

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 11 / 27 / 2018 through [MM] / [DD] / [YYYY] 12 / 31 / 2018

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

Signature of Treasurer *Jenkins, Katherine, , ,* [Electronically Filed] Date 01 / 17 / 2019

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

National Democratic Policy Committee

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2018"/> | <input type="text" value="3698.72"/> | <input type="text" value="3698.72"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="3588.72"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="30.00"/> | <input type="text" value="360.00"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="3618.72"/> | <input type="text" value="4058.72"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="40.00"/> | <input type="text" value="480.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="3578.72"/> | <input type="text" value="3578.72"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="449726.38"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

National Democratic Policy Committee

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 0.00 | 0.00 |
| (ii) Unitemized | 30.00 | 360.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 30.00 | 360.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 30.00 | 360.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 30.00 | 360.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 30.00 | 360.00 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 40.00 | 480.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 40.00 | 480.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 40.00 | 480.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 40.00 | 480.00 |

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 30.00 | 360.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 30.00 | 360.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 40.00 | 480.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 40.00 | 480.00 |

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. EFT CORPORATION | | Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 05 / 2018 | |
| Mailing Address 2911 DIXWELL AVE | | | |
| City HAMDEN | State CT | Zip Code 06518 | |
| Purpose of Disbursement EFT PROCESSING FEE | | FEC Identification Number C | |
| Candidate Name | | Transaction ID : 01000021001 Amount of Each Disbursement this Period 40.00 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | <input type="checkbox"/> Memo Item | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement M M / D D / Y Y Y Y Y Y | |
| Mailing Address | | | |
| City | State | Zip Code | |
| Purpose of Disbursement | | FEC Identification Number C | |
| Candidate Name | | Amount of Each Disbursement this Period | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | <input type="checkbox"/> Memo Item | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement M M / D D / Y Y Y Y Y Y | |
| Mailing Address | | | |
| City | State | Zip Code | |
| Purpose of Disbursement | | FEC Identification Number C | |
| Candidate Name | | Amount of Each Disbursement this Period | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | <input type="checkbox"/> Memo Item | | |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 40.00 |
| TOTAL This Period (last page this line number only).....▶ | 40.00 |

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

| | |
|---|---------|
| SUBTOTALS This Period This Page (optional) | 5000.00 |
| TOTALS This Period (last page in this line only) | |

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
|--|------------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 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) | 1250.00 |
| TOTALS This Period (last page in this line only) | [] |

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

| | | | |
|--|---|--|---|
| Date Incurred <input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="1984"/> | Date Due <input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="1984"/> | Interest Rate <input type="text" value="0.00"/> % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|--|---|

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

| | | | | |
|--------------|---|---|---|---|
| TERMS | Date Incurred | Date Due | Interest Rate | Secured: |
| | <input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="1984"/> | <input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="1985"/> | <input type="text" value="0.00"/> % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

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

| | |
|--|--------|
| SUBTOTALS This Period This Page (optional) | 500.00 |
| TOTALS This Period (last page in this line only) | |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

| | |
|---|----------------------|
| SUBTOTALS This Period This Page (optional) | 200.00 |
| TOTALS This Period (last page in this line only) | <input type="text"/> |

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

| | | | |
|----------------------------------|----------------------------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| MM / DD / YYYY 06 / 15 / 1984 | MM / DD / YYYY 08 / 15 / 1984 | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

| | | |
|---|---|-------------|
| SUBTOTALS This Period This Page (optional) | ▶ | [] 1500.00 |
| TOTALS This Period (last page in this line only) | ▶ | [] |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | | |

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

| | |
|---|----------------------|
| SUBTOTALS This Period This Page (optional) | 750.00 |
| TOTALS This Period (last page in this line only) | <input type="text"/> |

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

| | |
|---|----------------------|
| SUBTOTALS This Period This Page (optional) | 800.00 |
| TOTALS This Period (last page in this line only) | <input type="text"/> |

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
|--|------------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 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) | 250.00 |
| TOTALS This Period (last page in this line only) | [] |

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

| | | | | |
|--------------|----------------------------------|----------------------------------|---------------|---|
| TERMS | Date Incurred | Date Due | Interest Rate | Secured: |
| | MM / DD / YYYY 11 / 07 / 1984 | MM / DD / YYYY 05 / 07 / 1985 | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

| | |
|---|--------|
| SUBTOTALS This Period This Page (optional) | 500.00 |
| TOTALS This Period (last page in this line only) | |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

| | |
|---|---------------------------------------|
| SUBTOTALS This Period This Page (optional) | <input type="text" value="750.00"/> |
| TOTALS This Period (last page in this line only) | <input type="text" value="41400.00"/> |

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="1567.00"/> | Transaction ID : INV6010000111912 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1567.00"/> |

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

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="60.00"/> | Transaction ID : INV6010000111913 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="60.00"/> |

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

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="7316.85"/> | Transaction ID : INV6010000111914 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="7316.85"/> |

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 800.00 | Transaction ID : INV6010000111915 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 800.00 |

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

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 250.00 | Transaction ID : INV6010000111916 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 250.00 |

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

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 1000.00 | Transaction ID : INV6010000111917 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1000.00 |

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="235.00"/> | Transaction ID : INV6010000112283 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="235.00"/> |

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

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="2614.35"/> | Transaction ID : INV6010000112284 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="2614.35"/> |

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

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="7844.75"/> | Transaction ID : INV6010000112285 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="7844.75"/> |

