INV6010000113737 290.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 290.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ADDER TO 4/10 INV-TRAVEL SANS SOUCI TRAVEL Mailing Address 253 - 12 UNION TURNPIKE City State Zip Code FLORAL PARK NY 11004 Outstanding Balance Beginning This Period Transaction ID: INV6010000113743 40.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 40.00 0.00 743.47 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

FOR LINE NUMBER: (check only one)

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

Excluding Loans

(Use separate schedule(s) for each

FOR LINE NUMBER:

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(check only one) numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEE: L. BOYLE/CONG SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** MI 48226 Transaction ID: INV6010000112908 Outstanding Balance Beginning This Period 538.45 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 538.45 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEE: S. CROCKER/CONG SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** 48226 MI Outstanding Balance Beginning This Period Transaction ID: INV6010000112909 538.45 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 538.45 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEE: M. DEAN/USS SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** 48226 MI Outstanding Balance Beginning This Period Transaction ID: INV6010000112910 538.46 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 538.46 1615.36 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each

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NAME OF COMMITTEE (In Full) National Democratic Policy Committe	e			, ,
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN			Nature of De ATTY FEE: S	bt (Purpose): S. JOHNSON/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING				
City DETROIT	State MI	Zip Code 48226		
Outstanding Balance Beginning This Period 538.46			Transaction	n ID : INV6010000112911
Amount Incurred This Period	Pa	yment This Period	Outstanding	Balance at Close of This Period
0.00	7	0	.00	538.46
B. Full Name (Last, First, Middle Initial) of Debtor of SOLOMON, FOLEY & MORAN	or Creditor		Nature of Del ATTY FEE: E	bt (Purpose): E.SEFCOVIC/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING	1 0: :			
City DETROIT	State MI	Zip Code 48226		
Outstanding Balance Beginning This Period			Transactio	on ID : INV6010000112912
538.46 Amount Incurred This Period	Pa	yment This Period	Outstanding	Balance at Close of This Period
0.00			.00	538.46
C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor	, , , , , , , , , , , , , , , , , , , ,	Nature of Del	bt (Purpose): G SHEPPARD/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING				
City DETROIT	State MI	Zip Code 48226		
Outstanding Balance Beginning This Period 538.46			Transactio	on ID : INV6010000112913
Amount Incurred This Period 0.00	Pa	yment This Period	Outstanding	Balance at Close of This Period 538.46
SUBTOTALS This Period This Page (optional)			>	1615.38
2) TOTALS This Period (last page this line number of	only)		>	T T T .
3) TOTAL OUTSTANDING LOANS from Schedule C	TOTAL OUTSTANDING LOANS from Schedule C (last page only)			<u></u>
4) ADD 2) and 3) and carry forward to appropriate li	ine of Summa	ary Page (last page o	only) ▶	7 7 7

Excluding Loans

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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numbered line) **X** 10 NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEE: H. SHORE/CONG SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** MI 48226 Transaction ID: INV6010000112914 Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 538.46 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEE: J. STAMPS/CONG SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** 48226 MI Outstanding Balance Beginning This Period Transaction ID: INV6010000112915 538.46 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 538.46 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEE: J. VAUGHN/CONG SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** 48226 MI Outstanding Balance Beginning This Period Transaction ID: INV6010000112916 538.46 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 538.46 1615.38 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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(Use separate schedule(s)

FOR LINE NUMBER: (check only one)

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Excluding Loans			numbered line)	(check only one)
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debto SOLOMON, FOLEY & MORAN		Nature of Debt (Purpose): ATTY FEE: O. WALKER/CONG		
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING				
City DETROIT	State MI	Zip Code 48226		
Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000112917
538.46 Amount Incurred This Period	Pa	yment This Period	Outstan	ding Balance at Close of This Period
0.00		(0.00	538.46
B. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITEF				Debt (Purpose): FC 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			Transa	action ID : INV6010000114478
Amount Incurred This Period Payment This Period 0.00 0.00				ding Balance at Close of This Period 915.00
C. Full Name (Last, First, Middle Initial) of Debto SOUTHEAST POLITICAL LITE		,		Debt (Purpose): FFICE RENT
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD				
City BALTIMORE	State MD	Zip Code 21227		
Outstanding Balance Beginning This Period 200.00			Transa	action ID : INV6010000114479
Amount Incurred This Period 0.00	Pa		0.00	ding Balance at Close of This Period 200.00
SUBTOTALS This Period This Page (optional)	- 1 - 7	,	, r	1653.46
TOTALS This Period (last page this line number)				
3) TOTAL OUTSTANDING LOANS from Schedule (C (last page o	only)		
4) ADD 2) and 3) and carry forward to appropriate	line of Summ	ary Page (last page	only) ▶	7

Excluding Loans

(Use separate schedule(s) for each

PAGE 135 OF FOR LINE NUMBER (check only one)