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

| | | | | | |
|---|-----------------------------|---|-----------------------------------|--|--|
| Outstanding Balance Beginning This Period 18135.97 | | | Transaction ID : INV6010000112298 | | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 18135.97 | | | |

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

| | | | | | |
|--|-----------------------------|--|-----------------------------------|--|--|
| Outstanding Balance Beginning This Period 2000.00 | | | Transaction ID : INV6010000112299 | | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2000.00 | | | |

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

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|--|-----------------------------|--|-----------------------------------|--|--|
| Outstanding Balance Beginning This Period 9170.00 | | | Transaction ID : INV6010000112300 | | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 9170.00 | | | |

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| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 29305.97 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

| | | | |
|--|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="150.00"/> | Transaction ID : INV6010000112304 | | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="150.00"/> | |

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

| | | | |
|--|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="238.50"/> | Transaction ID : INV6010000112308 | | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="238.50"/> | |

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

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|--|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="306.35"/> | Transaction ID : INV6010000112373 | | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="306.35"/> | |

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="275.97"/> | Transaction ID : INV6010000112318 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="275.97"/> |

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

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="14.00"/> | Transaction ID : INV6010000112319 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="14.00"/> |

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

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="254.00"/> | Transaction ID : INV6010000113745 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="254.00"/> |

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : INV6010000112372 | |
| <input type="text" value="16.40"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="16.40"/> |

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

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : INV6010000112390 | |
| <input type="text" value="10.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="10.00"/> |

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

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : INV6010000112098 | |
| <input type="text" value="59.03"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="59.03"/> |

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|-----------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 101 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> | 9 |
| <input checked="" type="checkbox"/> | 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 102 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 103 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 1125.00 | Transaction ID : INV6010000115444 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1125.00 |

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

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 800.00 | Transaction ID : INV6010000115457 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 800.00 |

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

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 12.75 | Transaction ID : INV6010000115458 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 12.75 |

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|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 1937.75 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 104 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 750.00 | | Transaction ID : INV6010000115470 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 750.00 | |

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

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 50.00 | | Transaction ID : INV6010000115471 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 50.00 | |

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| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 850.00 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|-----------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 105 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> | 9 |
| <input checked="" type="checkbox"/> | 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 50.00 | Transaction ID : INV6010000115472 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 50.00 |

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

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 3734.90 | Transaction ID : INV6010000115481 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3734.90 |

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

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 199.25 | Transaction ID : INV6010000115482 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 199.25 |

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|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 3984.15 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 106 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 2030.98 | Transaction ID : INV6010000115483 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2030.98 |

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

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 25.00 | Transaction ID : INV6010000115484 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 25.00 |

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

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|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 10.00 | Transaction ID : INV6010000115486 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 10.00 |

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|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 2065.98 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 107 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 25.00 | Transaction ID : INV6010000115487 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 25.00 |

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

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 25.00 | Transaction ID : INV6010000115488 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 25.00 |

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

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 50.00 | Transaction ID : INV6010000115489 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 50.00 |

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|--|--------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 100.00 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 108 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 25.00 | Transaction ID : INV6010000115490 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 25.00 |

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

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 25.00 | Transaction ID : INV6010000115491 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 25.00 |

| | | | |
|--|-------------|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor KREINGOLD DATA SERVICES | | Nature of Debt (Purpose): COMPUTER SERVICES | |
| Mailing Address STE. 5D, 119 PAYSON AVE. | | | |
| City NEW YORK | State NY | Zip Code 10034 | |

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 2156.53 | Transaction ID : INV6010000112384 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2156.53 |

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|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 2206.53 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|-----------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 109 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> | 9 |
| <input checked="" type="checkbox"/> | 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|--|-------------|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KVAR-FM | | Nature of Debt (Purpose): MEDIA-RADIO | |
| Mailing Address TEXAS LOTAS CORP. 8400 DAPAPOINT ST. 535 | | | |
| City SAN ANTONIO | State TX | Zip Code 78229 | |

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 544.00 | | Transaction ID : INV6010000112385 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 544.00 | |

| | | | |
|--|-------------|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LOS ANGELES LABOR COMMITTEE | | Nature of Debt (Purpose): FLD OFC RENT AND PHONE | |
| Mailing Address 711 S. VERMONT AVE. #207 | | | |
| City LOS ANGELES | State CA | Zip Code 90005 | |

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 21277.77 | | Transaction ID : INV6010000112391 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 21277.77 | |

| | | | |
|---|-------------|---|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LOUIS JOLIET RENAISSANCE CENTR | | Nature of Debt (Purpose): ROOM RENTALS | |
| Mailing Address 214 NORTH OTTAWA STREET | | | |
| City JOLIET | State IL | Zip Code 60431 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 38.21 | | Transaction ID : INV6010000112393 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 38.21 | |

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|--|----------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 21859.98 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|-----------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 110 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> | 9 |
| <input checked="" type="checkbox"/> | 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|--|-------------|-------------------|---------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MARK CALNEY | | | Nature of Debt (Purpose): PRINTING |
| Mailing Address 269 E. NEWTON ST. | | | |
| City SEATTLE | State WA | Zip Code 98102 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID : INV6010000112101 | |
| 205.80 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 205.80 | |

| | | | |
|---|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MARRIOT HOTEL PITTSBURGH | | | Nature of Debt (Purpose): ROOM RENTALS |
| Mailing Address 101 MALL BLVD. | | | |
| City MONROEVILLE | State PA | Zip Code 15146 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID : INV6010000112395 | |
| 227.73 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 227.73 | |

| | | | |
|---|-------------|-------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MARRIOTT - SANTA CLARA | | | Nature of Debt (Purpose): ROOM RENTALS |
| Mailing Address GREAT AMERICAN PARKWAY | | | |
| City SANTA CLARA | State CA | Zip Code 95054 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID : INV6010000112997 | |
| 24.50 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 24.50 | |

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|--|--------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 458.03 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|-----------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 111 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> | 9 |
| <input checked="" type="checkbox"/> | 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|--|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MARTY SIMON | | | Nature of Debt (Purpose): FREIGHT AND POSTAGE |
| Mailing Address 2971 W 8TH ST. #111 | | | |
| City LOS ANGELES | State CA | Zip Code 96402 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID : INV6010000112907 | |
| 154.47 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 154.47 | |

| | | | |
|---|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MC GUINNESS & WILLIAMS | | | Nature of Debt (Purpose): ATTORNEY EXPENSES |
| Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 | | | |
| City WASHINGTON | State DC | Zip Code 20005 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID : INV6010000114180 | |
| 446.69 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 446.69 | |

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|---|-------------|-------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MC GUINNESS & WILLIAMS | | | Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES |
| Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 | | | |
| City WASHINGTON | State DC | Zip Code 20005 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID : INV6010000114182 | |
| 626.32 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 626.32 | |

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|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 1227.48 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 112 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|---|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MC GUINNESS & WILLIAMS | | | Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES |
| Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 | | | |
| City WASHINGTON | State DC | Zip Code 20005 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 800.00 | Transaction ID : INV6010000114183 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 800.00 |

| | | | |
|---|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MC GUINNESS & WILLIAMS | | | Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES |
| Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 | | | |
| City WASHINGTON | State DC | Zip Code 20005 | |

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 3179.29 | Transaction ID : INV6010000114184 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3179.29 |

| | | | |
|---|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MC GUINNESS & WILLIAMS | | | Nature of Debt (Purpose): ATTORNEY EXPENSES |
| Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 | | | |
| City WASHINGTON | State DC | Zip Code 20005 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 3.32 | Transaction ID : INV6010000114185 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3.32 |

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|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 3982.61 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 113 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|---|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MC GUINNESS & WILLIAMS | | | Nature of Debt (Purpose): ATTORNEY EXPENSES |
| Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 | | | |
| City WASHINGTON | State DC | Zip Code 20005 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID : INV6010000114186 | |
| 5.50 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 5.50 | |

| | | | |
|---|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MC GUINNESS & WILLIAMS | | | Nature of Debt (Purpose): ATTORNEY FEES |
| Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 | | | |
| City WASHINGTON | State DC | Zip Code 20005 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID : INV6010000114189 | |
| 255.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 255.00 | |

| | | | |
|--|-------------|-------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MEDIAWIRE | | | Nature of Debt (Purpose): PRESS RELEASE DISTRIBUTN |
| Mailing Address 117 SOUTH 17TH ST. SUITE 210 | | | |
| City PHILADELPHIA | State PA | Zip Code 19103 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID : INV6010000112397 | |
| 60.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 60.00 | |

| | |
|--|--------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 320.50 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 114 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|--|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MEDIAWIRE | | | Nature of Debt (Purpose): PRS REL DIST-ELDER/USS |
| Mailing Address 117 SOUTH 17TH ST. SUITE 210 | | | |
| City PHILADELPHIA | State PA | Zip Code 19103 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period 65.00 | Transaction ID : INV6010000112398 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 65.00 |

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|--|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MEDIAWIRE | | | Nature of Debt (Purpose): PRS REL DIST-DOUGLAS/GOV |
| Mailing Address 117 SOUTH 17TH ST. SUITE 210 | | | |
| City PHILADELPHIA | State PA | Zip Code 19103 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period 35.00 | Transaction ID : INV6010000112399 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 35.00 |

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|---|-------------|-------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MELVIN S. NASH | | | Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES |
| Mailing Address 204 WASHINGTON AVENUE, N.E. | | | |
| City MARIETTA | State GA | Zip Code 30060 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period 2354.40 | Transaction ID : INV6010000114254 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2354.40 |

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|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 2454.40 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|-----------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 115 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> | 9 |
| <input checked="" type="checkbox"/> | 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|---|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MELVIN S. NASH | | | Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES |
| Mailing Address 204 WASHINGTON AVENUE, N.E. | | | |
| City MARIETTA | State GA | Zip Code 30060 | |

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 1496.91 | Transaction ID : INV6010000114255 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1496.91 |

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|--|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MICHAEL FRANK, ESQ. | | | Nature of Debt (Purpose): ATTY FEES-WINTER/CONG |
| Mailing Address 434 SPITZER BLDG | | | |
| City TOLEDO | State OH | Zip Code 43604 | |

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|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 400.00 | Transaction ID : INV6010000112321 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 400.00 |

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|--|-------------|-------------------|---------------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MICHAEL HODGEKISS | | | Nature of Debt (Purpose): PRINTING |
| Mailing Address 1265 48TH AVE. | | | |
| City SAN FRANCISCO | State CA | Zip Code 94122 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 127.20 | Transaction ID : INV6010000112368 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 127.20 |

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|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 2024.11 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|-----------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 116 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> | 9 |
| <input checked="" type="checkbox"/> | 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|--|-------------|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW BENJAMIN FRANKLIN HOUSE | | Nature of Debt (Purpose): LITERATURE PURCHASE | |
| Mailing Address 304 W 58TH ST. | | | |
| City NEW YORK | State NY | Zip Code 10019 | |