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City State Zip Code **BALTIMORE** MD 21227 Transaction ID: INV6010000114480 Outstanding Balance Beginning This Period 915.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 915.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City State Zip Code **BALTIMORE** 21227 MD Outstanding Balance Beginning This Period Transaction ID: INV6010000114481 200.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 200.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELEPHONE USAGE** SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City State Zip Code **BALTIMORE** MD 21227 Outstanding Balance Beginning This Period Transaction ID: INV6010000114482 915.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 915.00 0.00 2030.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

PAGE 136 OF 142 FOR LINE NUMBER: (check only one)

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	ME OF COMMITTEE (In Full) Ational Democratic Policy Committee	ee		
	A. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITE	Nature of Debt (Purpose): RENT		
	Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD			
	City BALTIMORE	State MD	Zip Code 21227	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000114483
	200.00			
	Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	200.00
	B. Full Name (Last, First, Middle Initial) of Debtor STATE OF CALIFORNIA	or Creditor		Nature of Debt (Purpose): PRINTING
	Mailing Address OFFICE OF STATE PRINTING LEGISLATIVE BILL ROOM			
	City SACRAMENTO	State CA	Zip Code 95814	
	Outstanding Balance Beginning This Period 53.00			Transaction ID : INV6010000112389
	Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
	0.00	· · · ·	0.00	53.00
	C. Full Name (Last, First, Middle Initial) of Debtor STATLER BUFFALO	or Creditor		Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address 107 DELAWARE AVENUE			
	City BUFFALO	State NY	Zip Code 14202	
	Outstanding Balance Beginning This Period 85.00			Transaction ID : INV6010000112918
	Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period
	0.00		0.00	85.00
1)	SUBTOTALS This Period This Page (optional)			338.00
2)	TOTALS This Period (last page this line number	only)		
3)	TOTAL OUTSTANDING LOANS from Schedule C	C (last page o	nly) l	
4)	ADD 2) and 3) and carry forward to appropriate	ine of Summa	ary Page (last page only) I	-

Excluding Loans

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

PAGE 137 OF 142 FOR LINE NUMBER: (check only one)

			1. 1.2	
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee			
A. Full Name (Last, First, Middle Initial) of Debt SYRACUSE AIRPORT INN	Nature of Debt (Purpose): ROOM RENTALS			
Mailing Address HANCOCK AIRPORT				
City NORTH SYRACUSE	State NY	Zip Code 13212		
Outstanding Balance Beginning This Period			Transaction ID : INV6010000112921	
19.00				
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	19.00	
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Purpose): ATTY FEES & EXP-GA DEM SL	
Mailing Address 142 FOREST AVENUE N.E.				
City MARIETTA	State GA	Zip Code 30060		
Outstanding Balance Beginning This Period 1088.20 Amount Incurred This Period Payment This Period			Transaction ID: INV6010000114387 Outstanding Balance at Close of This Period	
0.00		0.00	1088.20	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor TED HERBERT			Nature of Debt (Purpose): ATTY FEES & EXP-GA DEM SL	
Mailing Address 142 FOREST AVENUE N.E.				
City MARIETTA	State GA	Zip Code 30060		
Outstanding Balance Beginning This Period 800.00			Transaction ID : INV6010000114393	
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period	
0.00	7	0.00	800.00	
1) SUBTOTALS This Period This Page (optional)			1907.20	
2) TOTALS This Period (last page this line number	2) TOTALS This Period (last page this line number only)			
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	only)	·	
4) ADD 2) and 3) and carry forward to appropriate	e line of Summ	ary Page (last page only)		

Excluding Loans

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

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				7 10	
	COMMITTEE (In Full) Al Democratic Policy Committe	е			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE CHANCELLOR HOTEL				Nature of Debt (Purpose): ROOM RENTALS	
Mailing	Address 1501 SOUTH NEIL STREET				
City CHAMF	City State Zip Code CHAMPAIGN IL 61820				
Outst	anding Balance Beginning This Period 25.00	Transaction ID: INV6010000112301			
	Amount Incurred This Period	Payı	ment This Period	Outstanding Balance at Close of This Period	
	0.00	1 1 7	0.00	25.00	
	Name (Last, First, Middle Initial) of Debtor E COLONNADE	or Creditor		Nature of Debt (Purpose): ROOM RENTALS	
Mailing	Address 120 HUNTINGTON AVENUE				
City BOSTC	N	State MA	Zip Code 02116		
Outst	anding Balance Beginning This Period 75.00			Transaction ID: INV6010000112306	
	Amount Incurred This Period 0.00	Payı	ment This Period 0.00	Outstanding Balance at Close of This Period 75.00	
	7 7 7	7	0.00		
	Name (Last, First, Middle Initial) of Debtor			Nature of Debt (Purpose): ROOM RENTALS	
Mailing	Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE				
City HOUS		State TX	Zip Code 77002		
Outst	anding Balance Beginning This Period 25.00			Transaction ID : INV6010000112890	
	Amount Incurred This Period	Payı	ment This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	25.00	
1) SUBTO	OTALS This Period This Page (optional))	125.00	
2) TOTAL	2) TOTALS This Period (last page this line number only)				
3) TOTAL	OUTSTANDING LOANS from Schedule C	·			
4) ADD 2	and 3) and carry forward to appropriate I	ine of Summar	ry Page (last page only)		