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 176.50 | | Transaction ID : INV6010000112400 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 176.50 | |

| | | | |
|--|-------------|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW HAMPSHIRE HIGHWAY HOTEL | | Nature of Debt (Purpose): ROOM RENTALS | |
| Mailing Address FT. EDDY ROAD | | | |
| City CONCORD | State NH | Zip Code 03301 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 75.20 | | Transaction ID : INV6010000112401 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 75.20 | |

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|---|-------------|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW SOLIDARITY INT'L PRESS | | Nature of Debt (Purpose): ADVERTISING | |
| Mailing Address 304 W. 58TH ST. 5TH FL. | | | |
| City NEW YORK | State NY | Zip Code 10019 | |

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 540.00 | | Transaction ID : INV6010000112402 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 540.00 | |

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|---|--------|
| 1) SUBTOTALS This Period This Page (optional).....▶ | 791.70 |
| 2) TOTALS This Period (last page this line number only).....▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 117 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|---|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW YORK TELEPHONE | | | Nature of Debt (Purpose): TELEPHONE |
| Mailing Address 10 COLUMBUS CIRCLE | | | |
| City NEW YORK | State NY | Zip Code 10019 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 236.83 | Transaction ID : INV6010000112403 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 236.83 |

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|---|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PATRICK F ADAMS P.C. | | | Nature of Debt (Purpose): ATTY FEES - NY BEAM DEMS |
| Mailing Address ATTORNEY AT LAW ONE EAST MAIN STREET | | | |
| City BAY SHORE | State NY | Zip Code 11706 | |

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 5762.50 | Transaction ID : INV6010000112085 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 5762.50 |

| | | | |
|---|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PATRICK F ADAMS P.C. | | | Nature of Debt (Purpose): CIK-ATTY FEES-NY BEAM DEM |
| Mailing Address ATTORNEY AT LAW ONE EAST MAIN STREET | | | |
| City BAY SHORE | State NY | Zip Code 11706 | |

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|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 400.00 | Transaction ID : INV6010000112086 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 400.00 |

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|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 6399.33 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|-----------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 118 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> | 9 |
| <input checked="" type="checkbox"/> | 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|--|-------------|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PETER ENNIS | | Nature of Debt (Purpose): TRAVEL AND LODGING | |
| Mailing Address 65 SEAMAN AVE. | | | |
| City NEW YORK | State NY | Zip Code 10034 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 16.76 | | Transaction ID : INV6010000112316 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 16.76 | |

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|---|-------------|---------------------------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PMR PRINTING | | Nature of Debt (Purpose): PRINTING | |
| Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 | | | |
| City STERLING | State VA | Zip Code 22170 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 2500.00 | | Transaction ID : INV6010000112882 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2500.00 | |

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|---|-------------|---------------------------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PMR PRINTING | | Nature of Debt (Purpose): PRINTING | |
| Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 | | | |
| City STERLING | State VA | Zip Code 22170 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 6123.00 | | Transaction ID : INV6010000112885 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 6123.00 | |

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| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 8639.76 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|-----------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 119 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> | 9 |
| <input checked="" type="checkbox"/> | 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|--|-------------|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PROVIDENCE MARRIOTT INN | | Nature of Debt (Purpose): ROOM RENTAL | |
| Mailing Address CHARLES & ORMS STREETS | | | |
| City PROVIDENCE | State RI | Zip Code 02904 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 125.00 | Transaction ID : INV6010000113747 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 125.00 |

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|--|-------------|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT. | | Nature of Debt (Purpose): ACCOUNTING & DP SERVICE | |
| Mailing Address P.O. BOX 836 | | | |
| City LEESBURG | State VA | Zip Code 22075 | |

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 1700.00 | Transaction ID : INV6010000112654 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1700.00 |

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|--|-------------|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT. | | Nature of Debt (Purpose): ACCOUNTING & DP SERVICE | |
| Mailing Address P.O. BOX 836 | | | |
| City LEESBURG | State VA | Zip Code 22075 | |

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 3000.00 | Transaction ID : INV6010000112656 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3000.00 |

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|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 4825.00 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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|---|-----------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 120 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> | 9 |
| <input checked="" type="checkbox"/> | 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|--|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT. | | | Nature of Debt (Purpose): MANAGEMENT & DP SERVICE |
| Mailing Address P.O. BOX 836 | | | |
| City LEESBURG | State VA | Zip Code 22075 | |

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 3000.00 | Transaction ID : INV6010000112657 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3000.00 |

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|--|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT. | | | Nature of Debt (Purpose): MANAGEMENT & DP SERVICES |
| Mailing Address P.O. BOX 836 | | | |
| City LEESBURG | State VA | Zip Code 22075 | |

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 3000.00 | Transaction ID : INV6010000112658 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3000.00 |

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|--|-------------|-------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT. | | | Nature of Debt (Purpose): MANAGEMENT & DP SERVICES |
| Mailing Address P.O. BOX 836 | | | |
| City LEESBURG | State VA | Zip Code 22075 | |

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|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 3000.00 | Transaction ID : INV6010000112661 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3000.00 |

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|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 9000.00 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 121 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|--|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT. | | | Nature of Debt (Purpose): MANAGEMENT & DP SREVICES |
| Mailing Address P.O. BOX 836 | | | |
| City LEESBURG | State VA | Zip Code 22075 | |

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 3000.00 | Transaction ID : INV6010000112662 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3000.00 |

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|--|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT. | | | Nature of Debt (Purpose): MANAGEMENT & DP SERVICES |
| Mailing Address P.O. BOX 836 | | | |
| City LEESBURG | State VA | Zip Code 22075 | |

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 3000.00 | Transaction ID : INV6010000112666 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3000.00 |

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|--|-------------|-------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT. | | | Nature of Debt (Purpose): MANAGEMENT & DP SERVICES |
| Mailing Address P.O. BOX 836 | | | |
| City LEESBURG | State VA | Zip Code 22075 | |

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 3000.00 | Transaction ID : INV6010000112667 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3000.00 |

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|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 9000.00 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|-----------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 122 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> | 9 |
| <input checked="" type="checkbox"/> | 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|--|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT. | | | Nature of Debt (Purpose): MANAGEMENT & DP SERVICES |
| Mailing Address P.O. BOX 836 | | | |
| City LEESBURG | State VA | Zip Code 22075 | |

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 3000.00 | Transaction ID : INV6010000112668 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3000.00 |

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|--|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT. | | | Nature of Debt (Purpose): MANAGEMENT & DP SERVICES |
| Mailing Address P.O. BOX 836 | | | |
| City LEESBURG | State VA | Zip Code 22075 | |

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|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 3000.00 | Transaction ID : INV6010000112669 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3000.00 |

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|--|-------------|-------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT. | | | Nature of Debt (Purpose): MANAGEMENT & DP SERVICES |
| Mailing Address P.O. BOX 836 | | | |
| City LEESBURG | State VA | Zip Code 22075 | |

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|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 3000.00 | Transaction ID : INV6010000112670 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3000.00 |

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| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 9000.00 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 123 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|--|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT. | | | Nature of Debt (Purpose): MANAGEMENT & DP SERVICE |
| Mailing Address P.O. BOX 836 | | | |
| City LEESBURG | State VA | Zip Code 22075 | |

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 3000.00 | Transaction ID : INV6010000112671 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3000.00 |

| | | | |
|--|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT. | | | Nature of Debt (Purpose): MANAGEMENT & D P SERVICES |
| Mailing Address P.O. BOX 836 | | | |
| City LEESBURG | State VA | Zip Code 22075 | |

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 3000.00 | Transaction ID : INV6010000112672 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3000.00 |

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|--|-------------|-------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT. | | | Nature of Debt (Purpose): MANAGEMENT & DP SERVICES |
| Mailing Address P.O. BOX 836 | | | |
| City LEESBURG | State VA | Zip Code 22075 | |

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|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 3000.00 | Transaction ID : INV6010000112673 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3000.00 |

| | |
|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 9000.00 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 124 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|--|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 | Transaction ID : INV6010000112674 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3000.00 |

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|--|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT. | | | Nature of Debt (Purpose): MANAGEMENT & DP SERVICES |
| Mailing Address P.O. BOX 836 | | | |
| City LEESBURG | State VA | Zip Code 22075 | |

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|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 3000.00 | Transaction ID : INV6010000112675 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3000.00 |

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|--|-------------|-------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT. | | | Nature of Debt (Purpose): MANAGEMENT & DP SERVICES |
| Mailing Address P.O. BOX 836 | | | |
| City LEESBURG | State VA | Zip Code 22075 | |

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|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 3000.00 | Transaction ID : INV6010000112676 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3000.00 |

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| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 9000.00 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 125 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| | <input type="checkbox"/> 9 |
| | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|--|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT. | | | Nature of Debt (Purpose): MANAGEMENT & DP SERVICE |
| Mailing Address P.O. BOX 836 | | | |
| City LEESBURG | State VA | Zip Code 22075 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="3000.00"/> | Transaction ID : INV6010000112677 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="3000.00"/> |

| | | | |
|--|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PURULATOR COURIER CORP. | | | Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE |
| Mailing Address 3333 NEW HYDE PARK ROAD | | | |
| City NEW HYDE PARK | State NY | Zip Code 11042 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="55.10"/> | Transaction ID : INV6010000112891 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="55.10"/> |

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|---|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor QUALITY INN ALBANY | | | Nature of Debt (Purpose): ROOM RENTALS |
| Mailing Address 1-3 WATERVLIET AVE. | | | |
| City ALBANY | State NY | Zip Code 12206 | |

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|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="43.45"/> | Transaction ID : INV6010000112892 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="43.45"/> |

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|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="3098.55"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|-----------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 126 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> | 9 |
| <input checked="" type="checkbox"/> | 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|--|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RAMADA INN CASPER | | | Nature of Debt (Purpose): ROOM RENTALS |
| Mailing Address PO BOX 2917 | | | |
| City CASPER | State WY | Zip Code 82602 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 108.85 | Transaction ID : INV6010000112893 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 108.85 |

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|---|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RAMADA INN ST. LOUIS | | | Nature of Debt (Purpose): ROOM RENTALS |
| Mailing Address 9636 NATURAL BRIDGE RD. | | | |
| City ST. LOUIS | State MO | Zip Code 63134 | |

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|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 52.31 | Transaction ID : INV6010000112894 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 52.31 |

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|---|-------------|-------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RAMADA INN-SAN ANTONIO | | | Nature of Debt (Purpose): ROOM RENTALS |
| Mailing Address 3645 N. PAN AM EXPRESSWAY | | | |
| City SAN ANTONIO | State TX | Zip Code 78219 | |

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|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 60.00 | Transaction ID : INV6010000112897 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 60.00 |