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(Use separate schedule(s) for each

PAGE 139 OF 142 FOR LINE NUMBER: (check only one)

excluding Loans			numbered lin	le)
NAME OF COMMITTEE (In Full)			•	
National Democratic Policy Committee	e			
-				
A. Full Name (Last, First, Middle Initial) of Debtor	Nature POST	of Debt (Purpose):		
TONI JENNINGS	1031/	AGE		
Mailing Address				
Mailing Address 2414 13TH AVE. SO. #104				
City	State	Zip Code		
SEATTLE	WA	98144		
	1	1 00144		.: ID INVOCACECATA
Outstanding Balance Beginning This Period			irans	saction ID : INV6010000112374
30.15				
Amount Incurred This Period	Par	yment This Period	Outet	anding Balance at Close of This Period
Amount incured This Feriod	Ια,	yment mis renod	Outst	anding balance at close of This Fellow
0.00			0.00	30.15
,	,	,		,
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			of Debt (Purpose):
TREAT CATERERS			ROOM	1 RENTALS
Mailing Address 50 PARK PLACE				
City	State	Zip Code		
NEWARK	NJ	07101		
	140			
Outstanding Balance Beginning This Period			Tran	saction ID : INV6010000112922
100.00				
			0.11	" B
Amount Incurred This Period	Payment This Period			anding Balance at Close of This Period
0.00	0.00			100.00
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor				of Debt (Purpose):
TUTTLES RESTAURANT				/I RENTALS
Mailing Address (C/O GILBERT ROBINSON COLI	LEX)			
P.O. BOX 16000	State	7in Onda		
KANSAS CITY	MO	Zip Code 64112		
	IVIO	04112		
Outstanding Balance Beginning This Period			Tran	saction ID : INV6010000112923
50.00				
			•	
Amount Incurred This Period Payment This Period			Outst	anding Balance at Close of This Period
0.00			0.00	50.00
		7		
1) SUBTOTALS This Period This Page (optional)			•	180.15
2) TOTALS This Period (last page this line number only)				
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page o	nly)	▶	
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summa	ary Page (last page	only) ▶	

Excluding Loans

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

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(check only one) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** VITA OBERSCHNEIDER Mailing Address 544 OAK HILL RD. State Zip Code **ELGIN** Ш 60120 Transaction ID: INV6010000112404 Outstanding Balance Beginning This Period 149.16 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 149.16 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MEETING ROOM RENTAL WESTBOROUGH PLAZA HOTEL Mailing Address 5 TURNPIKE ROAD State Zip Code WESTBOROUGH 01581 MA Outstanding Balance Beginning This Period Transaction ID: INV6010000114249 54.25 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 54.25 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELEPHONE** WESTERN UNION INTERNATIONAL Mailing Address BOX 6022 CHRUCH ST. STA. City State Zip Code **NEW YORK** NY 10008 Outstanding Balance Beginning This Period Transaction ID: INV6010000112926 18.42 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 18.42 221.83 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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	OF COMMITTEE (In Full) Onal Democratic Policy Committee)		
A.	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor WORLDCOMP			Nature of Debt (Purpose): TYPE SETTING
Mai	Mailing Address 722 EAST MARKET STREET			
City	ESBURG	State VA	Zip Code 22075	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112983
	741.67			
١,	Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period
Į.	0.00		0.00	741.67
- 1	Full Name (Last, First, Middle Initial) of Debtor or WORLDCOMP	Creditor		Nature of Debt (Purpose): TYPE & ART
Mai	ling Address 722 EAST MARKET STREET			
City	SSBURG	State VA	Zip Code 22075	
	Outstanding Balance Beginning This Period 926.37			Transaction ID : INV6010000112988
	Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period
	0.00	-	0.00	926.37
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WORLDCOMP			Nature of Debt (Purpose): TYPE & ART	
Mailing Address 722 EAST MARKET STREET				
City LE	ESBURG	State VA	Zip Code 22075	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112992
	71.58			
П	Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period
L	0.00	7	0.00	71.58
1) SL	JBTOTALS This Period This Page (optional)		>	1739.62
2) TC	2) TOTALS This Period (last page this line number only)			
3) TC	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
4) A[4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶			

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TYPE SETTING WORLDCOMP Mailing Address 722 EAST MARKET STREET State Zip Code **LEESBURG** VΑ 22075 Transaction ID: INV6010000112993 Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 50.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** YMCA SYRACUSE Mailing Address 340 MONTGOMERY STREET City State Zip Code **SYRACUSE** 13202 Outstanding Balance Beginning This Period Transaction ID: INV6010000112994 25.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 25.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MAILING LABELS-SUB LISTS ZELLER & LETICA INC. Mailing Address 15 E. 26TH ST. City State Zip Code **NEW YORK** NY 10010 Outstanding Balance Beginning This Period Transaction ID: INV6010000112995 57.84 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 57.84 0.00 132.84 1) SUBTOTALS This Period This Page (optional)..... 408326.38 2) TOTALS This Period (last page this line number only)..... 41400.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 449726.38 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