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|--|--------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 221.16 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 127 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|--|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RENAISSANCE MARKETING | | | Nature of Debt (Purpose): OFFICE RENT |
| Mailing Address 1249 WASHINGTON BLVD. STE. 626 | | | |
| City DETROIT | State MI | Zip Code 48226 | |

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|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 600.00 | Transaction ID : INV6010000112898 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 600.00 |

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|--|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RHEA, BOYD & RHEA | | | Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES |
| Mailing Address 930 FORREST AVENUE | | | |
| City GADSDEN | State AL | Zip Code 35901 | |

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|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 24.60 | Transaction ID : INV6010000114208 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 24.60 |

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|---|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RICHARD MAGRAW | | | Nature of Debt (Purpose): AUTO RENTAL |
| Mailing Address 22-60 23RD ST. | | | |
| City ASTORIA | State NY | Zip Code 11105 | |

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|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 114.90 | Transaction ID : INV6010000112394 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 114.90 |

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|--|--------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 739.50 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 128 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|--|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ROBERT COLE | | | Nature of Debt (Purpose): ROOM RENTALS |
| Mailing Address 4119 W. BELLEPLAINE #2W | | | |
| City CHICAGO | State IL | Zip Code 60641 | |

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|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 1243.95 | Transaction ID : INV6010000112305 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1243.95 |

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|---|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ROBERT KAY | | | Nature of Debt (Purpose): TRAVEL AND LODGING |
| Mailing Address 22-49 38TH ST. | | | |
| City ASTORIA | State NY | Zip Code 11105 | |

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 19.74 | Transaction ID : INV6010000112375 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 19.74 |

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|--|-------------|-------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ROGER HAM | | | Nature of Debt (Purpose): ROOM RENTALS |
| Mailing Address 2 PINEHURST | | | |
| City NEW YORK CITY | State NY | Zip Code 10033 | |

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|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 207.82 | Transaction ID : INV6010000112330 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 207.82 |

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|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 1471.51 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 129 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|---|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RONALD KOKINDA | | | Nature of Debt (Purpose): CONSULTING |
| Mailing Address 36-5 FORT EVANS ROAD, NE | | | |
| City LEESBURG | State VA | Zip Code 22075 | |

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|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 524.50 | Transaction ID : INV6010000114750 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 524.50 |

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|---|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RONALD KOKINDA | | | Nature of Debt (Purpose): CONSULTING |
| Mailing Address 36-5 FORT EVANS ROAD, NE | | | |
| City LEESBURG | State VA | Zip Code 22075 | |

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|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 1600.00 | Transaction ID : INV6010000114756 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1600.00 |

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|---|-------------|-------------------|---------------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SAFEWAY PRINTING | | | Nature of Debt (Purpose): PRINTING |
| Mailing Address 3276 WEST 6TH ST. | | | |
| City LOS ANGELES | State CA | Zip Code 90020 | |

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| Outstanding Balance Beginning This Period 300.38 | Transaction ID : INV6010000112901 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 300.38 |

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|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 2424.88 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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| (Use separate schedule(s) for each numbered line) | PAGE 130 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|--|-------------|--------------------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SAN FRANCISCO LABOR CTTE. | | Nature of Debt (Purpose): POSTAGE | |
| Mailing Address 1826 NOREIGA ST. | | | |
| City SAN FRANCISCO | State CA | Zip Code 94122 | |

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|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 413.47 | | Transaction ID : INV6010000112902 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 413.47 | |

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|--|-------------|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SANS SOUCI TRAVEL | | Nature of Debt (Purpose): AIR TRAVEL | |
| Mailing Address 253 - 12 UNION TURNPIKE | | | |
| City FLORAL PARK | State NY | Zip Code 11004 | |

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|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 290.00 | | Transaction ID : INV6010000113737 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 290.00 | |

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|--|-------------|---|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SANS SOUCI TRAVEL | | Nature of Debt (Purpose): ADDER TO 4/10 INV-TRAVEL | |
| Mailing Address 253 - 12 UNION TURNPIKE | | | |
| City FLORAL PARK | State NY | Zip Code 11004 | |

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|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 40.00 | | Transaction ID : INV6010000113743 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 40.00 | |

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|--|--------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 743.47 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 131 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|--|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SEGAL, MORAN & FEINBERG | | | Nature of Debt (Purpose): ATTORNEY FEES |
| Mailing Address 210 COMMERCIAL STREET | | | |
| City BOSTON | State MA | Zip Code 02109 | |

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|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 712.50 | Transaction ID : INV6010000113750 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 712.50 |

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|---|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SEVEN SEAS MOTOR INN | | | Nature of Debt (Purpose): ROOM RENTALS |
| Mailing Address 1823 OLD RED TRAIL | | | |
| City MANDAN | State ND | Zip Code 58554 | |

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|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 46.12 | Transaction ID : INV6010000112903 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 46.12 |

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|--|-------------|-------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SHERATON COLUMBUS PLAZA | | | Nature of Debt (Purpose): RM-RNTL-SCOTT/CONG |
| Mailing Address 50 NORTH THIRD STREET | | | |
| City COLUMBUS | State OH | Zip Code 43215 | |

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| Outstanding Balance Beginning This Period 50.00 | Transaction ID : INV6010000112906 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 50.00 |

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| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 808.62 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|-----------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 132 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> | 9 |
| <input checked="" type="checkbox"/> | 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|---|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN | | | Nature of Debt (Purpose): ATTY FEE: L. BOYLE/CONG |
| Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING | | | |
| City DETROIT | State MI | Zip Code 48226 | |

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|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 538.45 | Transaction ID : INV6010000112908 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 538.45 |

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|---|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN | | | Nature of Debt (Purpose): ATTY FEE: S. CROCKER/CONG |
| Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING | | | |
| City DETROIT | State MI | Zip Code 48226 | |

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|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 538.45 | Transaction ID : INV6010000112909 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 538.45 |

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|---|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN | | | Nature of Debt (Purpose): ATTY FEE: M. DEAN/USS |
| Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING | | | |
| City DETROIT | State MI | Zip Code 48226 | |

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| Outstanding Balance Beginning This Period 538.46 | Transaction ID : INV6010000112910 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 538.46 |

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| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 1615.36 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 133 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| | <input type="checkbox"/> 9 |
| | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|---|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN | | | Nature of Debt (Purpose): ATTY FEE: S. JOHNSON/CONG |
| Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING | | | |
| City DETROIT | State MI | Zip Code 48226 | |

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| Outstanding Balance Beginning This Period <input type="text" value="538.46"/> | Transaction ID : INV6010000112911 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="538.46"/> |

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|---|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN | | | Nature of Debt (Purpose): ATTY FEE: E.SEFCOVIC/CONG |
| Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING | | | |
| City DETROIT | State MI | Zip Code 48226 | |

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|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="538.46"/> | Transaction ID : INV6010000112912 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="538.46"/> |

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|---|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN | | | Nature of Debt (Purpose): ATTY FEE: G SHEPPARD/CONG |
| Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING | | | |
| City DETROIT | State MI | Zip Code 48226 | |

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| Outstanding Balance Beginning This Period <input type="text" value="538.46"/> | Transaction ID : INV6010000112913 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="538.46"/> |

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|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="1615.38"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|-----------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 134 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> | 9 |
| <input checked="" type="checkbox"/> | 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|---|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN | | | Nature of Debt (Purpose): ATTY FEE: H. SHORE/CONG |
| Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING | | | |
| City DETROIT | State MI | Zip Code 48226 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 538.46 | Transaction ID : INV6010000112914 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 538.46 |

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|---|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN | | | Nature of Debt (Purpose): ATTY FEE: J. STAMPS/CONG |
| Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING | | | |
| City DETROIT | State MI | Zip Code 48226 | |

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|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 538.46 | Transaction ID : INV6010000112915 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 538.46 |

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|---|-------------|-------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN | | | Nature of Debt (Purpose): ATTY FEE: J. VAUGHN/CONG |
| Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING | | | |
| City DETROIT | State MI | Zip Code 48226 | |

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|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 538.46 | Transaction ID : INV6010000112916 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 538.46 |

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|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 1615.38 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 135 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|---|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 <input type="text" value="538.46"/> | Transaction ID : INV6010000112917 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="538.46"/> |

| | | | |
|---|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHEAST POLITICAL LITERATURE | | | Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE |
| Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD | | | |
| City BALTIMORE | State MD | Zip Code 21227 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="915.00"/> | Transaction ID : INV6010000114478 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="915.00"/> |

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|---|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHEAST POLITICAL LITERATURE | | | Nature of Debt (Purpose): FIELD OFFICE RENT |
| Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD | | | |
| City BALTIMORE | State MD | Zip Code 21227 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="200.00"/> | Transaction ID : INV6010000114479 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="200.00"/> |

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|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="1653.46"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 136 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|---|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHEAST POLITICAL LITERATURE | | | Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE |
| Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD | | | |
| City BALTIMORE | State MD | Zip Code 21227 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 915.00 | Transaction ID : INV6010000114480 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 915.00 |

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|---|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHEAST POLITICAL LITERATURE | | | Nature of Debt (Purpose): FIELD OFFICE RENT |
| Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD | | | |
| City BALTIMORE | State MD | Zip Code 21227 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 200.00 | Transaction ID : INV6010000114481 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 200.00 |

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|---|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHEAST POLITICAL LITERATURE | | | Nature of Debt (Purpose): TELEPHONE USAGE |
| Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD | | | |
| City BALTIMORE | State MD | Zip Code 21227 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 915.00 | Transaction ID : INV6010000114482 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 915.00 |

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 137 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|---|-------------|-------------------|-----------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHEAST POLITICAL LITERATURE | | | Nature of Debt (Purpose): RENT |
| Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD | | | |
| City BALTIMORE | State MD | Zip Code 21227 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 200.00 | Transaction ID : INV6010000114483 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 200.00 |

| | | | |
|--|-------------|-------------------|---------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor STATE OF CALIFORNIA | | | Nature of Debt (Purpose): PRINTING |
| Mailing Address OFFICE OF STATE PRINTING LEGISLATIVE BILL ROOM | | | |
| City SACRAMENTO | State CA | Zip Code 95814 | |

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 53.00 | Transaction ID : INV6010000112389 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 53.00 |

| | | | |
|--|-------------|-------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor STATLER BUFFALO | | | Nature of Debt (Purpose): ROOM RENTALS |
| Mailing Address 107 DELAWARE AVENUE | | | |
| City BUFFALO | State NY | Zip Code 14202 | |

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 85.00 | Transaction ID : INV6010000112918 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 85.00 |

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|-----------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 138 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> | 9 |
| <input checked="" type="checkbox"/> | 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|---|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 19.00 | |

| | | | |
|--|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor TED HERBERT | | | Nature of Debt (Purpose): ATTY FEES & EXP-GA DEM SL |
| Mailing Address 142 FOREST AVENUE N.E. | | | |
| City MARIETTA | State GA | Zip Code 30060 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID : INV6010000114387 | |
| 1088.20 | | | |
| Amount Incurred This Period | Payment This Period | 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 | | Transaction ID : INV6010000114393 | |
| 800.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 800.00 | |

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|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 1907.20 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 139 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|---|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE CHANCELLOR HOTEL | | | Nature of Debt (Purpose): ROOM RENTALS |
| Mailing Address 1501 SOUTH NEIL STREET | | | |
| City CHAMPAIGN | State IL | Zip Code 61820 | |

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 25.00 | Transaction ID : INV6010000112301 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 25.00 |

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|--|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE COLONNADE | | | Nature of Debt (Purpose): ROOM RENTALS |
| Mailing Address 120 HUNTINGTON AVENUE | | | |
| City BOSTON | State MA | Zip Code 02116 | |

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 75.00 | Transaction ID : INV6010000112306 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 75.00 |

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|--|-------------|-------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE PRESS CLUB OF HOUSTON | | | Nature of Debt (Purpose): ROOM RENTALS |
| Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE | | | |
| City HOUSTON | State TX | Zip Code 77002 | |

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|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 25.00 | Transaction ID : INV6010000112890 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 25.00 |

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|--|--------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 125.00 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 140 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|--|-------------|-------------------|--------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor TONI JENNINGS | | | Nature of Debt (Purpose): POSTAGE |
| Mailing Address 2414 13TH AVE. SO. #104 | | | |
| City SEATTLE | State WA | Zip Code 98144 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="30.15"/> | Transaction ID : INV6010000112374 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="30.15"/> |

| | | | |
|---|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor TREAT CATERERS | | | Nature of Debt (Purpose): ROOM RENTALS |
| Mailing Address 50 PARK PLACE | | | |
| City NEWARK | State NJ | Zip Code 07101 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="100.00"/> | Transaction ID : INV6010000112922 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="100.00"/> |

| | | | |
|---|-------------|-------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor TUTTLES RESTAURANT | | | Nature of Debt (Purpose): ROOM RENTALS |
| Mailing Address (C/O GILBERT ROBINSON COLLEX) P.O. BOX 16000 | | | |
| City KANSAS CITY | State MO | Zip Code 64112 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="50.00"/> | Transaction ID : INV6010000112923 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="50.00"/> |

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|--|-------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="180.15"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 141 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| | <input type="checkbox"/> 9 |
| | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|---|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor VITA OBERSCHNEIDER | | | Nature of Debt (Purpose): ROOM RENTALS |
| Mailing Address 544 OAK HILL RD. | | | |
| City ELGIN | State IL | Zip Code 60120 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : INV6010000112404 | |
| <input type="text" value="149.16"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="149.16"/> |

| | | | |
|--|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WESTBOROUGH PLAZA HOTEL | | | Nature of Debt (Purpose): MEETING ROOM RENTAL |
| Mailing Address 5 TURNPIKE ROAD | | | |
| City WESTBOROUGH | State MA | Zip Code 01581 | |

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|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : INV6010000114249 | |
| <input type="text" value="54.25"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="54.25"/> |

| | | | |
|--|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WESTERN UNION INTERNATIONAL | | | Nature of Debt (Purpose): TELEPHONE |
| Mailing Address BOX 6022 CHRUCH ST. STA. | | | |
| City NEW YORK | State NY | Zip Code 10008 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : INV6010000112926 | |
| <input type="text" value="18.42"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="18.42"/> |

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|--|-------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="221.83"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 142 OF 143 |
| | FOR LINE NUMBER: (check only one) |
| | <input type="checkbox"/> 9 |
| | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|--|-------------|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor WORLDCOMP | | Nature of Debt (Purpose): TYPE SETTING | |
| Mailing Address 722 EAST MARKET STREET | | | |
| City LEESBURG | State VA | Zip Code 22075 | |

| | | | |
|--|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="741.67"/> | | Transaction ID : INV6010000112983 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="741.67"/> | |

| | | | |
|--|-------------|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WORLDCOMP | | Nature of Debt (Purpose): TYPE & ART | |
| Mailing Address 722 EAST MARKET STREET | | | |
| City LEESBURG | State VA | Zip Code 22075 | |

| | | | |
|--|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="926.37"/> | | Transaction ID : INV6010000112988 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="926.37"/> | |

| | | | |
|--|-------------|---|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WORLDCOMP | | Nature of Debt (Purpose): TYPE & ART | |
| Mailing Address 722 EAST MARKET STREET | | | |
| City LEESBURG | State VA | Zip Code 22075 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="71.58"/> | | Transaction ID : INV6010000112992 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="71.58"/> | |

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| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="1739.62"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

| | | | |
|--|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor WORLDCOMP | | | Nature of Debt (Purpose): TYPE SETTING |
| Mailing Address 722 EAST MARKET STREET | | | |
| City LEESBURG | State VA | Zip Code 22075 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID : INV6010000112993 | |
| 50.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 50.00 | |

| | | | |
|--|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor YMCA SYRACUSE | | | Nature of Debt (Purpose): ROOM RENTALS |
| Mailing Address 340 MONTGOMERY STREET | | | |
| City SYRACUSE | State NY | Zip Code 13202 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID : INV6010000112994 | |
| 25.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 25.00 | |

| | | | |
|---|-------------|-------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ZELLER & LETICA INC. | | | Nature of Debt (Purpose): MAILING LABELS-SUB LISTS |
| Mailing Address 15 E. 26TH ST. | | | |
| City NEW YORK | State NY | Zip Code 10010 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID : INV6010000112995 | |
| 57.84 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 57.84 | |

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